

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 3 12 59 PM '96

1. NAME OF COMMITTEE (In full) Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00068839
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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>10/17/96</u> through <u>11/25/96</u>		
6. (a) Cash on Hand January 1, 1996		\$ 73,578.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 96,909.95	
(c) Total Receipts (from line 19)	\$ 15,134.50	\$ 302,865.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 111,624.45	\$ 375,636.32
7. Total Disbursements (from Line 30)	\$ 4,829.40	\$ 268,841.27
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 106,795.05	\$ 106,795.05
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	Date 12-2-96
Signature of Treasurer <i>John R. Carson</i>	

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

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (11/1/91)

NAME OF COMMITTEE: <i>Industry Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM: 10/17/96	TO: 11/25/96
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	6,363.50	111,925.84
ii. Unitemized.....	7,963.50	172,938.96
iii. Total.....(add i and ii) >	14,327.00	284,864.80
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) >	14,327.00	284,864.80
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	10,000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	787.50	7,200.84
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) >	15,114.50	302,065.64
20. Total Federal Receipts.....(subtract line 18 from line 19) >	15,114.50	302,065.64
II. Disbursements		
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.....	329.40	1,291.40
c. Total Operating Expenditures.....(Add a), all, and b) >	329.40	1,291.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,500.00	264,937.37
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441ald) (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	2,162.50
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,829.40	268,841.27
31. Total Federal Disbursements.....(Subtract line 21 all from line 30) >	4,829.40	268,841.27
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	14,327.00	284,864.80
33. Total Contribution Refunds (from line 28d).....	0.00	450.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	14,327.00	284,414.80
35. Total Federal Operating Expenditures.....(add 21 a) and 21 b) >	329.40	1,291.40
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	329.40	1,291.40

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 David Zuckerman DPM 341 S. Evergreen Ave. Woodbury, NJ 08096-2715		Name of Employer Self Employed	Date (Month day, Year) 10/17/96	Amount of Each Receipt this Period 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. Full Name, Mailing Address and Zip Code Martin Port DPM 4812 Beachway Drive Tampa, FL 33609		Name of Employer Self Employed	Date (Month day, Year) 10/21/96	Amount of Each Receipt this Period 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	
C. Full Name, Mailing Address and Zip Code George Maraczi DPM 30131 Town Center Dr., #250 Laguna Niguel, CA 92677-2040		Name of Employer Laguna Niguel Podiatry Group	Date (Month day, Year) 10/21/96	Amount of Each Receipt this Period 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	
D. Full Name, Mailing Address and Zip Code Scott Azie DPM 72-03 164th St. Flushing, NY 11365-4221		Name of Employer Self Employed	Date (Month day, Year) 10/24/96	Amount of Each Receipt this Period 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	
E. Full Name, Mailing Address and Zip Code Henry Mittleman DPM 6821 Montgomery Blvd., N.E., #D Albuquerque, NM 87109-1444		Name of Employer Self Employed	Date (Month day, Year) 10/25/96	Amount of Each Receipt this Period 151.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
F. Full Name, Mailing Address and Zip Code Leon Cohen DPM 1002 W. Pierce St. Carlsbad, NM 88220-4075		Name of Employer Self Employed	Date (Month day, Year) 10/25/96	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
G. Full Name, Mailing Address and Zip Code Philip J. Organ DPM Cecilwood Professional Bldg. 175 Main St. Fishkill, NY 12524-1748		Name of Employer Self-Employed	Date (Month day, Year) 10/25/96	Amount of Each Receipt this Period 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)> **1,426.00**

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 Marc Mittleman DPM 1529 W. Lomita Blvd. Harbor City, CA 90710-2024	Name of Employer Bay Harbor Podiatry Group	Date (Month day, Year) 10/25/96	Amount of Each Receipt this Period 62.50
	Occupation Podiatrist		
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 Michael Droulette DPM 1145 19th St., N.W., Suite 203 Washington, DC 20036-3701	Name of Employer Self Employed	Date (Month day, Year) 10/29/96	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
C. Full Name, Mailing Address and Zip Code Gary Roth DPM 91 Constitution Blvd. Kutztown, PA 19530-1724	Name of Employer East Penn Podiatry	Date (Month day, Year) 10/29/96	Amount of Each Receipt this Period 150.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 450.00		
D. Full Name, Mailing Address and Zip Code Murray H. Dublin DPM 801 N. Venetian Dr. #904 Miami, FL 33139	Name of Employer Self Employed	Date (Month day, Year) 10/29/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
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 F. Grenillion DPM 3100 N. Academy Blvd., #115 Colorado Springs, CO 80917-5331	Name of Employer Colorado Springs Foot & Ankle	Date (Month day, Year) 10/30/96	Amount of Each Receipt this Period 100.00
	Occupation Podiatrist		
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 Kevin Whitton DPM 105 Redmond Rd. Rome, GA 30165-1535	Name of Employer Self Employed	Date (Month day, Year) 10/31/96	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
G. Full Name, Mailing Address and Zip Code Charles Churchwell, Jr. DPM 7 Stonebriar Way Frisco, TX 75034	Name of Employer Self Employed	Date (Month day, Year) 11/05/96	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		

SUB TOTAL of Receipts This Page (Optional)> **962.50**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Pediatry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Jeffrey Rewitzer DPM 1576 Peck St. Muskegon, MI 49441-2547	Self Employed	11/05/96	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
James McAlexander DPM 7282 Stinson Ave., Suite C Gig Harbor, WA 98335-1768	Self Employed	11/05/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
Kevin Uren DPM 115 N. Jefferson St. Athens, AL 35611	Self Employed	11/05/96	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
Ronald Sidersky DPM 1 W. Hanover Ave., #113 Randolph, NJ 07869-4214	Self Employed	11/05/96	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Larry Ivancich DPM 11800 Valley Blvd. El Monte, CA 91732-3040	Self Employed	11/07/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Leonette May DPM 1761 W. Romneya Dr., #E Anaheim, CA 92801-1816	Anaton Podiatric Surgery Group	11/07/96	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. Frank Burke DPM 1761 W. Romneya Dr., #E Anaheim, CA 92801-1816	Self Employed	11/07/96	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).....>			1,375.00
TOTAL this Period (Last page this line number only).....>			

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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
Louis Grossman DPM 27 E. Maiden St. Washington, PA 15301-4941	Self-Employed	11/12/96	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
Charles Giebel, II DPM 7520 Montgomery Blvd., E. Suite D12 Albuquerque, NM 87109-1554	Self-Employed	11/12/96	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
Walter Clark DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	11/13/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	10,750.00
Thomas Godfryd DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	11/13/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	600.00
Steven Grunfeld DPM 2012 Eighth Ct., S. Birmingham, AL 35205-2704	Birmingham Podiatry, P.C.	11/13/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	350.00
John Calcaterra DPM 539 Brookwood Blvd. Birmingham, AL 35209-6801	Birmingham Podiatry, P.C.	11/13/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	350.00
Adam Karas DPM 7652 N. Lockwood Ridge Rd. Sarasota, FL 34243-4900	University Podiatry Foot & Ankle	11/14/96	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
SUB TOTAL of Receipts This Page (Optional).....>			1,400.00
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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Sheila Hume DPM Laurel Medical Arts Pavilion 7120 Contee Rd., Suite #310 Laurel, MD 20707-9463	Self Employed	11/15/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
Robert Baldauf DPM 123 Saratoga Rd. Glenville, NY 12302	Self-Employed	11/19/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	350.00
Robert Baldauf DPM 123 Saratoga Rd. Glenville, NY 12302	Self-Employed	11/19/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	350.00
Michael Joyce DPM 519 S. Van Buren Rd. Eden, NC 27288-5015	Self-Employed	11/19/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	500.00
Larry Laurich DPM 618 N. University Drive Nacogdoches, TX 75961-4617	Self Employed	11/22/96	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	250.00
Kenneth Owens DPM 56 Chester St. Ernst Royal, VA 22630-3367	Self Employed	11/23/96	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$	300.00
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)	Occupation	Aggregate Year-to-date > \$	
SUB TOTAL of Receipts This Page (Optional)			1,200.00
TOTAL this Period (Last page this line number only)			6,363.50

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)
Fodlary Political Action Committee

A. Full Name, Mailing Address and Zip Code Smith-Barney 280 Trumbull Street Hartford, CT 06103	Name of Employer		Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation Investment Firm		10/31/96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		7,200.84	787.50
B. Full Name, Mailing Address and Zip Code	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 > \$			
C. Full Name, Mailing Address and Zip Code	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 > \$			
D. Full Name, Mailing Address and Zip Code	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 > \$			
E. Full Name, Mailing Address and Zip Code	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 > \$			
F. Full Name, Mailing Address and Zip Code	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 > \$			
G. Full Name, Mailing Address and Zip Code	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).....>	787.50
TOTAL this Period (Last page this line number only).....>	787.50

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)
 Industry Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Smith Barney 280 Trumbull Street Hartford, CT 06103	Interest Expense Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	10/31/96	329.40
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).....>	329.40
TOTAL this Period (Last page this line number only).....>	329.40

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules 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
Ken Bentsen for Congress Committee #301 5615 Morningside Houston, TX 77005	Kenneth E. Bentsen, U.S. HOUSE 25th TX Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1996	11/15/96	500.00
Friends of Ros DeLauro 49 Huntington Street New Haven, CT 06511	Rosa DeLauro, U.S. HOUSE 3rd CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/22/96	500.00
Rick Hill for Congress Committee Box 1256, Placer Center Suite 200 Helena, MT 59624	Rick Hill, U.S. HOUSE MT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/22/96	1,000.00
Robert Schaffer for Congress 2211 South College Avenue Suite 13B Fort Collins, CO 80525	Robert Schaffer, U.S. HOUSE 4th CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/22/96	1,000.00
Talent For U.S. Congress 1031 Executive Pkwy, Ste 100 St. Louis, MO 63141	James M. Talent, U.S. HOUSE 2nd MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/22/96	500.00
The Weygand Committee P.O. Box 28405 Providence, RI 02908	Robert Weygand, U.S. HOUSE 2nd RI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/29/96	1,000.00
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).....>	4,500.00
TOTAL this Period (Last page this line number only).....>	4,500.00

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