

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

Jul 1, 1996

1. NAME OF COMMITTEE (in Full) Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00008839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to Date
5. Covering Period <u>05/01/96</u> through <u>05/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 13,578.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 150,860.21	
(c) Total Receipts (from line 19)	\$ 35,391.80	\$ 231,485.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 186,252.01	\$ 295,066.39
7. Total Disbursements (from Line 20)	\$ 24,000.00	\$ 132,804.38
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 162,252.01	\$ 162,252.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and Complete

Type or Print Name of Treasurer  
John R. Carson

Signature of Treasurer *John R. Carson* Date 6-17-96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

96030561649

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE <i>Podiatry Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM: 05/01/96	TO: 05/31/96
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	14,296.50	82,841.50
ii. Unitemized.....	19,449.05	134,301.12
iii. Total.....[add i and ii]>	33,745.55	217,142.62
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....[add iii, b and c]>	33,745.55	217,142.62
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1,646.25	4,343.09
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....[add 11d, 12, 13, 14, 15, 16, 17, and 18]>	35,391.80	221,485.71
20. Total Federal Receipts.....[subtract line 18 from line 19]>	35,391.80	221,485.71
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	0.00	791.88
c. Total Operating Expenditures.....[Add a i, ii, and b]>	0.00	791.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24,000.00	129,500.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	450.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....[Add a, b, and c]>	0.00	450.00
29. Other Disbursements.....	0.00	2,062.50
30. Total Disbursements.....[Add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29]>	24,000.00	132,804.38
31. Total Federal Disbursements.....[Subtract line 21 ii from line 30]>	24,000.00	132,804.38
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans)(from line 11d).....	33,745.55	217,142.62
33. Total Contribution Refunds (from line 28d).....	0.00	450.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	33,745.55	216,692.62
35. Total Federal Operating Expenditures.....[add 21 ai and 21 b]>	0.00	791.88
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....[subtract line 36 from 35]>	0.00	791.88

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
**Podiatry Political Action Committee**

<p>A. Full Name, Mailing Address and Zip Code  <b>Julie Jurd DPM</b>  <b>180 Admiral Cochran Dr.</b>  <b>4th Fl.</b>  <b>Annapolis, MD 21401</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Columbia Medical Plan</b></p> <p>Occupation  <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	<p>Date (Month day, Year)  <b>05/01/96</b></p>	<p>Amount of Each Receipt this Period  <b>75.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code  <b>Jeff Rosimont DPM</b>  <b>203 Sevier St.</b>  <b>Clarksville, AR 72830-3627</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Family Foot Clinic</b></p> <p>Occupation  <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year)  <b>05/01/96</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code  <b>Gerald Stein DPM</b>  <b>1982 Auburn</b>  <b>Utica, MI 48317-3800</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Date (Month day, Year)  <b>05/01/96</b></p>	<p>Amount of Each Receipt this Period  <b>150.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code  <b>Seth Rubenstein DPM</b>  <b>2579 John Milton Dr., #300</b>  <b>Herndon, VA 22071-2500</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Fox Mill Podiatry Center</b></p> <p>Occupation  <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year)  <b>05/01/96</b></p>	<p>Amount of Each Receipt this Period  <b>250.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code  <b>Edward Younghans DPM</b>  <b>19 Yawps Ave.</b>  <b>Oakland, NJ 07436-2741</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self Employed</b></p> <p>Occupation  <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	<p>Date (Month day, Year)  <b>05/01/96</b></p>	<p>Amount of Each Receipt this Period  <b>75.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code  <b>William Latham, Jr. DPM</b>  <b>34 W. Second St.</b>  <b>Ashland, OH 44805-2201</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self-Employed</b></p> <p>Occupation  <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Date (Month day, Year)  <b>05/06/96</b></p>	<p>Amount of Each Receipt this Period  <b>150.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code  <b>Jeffrey Harsch DPM</b>  <b>11 E. Second St., #B</b>  <b>Lees Summit, MO 64063</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer  <b>Self Employed</b></p> <p>Occupation  <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Date (Month day, Year)  <b>05/06/96</b></p>	<p>Amount of Each Receipt this Period  <b>100.00</b></p>
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p><b>1,050.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In full)  
**Podiatry Political Action Committee**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Howard Feodell DPM</b> <b>1505 E. Hallandale Beach Blvd.</b> <b>Hallandale, FL 33009-4618</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b>  <b>05/06/96</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Sandra Raynor DPM</b> <b>5471 Georgetown Rd., #C</b> <b>Indianapolis, IN 46254-3715</b>	<b>Name of Employer</b> <b>Podiatry Associates of Indiana, P.C.</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b>  <b>05/06/96</b>	<b>Amount of Each Receipt this Period</b>  <b>200.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>325.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Thomas Abrahamson DPM</b> <b>225 Main St., #301</b> <b>Westport, CT 06880-3216</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b>  <b>05/07/96</b>	<b>Amount of Each Receipt this Period</b>  <b>75.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>225.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>David W. Robertson DPM</b> <b>938 Lakeshore Ct.</b> <b>Union, KY 41091</b>	<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b>  <b>05/07/96</b>	<b>Amount of Each Receipt this Period</b>  <b>100.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Steven Buchbinder DPM</b> <b>46 W. Avon Rd., Suite 201</b> <b>Avon, CT 06001-3679</b>	<b>Name of Employer</b> <b>Self-Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b>  <b>05/08/96</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Richard Armstrong DPM</b> <b>342 Gifford St.</b> <b>Falmouth, MA 02540-2948</b>	<b>Name of Employer</b> <b>Falmouth Podiatry</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b>  <b>05/13/96</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>E. Paul LeDoux DPM</b> <b>First National Mall, Suite 109</b> <b>McAlester, OK 74501</b>	<b>Name of Employer</b> <b>Self-Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b>  <b>05/13/96</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		

**SUB TOTAL of Receipts This Page (Optional).....>** **1,475.00**

**TOTAL this Period (Last page this line number only).....>**

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
**Podiatry Political Action Committee**

26030561653

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>John Evans DPM</b> 14575 Southfield Rd. Allen Park, MI 48101-2640	<b>Self Employed</b>	05/13/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
<b>Nicholas Cameronians DPM</b> 28-06 Ditmars Blvd. Astoria, NY 11105-2716	<b>Self-Employed</b>	05/13/96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	225.00
<b>Steven Spinner DPM</b> 301 N.W. 84th Ave. Plantation, FL 33324	<b>Self-Employed</b>	05/13/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
<b>James Comerford DPM</b> 1417 W. Sixth St. Little Rock, AR 72201-2901	<b>Arkansas Foot Clinic</b>	05/13/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
<b>Loren Rogers DPM</b> 218 E. Front St., #105 Missoula, MT 59802-4402	<b>Self-Employed</b>	05/13/96	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	500.00
<b>J. MacKay DPM</b> 1565 E. 3900, S. Salt Lake City, UT 84124-1501	<b>Salt Lake Foot and Ankle Clinic</b>	05/15/96	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
<b>Richard Kuhn DPM</b> Medical Park, #17 Valley, AL 36854	<b>Self Employed</b>	05/15/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
SUB TOTAL of Receipts This Page (Optional).....>			1,550.00
TOTAL this Period (Last page this line number only).....>			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In full)  
**Podiatry Political Action Committee**

A. Full Name, Mailing Address and Zip Code <b>Paul Tipton DPM</b> 5135 Dixie Hwy. Louisville, KY 40216-1770	Name of Employer <b>Self Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>05/15/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Michael Molay DPM</b> 5485 Milwaukee Ave. Chicago, IL 60630-1249	Name of Employer <b>Self Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>05/17/96</b>	Amount of Each Receipt this Period  <b>100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Steven Wrege DPM</b> 3908 Juan Tabo Blvd., N.E. Albuquerque, NM 87111-3971	Name of Employer <b>Self Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>05/17/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Paul T. Voegel, Jr. DPM</b> 405 Urban St., #201 Lakewood, CO 80228-1221	Name of Employer <b>Foothills Podiatry Center</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>05/17/96</b>	Amount of Each Receipt this Period  <b>125.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Timothy Maclin DPM</b> Surgicare Center 4415 S. Harvard, #101 Tulsa, OK 74135-2616	Name of Employer <b>Self Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>05/20/96</b>	Amount of Each Receipt this Period  <b>125.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Phillip Bartel DPM</b> Center For Foot Care 8474 Winton Rd. Cincinnati, OH 45231-4938	Name of Employer <b>Self Employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>05/20/96</b>	Amount of Each Receipt this Period  <b>100.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
G. Full Name, Mailing Address and Zip Code <b>Robert Bindi DPM</b> 2577 Samaritan Dr., #705 San Jose, CA 95124-4105	Name of Employer <b>Samaritan Podiatry Group, Inc.</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>05/20/96</b>	Amount of Each Receipt this Period  <b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
SUB TOTAL of Receipts This Page (Optional).....>			<b>1,200.00</b>
TOTAL this Period (Last page this line number only).....>			

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 9

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code <b>Joseph Hughes DPM</b> 10961 Cherry St. Los Alamitos, CA 90720-2452</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Los Alamitos Foot Center</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>05/20/96</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Larry Best</b> 1723 E. Bristol St. Elkhart, IN 46514-3968</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Elkhart Podiatry Clinic, P.C.</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	<p>Date (Month day, Year) <b>05/20/96</b></p>	<p>Amount of Each Receipt this Period <b>225.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>Morton Wittenberg DPM</b> 4275 Owens Rd., Suite 336 Evans, GA 30809</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>05/20/96</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>Sanford Mason DPM</b> 4650 Forestview Dr. Northbrook, IL 60062-1010</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>1,000.00</b></p>	<p>Date (Month day, Year) <b>05/20/96</b></p>	<p>Amount of Each Receipt this Period <b>1,000.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>William McCann DPM</b> Concord Hospital, Suite 203 248 Pleasant St. Concord, NH 03301-2548</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Affiliates in Podiatry, P.C.</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Date (Month day, Year) <b>05/22/96</b></p>	<p>Amount of Each Receipt this Period <b>75.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>Perry Peterson DPM</b> 101 Highway 281, #215 Marble Falls, TX 78654-5763</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Date (Month day, Year) <b>05/22/96</b></p>	<p>Amount of Each Receipt this Period <b>75.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code <b>Donald Chudy DPM</b> 500 W. Tenth Pl., #148 Mesa, AZ 85201-3218</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>	<p>Date (Month day, Year) <b>05/22/96</b></p>	<p>Amount of Each Receipt this Period <b>75.00</b></p>
<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>			<p><b>1,950.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>			<p></p>

5  
5  
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
**Podiatry Political Action Committee**

95030561656

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Carl Sharp DPM</b> <b>37 E. Wilson Bridge Rd.</b> <b>Worthington, OH 43085-2301</b>		<b>Name of Employer</b> <b>Worthington Podiatric Associates</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/22/96</b>	<b>Amount of Each Receipt this Period</b>  <b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>225.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Angelo Sutera, Jr. DPM</b> <b>8 West Second St.</b> <b>Media, PA 19063-2802</b>		<b>Name of Employer</b> <b>Self-Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/22/96</b>	<b>Amount of Each Receipt this Period</b>  <b>225.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Stanton Cohen DPM</b> <b>1743 W. 24th St.</b> <b>Yuma, AZ 85364-6206</b>		<b>Name of Employer</b> <b>Yuma Podiatry Associates</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/23/96</b>	<b>Amount of Each Receipt this Period</b>  <b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Phillip Burk DPM</b> <b>203 12th Ave. Rd.</b> <b>Nampa, ID 83686-5012</b>		<b>Name of Employer</b> <b>Foot &amp; Ankle Medical Center</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/24/96</b>	<b>Amount of Each Receipt this Period</b>  <b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Daniel Hagan DPM</b> <b>3701 Henderson Drive</b> <b>Jacksonville, NC 28546-5237</b>		<b>Name of Employer</b> <b>Self-Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/28/96</b>	<b>Amount of Each Receipt this Period</b>  <b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Charles Hounshell DPM</b> <b>800 Clinic Circle</b> <b>P.O. Box 800</b> <b>Fairmont, MN 56031-0800</b>		<b>Name of Employer</b> <b>Fairmont Medical Clinic</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/28/96</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>John Saeva DPM</b> <b>1814 Mission 66</b> <b>Vicksburg, MS 39180-4802</b>		<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/28/96</b>	<b>Amount of Each Receipt this Period</b>  <b>125.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>375.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional)</b> .....>				<b>1,025.00</b>
<b>TOTAL this Period (Last page this line number only)</b> .....>				



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
**Podiatry Political Action Committee**

95030561657

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Brian O'Neil DPM</b> <b>1818 N. Orange Grove Ave.</b> <b>Suite 305</b> <b>Pomona, CA 91767-3028</b>		<b>Name of Employer</b> <b>Pomona Valley Podiatric Medical Group</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/28/96</b>	<b>Amount of Each Receipt this Period</b>  <b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>225.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Richard Ehle DPM</b> <b>225 N. Main St., #105</b> <b>Bristol, CT 06010-4922</b>		<b>Name of Employer</b> <b>Bristol Podiatry Associates</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/28/96</b>	<b>Amount of Each Receipt this Period</b>  <b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Rex Smith DPM</b> <b>1060 Chambers St.</b> <b>Eugene, OR 97402-3745</b>		<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/29/96</b>	<b>Amount of Each Receipt this Period</b>  <b>249.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>249.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Jane DiGiovanni DPM</b> <b>3892 Montego Dr.</b> <b>Huntington Beach, CA 92649-2006</b>		<b>Name of Employer</b> <b>Self Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/29/96</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>600.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Thomas Price, IV DPM</b> <b>3015 Maplewood Ave., #205</b> <b>Winston-Salem, NC 27103-4011</b>		<b>Name of Employer</b> <b>Abernathy Foot Care</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/29/96</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>James Stavosky DPM</b> <b>901 Campus Dr., Suite 311</b> <b>Daly City, CA 94015-4930</b>		<b>Name of Employer</b> <b>Self-Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/30/96</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Marshall J. Sanfield DPM</b> <b>6753 Cathedral Bloomfield Township, MI 48301</b>		<b>Name of Employer</b> <b>Self-Employed</b>  <b>Occupation</b> <b>Podiatrist</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>550.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Aggregate Year-to-date &gt; \$</b> <b>550.00</b>		
<b>SUB TOTAL of Receipts This Page (Optional)</b> .....>				<b>1,924.00</b>
<b>TOTAL this Period (Last page this line number only)</b> .....>				

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
**Podiatry Political Action Committee**

9603056168

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Guy Saperstein DPM</b> <b>13154 LaSalle</b> <b>Huntington Woods, MI 48070</b>		<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>400.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>		<b>Aggregate Year-to-date &gt; \$</b> <b>400.00</b>
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Eugene Rohacz DPM</b> <b>1518 W. Michigan Ave.</b> <b>Jackson, MI 49202-4025</b>		<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>212.50</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>		<b>Aggregate Year-to-date &gt; \$</b> <b>212.50</b>
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Dagmar H. Nicholas DPM</b> <b>3936 Shawnee Street, N.W.</b> <b>Uniontown, OH 44685</b>		<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>610.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>		<b>Aggregate Year-to-date &gt; \$</b> <b>610.00</b>
<b>D. Full Name, Mailing Address and Zip Code</b> <b>L. Denise Highland DPM</b> <b>37767 Chase Run Drive</b> <b>Sterling Heights, MI 48310-5407</b>		<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>550.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>		<b>Aggregate Year-to-date &gt; \$</b> <b>550.00</b>
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Alex Grad DPM</b> <b>1219 W. Shore Drive</b> <b>Lima, OH 45805-2742</b>		<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>450.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>		<b>Aggregate Year-to-date &gt; \$</b> <b>450.00</b>
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Donald Garfield DPM</b> <b>1775 14 Mile Rd.</b> <b>Birmingham, MI 48009-7204</b>		<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>400.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>		<b>Aggregate Year-to-date &gt; \$</b> <b>400.00</b>
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Anthony Alessi DPM</b> <b>1414 Kilborn Dr.</b> <b>Petoskey, MI 49770-9258</b>		<b>Name of Employer</b> <b>Self Employed</b>	<b>Date (Month day, Year)</b> <b>05/31/96</b>	<b>Amount of Each Receipt this Period</b>  <b>425.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Occupation</b> <b>Podiatrist</b>		<b>Aggregate Year-to-date &gt; \$</b> <b>425.00</b>
<b>SUB TOTAL of Receipts This Page (Optional).....&gt;</b>				<b>3,047.50</b>
<b>TOTAL this Period (Last page this line number only).....&gt;</b>				

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Barton Horsley DPM</b> 23077 Greenfield, #255 Southfield, MI 48075-3745	<b>Self Employed</b> Occupation <b>Podiatrist</b>	<b>05/31/96</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>400.00</b>
<b>Irvin Kanat DPM</b> 29055 Ford Rd. Garden City, MI 48135-2847	<b>Self Employed</b> Occupation <b>Podiatrist</b>	<b>05/31/96</b>	<b>400.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>400.00</b>
<b>David Kuehn DPM</b> 403 S. Farwell St. Eau Claire, WI 54701-3773	<b>Self-Employed</b> Occupation <b>Podiatrist</b>	<b>05/31/96</b>	<b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>300.00</b>
<b>Jane DiGiovanni DPM</b> 3892 Montego Dr. Huntington Beach, CA 92649-2006	<b>Self Employed</b> Occupation <b>Podiatrist</b>	<b>05/31/96</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		<b>600.00</b>
<b>E. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>F. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
<b>G. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional)..... >	<b>1,175.00</b>
TOTAL this Period (Last page this line number only)..... >	<b>14,296.50</b>

96030561659

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

9603056168C

A. Full Name, Mailing Address and Zip Code <b>Smith-Barney</b> <b>280 Trumbull Street</b> <b>Hartford, CT 06103</b>		Name of Employer  Occupation <b>Investment Firm</b>	Date (Month day, Year)  <b>05/31/96</b>	Amount of Each Receipt this Period   <b>1,646.25</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ <b>4,343.09</b>		
B. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>				<b>1,646.25</b>
TOTAL this Period (Last page this line number only).....>				<b>1,646.25</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Rob Andrews for Congress Committee 20 Brace Road Suite 200 Cherry Hill, NJ 08034	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	500.00
Friends of Max Baucus Box 586 Helena, MT 59624	Max Baucus, U.S. SENATE MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	1,000.00
Friends of Roy Blunt P.O. Box 278 Strafford, MO 65757	Roy Blunt, U.S. HOUSE 7th MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	500.00
Boyd For Congress Committee P.O. Box 15703 Tallahassee, FL 32317-5703	Allen Boyd, U.S. HOUSE 2nd FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	1,000.00
Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Richard M. Burr, U.S. HOUSE 5th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	1,000.00
Tom Coburn for Congress Committee 515 W. Okmulgee Muskogee, OK 74401	Thomas A. Coburn, U.S. HOUSE 2nd OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	1,000.00
Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208	Martin J. Frost, U.S. HOUSE 24th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	500.00
People for Ganske 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/28/96	1,000.00
Virgil Goode for Congress 125 Orchard Avenue Rocky Mount, VA 24151	Virgil Goode, U.S. SENATE VA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/20/96	1,000.00

SUB TOTAL of Disbursements this page (Optional) ..... > 7,500.00

TOTAL this Period (Last page this line number only) ..... >

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Ben Graber for U.S. Congress</b> FL	<b>Ben Graber, U.S. HOUSE 19th FL.</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	1,500.00
<b>Hastert For Congress Committee</b> P.O. Box 625 Batavia, IL 60510	<b>Dennis J. Hastert, U.S. HOUSE 14th IL.</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	500.00
<b>Maurice D. Hinchey</b> 24 Manor Lane Saugerties, NY 12477	<b>Maurice D. Hinchey, U.S. HOUSE 26th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/28/96	1,000.00
<b>Re-Elect Nancy Johnson to Congress</b> P.O. Box 1968 New Britain, CT 06050	<b>Nancy L. Johnson, U.S. HOUSE 6th CT</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/28/96	1,000.00
<b>Sue Kelly for Congress</b> 700 White Plains Rd., Ste 325 Scarsdale, NY 10583	<b>Sue Kelly, U.S. HOUSE 19th IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	500.00
<b>Citizens for Joe Kennedy</b> One Wells Ave. Newton, MA 02159	<b>Joe Kennedy, U.S. HOUSE 8th MA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	500.00
<b>Friends of Senator Carl Levin</b> P.O. Box 1857 Detroit, MI 48231	<b>Carl Levin, U.S. SENATE MI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/28/96	1,000.00
<b>Luther for Congress Volunteer Committee</b> 4009 Tenth Avenue North Anoka, MN 55303	<b>William P. Luther, U.S. HOUSE 6th MN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	500.00
<b>McCrery for Congress</b> 1900 CNB Tower 33 Texas Street Shreveport, LA 71101	<b>James O. McCrery, III, U.S. HOUSE 5th LA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	2,500.00

SUB TOTAL of Disbursements this page (Optional).....>	9,000.00
TOTAL this Period (Last page this line number only).....>	

95030561652

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**Podiatry Political Action Committee**

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Minge For Congress</b> 360 10th Avenue Granite Falls, MN 56241	<b>David Minge, U.S. HOUSE 2nd MN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	500.00
<b>Pallone for Congress</b> 540 Broadway Long Branch, NJ 07740	<b>Frank Pallone, U.S. HOUSE 6th NJ</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	1,000.00
<b>Coloradans for David Skaggs</b> P.O. Box 652 Westminster, CO 80030	<b>David E. Skaggs, U.S. HOUSE 2nd CO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/20/96	500.00
<b>Ike Skelton For Congress Committee</b> P.O. Box A Harrisonville, MO 64701	<b>Ike Skelton, U.S. HOUSE 4th MO</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	500.00
<b>Arlen Specter '96</b> Packard Bldg. 14th Floor 111 South 15th Street Philadelphia, PA 19102	<b>Arlen Specter, PRESIDENT OF U.S. PA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/28/96	1,000.00
<b>Louis Stokes for Congress Committee</b> P.O. Box 99368 Cleveland, OH 44199	<b>Louis Stokes, U.S. HOUSE 11th OH</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/28/96	1,000.00
<b>Committee To Re-Elect Ed Towns</b> 360 Clinton Ave., Apt. 6R Brooklyn, NY 11238	<b>Edolphus Towns, U.S. HOUSE 10th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/20/96	1,500.00
<b>The Weygand Committee</b> P.O. Box 28405 Providence, RI 02908	<b>Robert Weygand, U.S. HOUSE 2nd RI</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/13/96	1,000.00
<b>Woolsey For Congress</b> P.O. Box 750176 Petaluma, CA 94975	<b>Lynn Woolsey, U.S. HOUSE 6th CA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/06/96	500.00

SUB TOTAL of Disbursements this page (Optional).....>	7,500.00
TOTAL this Period (Last page this line number only).....>	24,000.00

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**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED  
and/or DATE OF RECEIPT

*SEB*  
 PREPARER

*6-18-96*  
 DATE PREPARED

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