

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION FILE 10071

AUG 20 2 12 PM '97

1. NAME OF COMMITTEE (in full) Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER  C00008639
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.  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

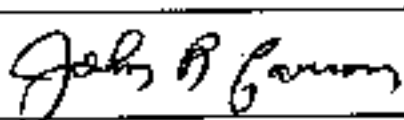
Monthly Report Due On:

- 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>07/01/97</u> through <u>07/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 182,021.71	
(c) Total Receipts (from line 19)	\$ 20,096.95	\$ 204,257.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 202,118.66	\$ 383,618.45
7. Total Disbursements (from Line 30)	\$ 4,508.00	\$ 105,999.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 197,618.66	\$ 197,618.66
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 B Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3428
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 		Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

--	--	--	--	--	--	--	--	--

FEC FORM 3X

(Revised 9/93)

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/81)

NAME OF COMMITTEE <i>Fedialry Political Action Committee</i>	REPORT COVERING PERIOD	
	FROM: 07/01/97	TO: 07/31/97
	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).....	10,875.00	74,755.00
ii. Unitemized.....	8,441.00	122,106.80
iii. Total..... (add i and ii) >	19,316.00	196,861.80
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) >	19,316.00	196,861.80
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.).....	780.95	7,395.24
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) >	20,096.95	204,257.04
20. Total Federal Receipts..... (subtract line 19 from line 19) >	20,096.95	204,257.04
<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	999.79
c. Total Operating Expenditures..... (Add a i, aii, and b) >	0.00	999.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4,500.00	105,000.00
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	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) >	4,500.00	105,999.79
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	4,500.00	105,999.79
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (Other than loans) (from line 11d).....	19,316.00	196,861.80
33. Total Contribution Refunds (from line 29d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	19,316.00	196,861.80
35. Total Federal Operating Expenditures..... (add 21 ai and 21 bi) >	0.00	999.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	0.00	999.79

**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 <b>Edward Buro DPM</b> 44-15 43rd Ave. Sunnyside, NY 11104-2303	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>07/01/97</b>	Amount of Each Receipt this Period <b>150.00</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>375.00</b>		
B. Full Name, Mailing Address and Zip Code <b>Jeffrey Rewitzer DPM</b> 1576 Peck St. Muskegon, MI 49441-2547	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>07/01/97</b>	Amount of Each Receipt this Period <b>75.00</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>225.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Fattah Miriam DPM</b> 1219 Rockingham Rd. #8 Rockingham, NC 28379-4925	Name of Employer <b>Richmond Foot Clinic</b>	Date (Month day, Year) <b>07/01/97</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>		
D. Full Name, Mailing Address and Zip Code <b>Marvin F. Cohen DPM</b> 6105 Lee St. Little Rock, AR 72205-3027	Name of Employer <b>Little Rock Foot Clinic</b>	Date (Month day, Year) <b>07/07/97</b>	Amount of Each Receipt this Period <b>500.00</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>500.00</b>		
E. Full Name, Mailing Address and Zip Code <b>Steven G. Chatlin DPM</b> 5640 Nicholson Ln. #10 Rockville, MD 20852-2952	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>07/07/97</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>		
F. Full Name, Mailing Address and Zip Code <b>David I. Metzendorf DPM</b> 135 First St. S. Winter Haven, FL 33880-3005	Name of Employer <b>Self employed</b>	Date (Month day, Year) <b>07/07/97</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>Murray H. Dubbin DPM</b> 801 N. Venetian Dr. #904 Miami, FL 33139	Name of Employer <b>Self Employed</b>	Date (Month day, Year) <b>07/07/97</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>		

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,775.00</b>
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 2 OF 7  
FOR LINE NUMBER 11 a 1

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 <b>Joseph L. Sindone DPM</b> 1302 N. Lawnwood Cir. Fort Pierce, FL 34950-4884	Name of Employer <b>Atlantic Podiatry Center</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>07/07/97</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>Daria P. McDonough DPM</b> P.O. Box 4211 Ormond Beach, FL 32175-4211	Name of Employer <b>Self employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>07/07/97</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>449.00</b>		
C. Full Name, Mailing Address and Zip Code <b>Thomas P. Broner DPM</b> 333 Fourth Ave. N. Jacksonville Beach, FL 32250-5621	Name of Employer <b>Self employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>07/07/97</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>		
D. Full Name, Mailing Address and Zip Code <b>Roderick D. Farley DPM</b> 8900 Montgomery Blvd. N.E. Albuquerque, NM 87111	Name of Employer <b>Talbert Medical Group</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>07/07/97</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>Gregory J. Mowen DPM</b> Margate Foot Care Ctr. 18A S. Douglas Ave. Margate City, NJ 08402	Name of Employer <b>Margate Foot Care Center</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>07/07/97</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>400.00</b>		
F. Full Name, Mailing Address and Zip Code <b>Joseph T. Perillo DPM</b> 650 Pre-Emption Rd. Geneva, NY 14456-1334	Name of Employer <b>Self employed</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>07/07/97</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>300.00</b>		
G. Full Name, Mailing Address and Zip Code <b>Robert M. Caldwell DPM</b> 1700 First Ave. N.E. Cedar Rapids, IA 52402-5433	Name of Employer <b>Iowa Foot &amp; Ankle Clinic</b>  Occupation <b>Podiatrist</b>	Date (Month day, Year) <b>07/10/97</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>		

SUB TOTAL of Receipts This Page (Optional).....> **1,450.00**

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

**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

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Edward Fryman DPM</b> <b>3650 Merrick Rd.</b> <b>Seaford, NY 11783-2811</b>	<b>Name of Employer</b> <b>Seaford Foot Care Center</b>	<b>Date (Month day, Year)</b> <b>07/10/97</b>	<b>Amount of Each Receipt this Period</b>  <b>125.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Carla B. Gerstenberg DPM</b> <b>598 Silver Bluff Rd.</b> <b>Aiken, SC 29803-6012</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>07/10/97</b>	<b>Amount of Each Receipt this Period</b>  <b>150.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Dallas R. Penrod DPM</b> <b>5605 Riggins Ct. #103</b> <b>Reno, NV 89502</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>07/10/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Kent L. Magrini DPM</b> <b>5004 S. U St. #101B</b> <b>Fort Smith, AR 72903-3600</b>	<b>Name of Employer</b> <b>Foot Health Center</b>	<b>Date (Month day, Year)</b> <b>07/11/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Edward L. D'Amico DPM</b> <b>116 Broadway</b> <b>Amityville, NY 11701-2704</b>	<b>Name of Employer</b> <b>Amityville Podiatry Associates</b>	<b>Date (Month day, Year)</b> <b>07/11/97</b>	<b>Amount of Each Receipt this Period</b>  <b>300.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Paul A. Carrier DPM</b> <b>1930 Acushnet Ave.</b> <b>New Bedford, MA 02745-6143</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>07/14/97</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b> <b>James C. Graham DPM</b> <b>900 W. Temple St. #207</b> <b>Effingham, IL 62401-2187</b>	<b>Name of Employer</b> <b>Self employed</b>	<b>Date (Month day, Year)</b> <b>07/14/97</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>	
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....> **2,075.00**

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

**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

<p>A. Full Name, Mailing Address and Zip Code <b>N. Arvid Vasenden DPM</b> 298 Prince Ave. Athens, GA 30601-2445</p>	<p>Name of Employer <b>Athens Podiatry, P.C.</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/14/97</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>B. Full Name, Mailing Address and Zip Code <b>Michael Huels DPM</b> 1623 Washington Ave. #302 Alton, IL 62002-3933</p>	<p>Name of Employer <b>Alton Podiatry Clinic</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/14/97</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>375.00</b></p>		
<p>C. Full Name, Mailing Address and Zip Code <b>Mark O. Ellis DPM</b> 582 22nd St. Astoria, OR 97103</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/15/97</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>D. Full Name, Mailing Address and Zip Code <b>Lisa M. DeTournay DPM</b> 12512 N. Kendall Dr. Miami, FL 33186</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/15/97</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>E. Full Name, Mailing Address and Zip Code <b>Anne L. Marangoni DPM</b> P.O. Box 815 Pacific Grove, CA 93950-0815</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/15/97</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>Donald James Carlson DPM</b> 240 S.E. 2nd St. #B Hermiston, OR 97838</p>	<p>Name of Employer <b>Hermiston Family Foot Clinic</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/16/97</b></p>	<p>Amount of Each Receipt this Period <b>75.00</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>G. Full Name, Mailing Address and Zip Code <b>Richard Pat Mistretta DPM</b> 3400 McClure Bridge Rd. Bldg. F #B Duluth, GA 30136</p>	<p>Name of Employer <b>Affiliated Foot &amp; Ankle, P.C.</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/17/97</b></p>	<p>Amount of Each Receipt this Period <b>150.00</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).....> **1,550.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 7  
FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and Zip Code <b>Darrell Duane Prins DPM</b> 3011 N.E. West Devils Lake Rd. Lincoln City, OR 97367</p>	<p>Name of Employer <b>Lincoln County Foot Health Center</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/21/97</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>350.00</b></p>		
<p>B. Full Name, Mailing Address and Zip Code <b>Michael Molay DPM</b> 5485 Milwaukee Ave. Chicago, IL 60630-1249</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/21/97</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>		
<p>C. Full Name, Mailing Address and Zip Code <b>Richard J. Miller DPM</b> 717 S. Torrence St. Charlotte, NC 28204-3071</p>	<p>Name of Employer <b>Carmel Foot Specialists, P.A.</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/21/97</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>D. Full Name, Mailing Address and Zip Code <b>Leonard Barton Mushkin DPM</b> 951 E. Blanco Cir. Salinas, CA 93901</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/21/97</b></p>	<p>Amount of Each Receipt this Period <b>150.00</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>E. Full Name, Mailing Address and Zip Code <b>Stuart C. Steinberg DPM</b> 3322 W. Magnolia Blvd. Burbank, CA 91505-2907</p>	<p>Name of Employer <b>Burbank Foot Care Center</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/21/97</b></p>	<p>Amount of Each Receipt this Period <b>500.00</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>500.00</b></p>		
<p>F. Full Name, Mailing Address and Zip Code <b>James S. Comerford DPM</b> 1417 W. Sixth St. Little Rock, AR 72201-2901</p>	<p>Name of Employer <b>Arkansas Foot Clinic</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/21/97</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>G. Full Name, Mailing Address and Zip Code <b>Harold B. Glickman DPM</b> 1145 19th St. N.W. #508 Washington, DC 20036-3701</p>	<p>Name of Employer <b>Self employed</b></p> <p>Occupation <b>Podiatrist</b></p>	<p>Date (Month day, Year) <b>07/21/97</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>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>1,850.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 7  
FOR LINE NUMBER 11 a i

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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Howard Frank Duke DPM</b> 1805 Monument Ave. #106 Richmond, VA 23220-7005	<b>Self employed</b>	07/22/97	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>Mark L. Veske DPM</b> 714 S.W. Dorian Ave. Pendleton, OR 97801-2039	<b>Blue Mountain Foot Specialists</b>	07/24/97	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>Randy K. Kaplan DPM</b> 25725 Coolidge Hwy. Oak Park, MI 48237	<b>Self employed</b>	07/24/97	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
<b>Donald Feldman DPM</b> 1124 Main St. Peekskill, NY 10566-2908	<b>Self employed</b>	07/24/97	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>Stanton J. Cohen DPM</b> 1743 W. 24th St. Yuma, AZ 85364-6206	<b>Yuma Podiatry Associates</b>	07/24/97	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
<b>Richard A. Armstrong DPM</b> 342A Gifford St. Falmouth, MA 02540-2948	<b>Falmouth Podiatry</b>	07/24/97	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>Lisa Lipe DPM</b> 201 N. Washington Newberg, OR 97132-2821	<b>Self employed</b>	07/28/97	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).....> **1,925.00**

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



**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

A. Full Name, Mailing Address and Zip Code <b>Mark M. Schlansky DPM</b> <b>35 Five Mile Woods Rd.</b> <b>Catskill, NY 12414-5921</b>	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>07/29/97</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>312.50</b>		
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) ..... > **250.00**

TOTAL this Period (Last page this line number only) ..... > **10,875.00**

**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

A. Full Name, Mailing Address and Zip Code <b>Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006</b>	Name of Employer <b>Brokerage Firm</b>	Date (Month day, Year) <b>07/31/97</b>	Amount of Each Receipt this Period  <b>780.95</b>
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>5,520.24</b>		
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).....>	<b>780.95</b>
TOTAL this Period (Last page this line number only).....>	<b>780.95</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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>Peter Deutsch for Congress</b> P.O. Box 26678 Tamarac, FL 33320	<b>Peter Deutsch, U.S. HOUSE 20th FL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/18/97	500.00
<b>John Ensign for Congress</b> 8917 Stafford Springs Dr. Las Vegas, NV 89134	<b>John Ensign, U.S. HOUSE 1st NV</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/97	500.00
<b>Senator Gene Green Congressional Campaign</b> P.O. Box 16128 Houston, TX 77222	<b>Gene Green, U.S. HOUSE 29th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/18/97	500.00
<b>Don Payne for Congress</b> PO Box 2406 Newark, NJ 07114	<b>Donald M. Payne, U.S. HOUSE 10th NJ</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/97	500.00
<b>Rangel for Congress</b> 850 7th Avenue, #701 New York, NY 10019	<b>Charles B. Rangel, U.S. HOUSE 15th NY</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/97	500.00
<b>Stenholm for Congress</b> P.O. Box 1032 Stamford, TX 79553	<b>Charles W. Stenholm, U.S. HOUSE 17th TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/14/97	500.00
<b>Ted Strickland for Congress</b> P.O. Box 1492 Portsmouth, OH 45662	<b>Ted Strickland, U.S. HOUSE 6th OH</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/18/97	500.00
<b>Friends of Roger Wicker</b> P.O. Box 874 Tupelo, MS 38802	<b>Roger Wicker, U.S. HOUSE 1st MS</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/25/97	1,000.00
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

