

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

SEP 18 9 01 AM '97

1. NAME OF COMMITTEE (in full) Pediatry 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		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)
Bethesda, MD 20814-1698		

## 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)

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>08/01/97</u> through <u>08/31/97</u>		
6. (a) Cash on Hand January 1, 1997		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 197,618.66	
(c) Total Receipts (from line 19)	\$ 14,510.54	\$ 218,767.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 212,129.20	\$ 318,128.99
7. Total Disbursements (from Line 30)	\$ 9,050.00	\$ 115,049.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 203,079.20	\$ 203,079.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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 9/16/97

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

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised 11/1/91

NAME OF COMMITTEE <b>Pediatric Political Action Committee</b>	REPORT COVERING PERIOD	
	FROM: 08/01/97	TO: 08/31/97
	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).....	7,675.00	82,430.00
ii. Unitemized.....	6,012.00	128,118.80
iii. Total..... (add i and ii) >	13,687.00	210,548.80
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aiii, b and c) >	13,687.00	210,548.80
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.).....	823.54	8,218.78
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) >	14,510.54	218,767.58
20. Total Federal Receipts..... (subtract line 18 from line 19) >	14,510.54	218,767.58
<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.....	50.00	1,049.79
c. Total Operating Expenditures..... (Add ai, aii, and b) >	50.00	1,049.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,000.00	114,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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	0.00
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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	9,050.00	115,049.79
31. Total Federal Disbursements..... (Subtract line 21 all from line 30) >	9,050.00	115,049.79
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	13,687.00	210,548.80
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	13,687.00	210,548.80
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	50.00	1,049.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	50.00	1,049.79

**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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Daniel H. Phelps DPM</b> 321 S. Fannin Ave. Tyler, TX 75702-7321	<b>Self employed</b>	<b>08/01/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
<b>John E. Morehead DPM</b> 6160 S. Yale Tulsa, OK 74136-1900	<b>Springer Clinic</b>	<b>08/01/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>James H. Blume DPM</b> 508 Blake St. New Haven, CT 06515-1287	<b>Blume Pod. Group/Aff. Foot Surgeons</b>	<b>08/04/97</b>	<b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
<b>Michael A. Sherwin DPM</b> P.O. Box 267 De Pere, WI 54115-0267	<b>Family Foot Care</b>	<b>08/05/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Phillip N. Burk DPM</b> 10552 Garverdale Ct. #906 Boise, ID 83704	<b>Foot &amp; Ankle Medical Center</b>	<b>08/08/97</b>	<b>50.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
<b>Stanley G. Eto DPM</b> 112 W. Logan St. Caldwell, ID 83605-4731	<b>Self employed</b>	<b>08/11/97</b>	<b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>350.00</b>	
<b>Brian Orabond DPM</b> 1450 S.W. Marlow Ave. Portland, OR 97225-5145	<b>Oregon Foot Specialists</b>	<b>08/11/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,400.00</b>
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>Steven J. Bennett DPM</b> 3804 Central Ave. Kearney, NE 68847-8134	Name of Employer <b>Platte Valley Foot Clinic</b>	Date (Month day, Year) <b>08/11/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</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>Paul E. Tipton DPM</b> 5135 Dixie Hwy. Louisville, KY 40216-1770	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>08/11/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
C. Full Name, Mailing Address and Zip Code <b>David M. Schofield DPM</b> 410 E. Church St. Elmira, NY 14901	Name of Employer <b>Twin Tier Area Plan</b>	Date (Month day, Year) <b>08/11/97</b>	Amount of Each Receipt this Period  <b>300.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
D. Full Name, Mailing Address and Zip Code <b>Edward R. Nieuwenhuis, Sr. DPM</b> 350 Franklin Ave. Wyckoff, NJ 07481-1934	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>08/11/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>550.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Louis T. Bogy DPM</b> 146 Park N. Professional Bldg. 4402 Vance Jackson Rd. San Antonio, TX 78230-5333	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>08/11/97</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>400.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Thomas L. Abraham DPM</b> 2444 E. Hill Rd. Grand Blanc, MI 48439-5098	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>08/11/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
G. Full Name, Mailing Address and Zip Code <b>Mark F. Rogers DPM</b> 150 W. 800 N. Provo, UT 84601-1624	Name of Employer <b>Central Utah Foot &amp; Ankle Clinic</b>	Date (Month day, Year) <b>08/11/97</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</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).....> **1,650.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **3** OF **5**  
FOR LINE NUMBER **11 a i**

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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>S. F. Charley Hartley DPM</b> 112 W. Pasadena Blvd. Deer Park, TX 77536-4870	<b>Self employed</b>	<b>08/11/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Patrick J. Nunan DPM</b> 9615 Cincinnati-Columbus Rd. Cincinnati, OH 45241-1072	<b>Self employed</b>	<b>08/11/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Frank Strasek DPM</b> 22255 Center Ridge Rd. #105 Rocky River, OH 44116-3950	<b>Self employed</b>	<b>08/11/97</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>300.00</b>	
<b>Wesley L. Daniel DPM</b> Gainesville Podiatry Clinic 416 Broad St. S.E. Gainesville, GA 30501	<b>Gainesville Podiatry Clinic</b>	<b>08/11/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Bernard A. Vierra DPM</b> 608 St. Landry Lafayette, LA 70506-4628	<b>Self employed</b>	<b>08/11/97</b>	<b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>500.00</b>	
<b>Mark E. Pinker DPM</b> 47 Brookwood Ave. Carlisle, PA 17013-9126	<b>Self employed</b>	<b>08/11/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
<b>Vincent J. Hetherington DPM</b> OH College of Pod. Med. 10515 Carnegie Ave. Cleveland, OH 44106-3018	<b>OH College of Podiatric Medicine</b>	<b>08/12/97</b>	<b>250.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	

SUB TOTAL of Receipts This Page (Optional).....> **2,050.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code <b>Mark H. Schlichter DPM</b> 7412 Rockville Rd. #A Indianapolis, IN 46214-3070</p>	<p>Name of Employer <b>Chapel Hill Foot &amp; Ankle Care</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>08/12/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Charles M. Miller DPM</b> 11373 Cortez Blvd. #305 Spring Hill, FL 34613-5411</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>08/12/97</b></p>	<p>Amount of Each Receipt this Period <b>300.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>John Evans DPM</b> 14575 Southfield Rd. Allen Park, MI 48101-2640</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>08/13/97</b></p>	<p>Amount of Each Receipt this Period <b>225.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>225.00</b></p>		
<p>D. Full Name, Mailing Address and Zip Code <b>Charles M. Tironc DPM</b> 3215 Dixie Hwy. Erlanger, KY 41018-1853</p>	<p>Name of Employer <b>Neltaur &amp; Tironc, P.S.C.</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>08/18/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>E. Full Name, Mailing Address and Zip Code <b>Richard Bellacosa DPM</b> 14615 San Pedro Ave. #235 San Antonio, TX 78232-4316</p>	<p>Name of Employer <b>San Antonio Podiatry Associates</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>08/18/97</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>Gregory J. Mowea DPM</b> Margate Foot Care Ctr. 18A S. Douglas Ave. Margate City, NJ 08402</p>	<p>Name of Employer <b>Margate Foot Care Center</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>08/18/97</b></p>	<p>Amount of Each Receipt this Period <b>125.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>525.00</b></p>		
<p>G. Full Name, Mailing Address and Zip Code <b>Peter M. Harvey DPM</b> 1612 Tenth St. Wichita Falls, TX 76301-4307</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>08/18/97</b></p>	<p>Amount of Each Receipt this Period <b>100.00</b></p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>		

SUB TOTAL of Receipts This Page (Optional).....> **1,500.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE	OF
5	5
FOR LINE NUMBER	
11 a j	

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code <b>William Terry Holt DPM</b> 657 Skyline Dr. Jackson, TN 38301	Name of Employer <b>Podiatry Clinic of Jackson</b>  Occupation Podiatrist	Date (Month day, Year) <b>08/18/97</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>Phillip N. Bork DPM</b> 10552 Garverdale Ct. #906 Boise, ID 83704	Name of Employer <b>Foot &amp; Ankle Medical Center</b>  Occupation Podiatrist	Date (Month day, Year) <b>08/19/97</b>	Amount of Each Receipt this Period  <b>50.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>350.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Eric John Polansky DPM</b> 1000 W. Michigan St. Sidney, OH 45365-2404	Name of Employer <b>Foot Care/Sidney Surgical Center</b>  Occupation Podiatrist	Date (Month day, Year) <b>08/20/97</b>	Amount of Each Receipt this Period  <b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		
D. Full Name, Mailing Address and Zip Code <b>David P. Feller DPM</b> 2644 Mossdale Blvd. Monroeville, PA 15146-3348	Name of Employer <b>Ankle &amp; Foot Center</b>  Occupation Podiatrist	Date (Month day, Year) <b>08/27/97</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>		
E. Full Name, Mailing Address and Zip Code <b>Marc Grosack DPM</b> 178 S. First St. Fulton, NY 13069-1720	Name of Employer <b>Oswego County Podiatry</b>  Occupation Podiatrist	Date (Month day, Year) <b>08/27/97</b>	Amount of Each Receipt this Period  <b>75.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>225.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Rima L. Wexler DPM</b> 260-73 Union Tpke. Glen Oaks, NY 11004	Name of Employer <b>Self employed</b>  Occupation Podiatrist	Date (Month day, Year) <b>08/29/97</b>	Amount of Each Receipt this Period  <b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>350.00</b>		
G. Full Name, Mailing Address and Zip Code	Name of Employer   Occupation	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>1,075.00</b>
TOTAL this Period (Last page this line number only).....>	<b>7,675.00</b>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **17**

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<b>A. Full Name, Mailing Address and Zip Code</b> Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer <b>Brokerage Firm</b>  Occupation	Date (Month day, Year) <b>08/31/97</b>	Amount of Each Receipt this Period  <b>823.54</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>6,343.78</b>		
<b>B. Full Name, Mailing Address and Zip Code</b>	Name of Employer  Occupation	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 > \$		
<b>C. Full Name, Mailing Address and Zip Code</b>	Name of Employer  Occupation	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 > \$		
<b>D. Full Name, Mailing Address and Zip Code</b>	Name of Employer  Occupation	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 > \$		
<b>E. Full Name, Mailing Address and Zip Code</b>	Name of Employer  Occupation	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 > \$		
<b>F. Full Name, Mailing Address and Zip Code</b>	Name of Employer  Occupation	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 > \$		
<b>G. Full Name, Mailing Address and Zip Code</b>	Name of Employer  Occupation	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>823.54</b>
TOTAL this Period (Last page this line number only).....>	<b>823.54</b>



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER **21B**

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NAME OF COMMITTEE (in Full)  
Pediatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2006	Bank Fee Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/31/97	50.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... > **50.00**

TOTAL this Period (Last page this line number only)..... > **50.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		23

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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
Friends of Joe Baca 1850 N. Magnolia Ave. Rialto, CA 92376	Joe Baca, U.S. HOUSE 42nd CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/15/97	500.00
Re-Elect Brian Bilbray for Congress #270 12780 High Bluff Dr. San Diego, CA 92130	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,000.00
Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/22/97	1,000.00
Ehrlich for Congress Committee 1301 York Rd. Lutherville, MD 21093	Robert Ehrlich, U.S. HOUSE 2nd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/09/97	1,000.00
Senator Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/22/97	500.00
Re-Elect Nancy Johnson to Congress P.O. Box 1968 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,000.00
Citizens for Dave Obey Committee P.O. Box 1322 Wausau, WI 54402	David R. Obey, U.S. HOUSE 7th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/22/97	500.00
Pascuzzo for U.S. Congress 3140-B Tilghman St., #152 Allentown, PA 18104	Joseph Pascuzzo, U.S. HOUSE 15th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,000.00
Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, AL 35403	Richard C. Shelby, U.S. SENATE AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,500.00

SUB TOTAL of Disbursements this page (Optional).....> 8,000.00

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

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Spence for Congress Committee P.O. Box 1475 Columbia, SC 29202</p>	<p>Purpose of Disbursement Floyd D. Spence, U.S. HOUSE 2nd SC</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 08/22/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302</p>	<p>Purpose of Disbursement Bill Thomas, U.S. HOUSE 21st CA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 08/28/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>D. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>H. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>
<p>I. Full Name, Mailing Address and Zip Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Disb. this Period</p>

SUB TOTAL of Disbursements this page (Optional).....>	1,500.00
TOTAL this Period (Last page this line number only).....>	9,500.00

