



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-5

NOV 15 1996

Harvey D. Lederman DPM, Treasurer
Podiatry Political Action Committee
9312 Old Georgetown Road
Bethesda, MD 20814

Identification Number: C00008839

Reference: September Monthly Report (8/1/96-8/31/96)

Dear Mr. Lederman:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. §§441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act, or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Debbie Manzano

Debbie Manzano
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Any information supplied 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
Richard Erall DPM 9348 Forest Hill Lane Germantown, TN 38138-3918	Self Employed Occupation Podiatrist	08/06/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
B. Full Name, Mailing Address and Zip Code New York Coll NYCPM-APMSA New York, NY	Self-Employed Occupation	08/09/96	320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		320.00
C. Full Name, Mailing Address and Zip Code Anthony Cozzolino, Jr. DPM 18 Kingwood Road Scarsdale, NY 10583	Self Employed Occupation Podiatrist	08/12/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
D. Full Name, Mailing Address and Zip Code Bert Altmanhofer DPM P.O. Box 412 Hollidaysburg, PA 16648-0412	Self Employed Occupation Podiatrist	08/12/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
E. Full Name, Mailing Address and Zip Code Gary Roth DPM 91 Constitution Blvd. Kutztown, PA 19530-1724	East Penn Podiatry Occupation Podiatrist	08/12/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
F. Full Name, Mailing Address and Zip Code Robert Vallone DPM 3363 Fourth Ave. San Diego, CA 92103-5703	Self Employed Occupation Podiatrist	08/14/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
G. Full Name, Mailing Address and Zip Code Darrell Prins DPM 2604 N.E. Highway 101, #C Lincoln City, OR 97367	Lincoln Co. Foot Health Center Occupation Podiatrist	08/19/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
			1,570.00

SUB TOTAL of Receipts This Page (Optional) >

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

