

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

SEP 15 9 38 AM '96

| | | |
|--|--|--|
| 1. NAME OF COMMITTEE (in full) Podiatry Political Action Committee | | 2. FEC IDENTIFICATION NUMBER C00108839 |
| 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)
 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 checked="" 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>08/01/96</u> through <u>08/31/96</u> | | |
| 6. (a) Cash on Hand January 1, 1996 | | \$ 73,570.68 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 132,750.65 | |
| (c) Total Receipts (from line 19) | \$ 17,629.44 | \$ 272,426.21 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 150,380.09 | \$ 345,996.89 |
| 7. Total Disbursements (from Line 30) | \$ 15,823.12 | \$ 211,439.92 |
| 8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d)) | \$ 134,556.97 | \$ 134,556.97 |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 H. Carson

Signature of Treasurer *John H. Carson*

Date
9-13-96

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

| | | | | | | | | |
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DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

| NAME OF COMMITTEE Podiatry Political Action Committee | REPORT COVERING PERIOD | |
|--|------------------------|---------------|
| | FROM: 08/01/96 | TO: 08/31/96 |
| | COLUMN A | COLUMN B |
| | Total This Period | Calendar Year |
| I. Receipts | | |
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (Use Schedule A)..... | 7,988.34 | 100,332.34 |
| ii. Unitemized..... | 9,640.50 | 157,560.46 |
| iii. Total.....(add i and ii) > | 17,628.84 | 257,892.80 |
| 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) > | 17,628.84 | 257,892.80 |
| 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 | 10,000.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.60 | 4,533.41 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 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) > | 17,629.44 | 272,426.21 |
| 20. Total Federal Receipts.....(subtract line 18 from line 19) > | 17,629.44 | 272,426.21 |
| 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..... | 74.17 | 890.05 |
| c. Total Operating Expenditures.....(Add a, all, and b) > | 74.17 | 890.05 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15,648.95 | 207,937.37 |
| 24. Independent Expenditures (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| a. Individual/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..... | 100.00 | 2,162.50 |
| 30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 15,823.12 | 211,439.92 |
| 31. Total Federal Disbursements.....(Subtract line 21 all from line 30) > | 15,823.12 | 211,439.92 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (Other than loans)(from line 11d)..... | 17,628.84 | 257,892.80 |
| 33. Total Contribution Refunds (from line 28d)..... | 0.00 | 450.00 |
| 34. Net Contributions (Other than loans)(subtract line 33 from 32)..... | 17,628.84 | 257,442.80 |
| 35. Total Federal Operating Expenditures.....(add 21 ai and 21 b) > | 74.17 | 890.05 |
| 36. Offsets to Operating Expenditures (from line 15)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures.....(subtract line 36 from 35) > | 74.17 | 890.05 |

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 John Saeva DPM 1814 Mission 66 Vicksburg, MS 39180-4802</p> | <p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> | <p>Date (Month day, Year) 08/02/96</p> | <p>Amount of Each Receipt this Period 125.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p> | <p>Aggregate Year-to-date > \$ 750.00</p> | | |
| <p>B. Full Name, Mailing Address and Zip Code Bernard Vierra DPM 608 St. Landry Lafayette, LA 70506-4628</p> | <p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> | <p>Date (Month day, Year) 08/05/96</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p> | <p>Aggregate Year-to-date > \$ 500.00</p> | | |
| <p>C. Full Name, Mailing Address and Zip Code Phillip Burk DPM 10552 Garverdale Ct., #906 Boise, ID 83704-5478</p> | <p>Name of Employer Foot & Ankle Medical Center</p> <p>Occupation Podiatrist</p> | <p>Date (Month day, Year) 08/05/96</p> | <p>Amount of Each Receipt this Period 125.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p> | <p>Aggregate Year-to-date > \$ 375.00</p> | | |
| <p>D. Full Name, Mailing Address and Zip Code Alan Woodle DPM 8111 Greenwood Ave., N. Seattle, WA 98103-4230</p> | <p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> | <p>Date (Month day, Year) 08/05/96</p> | <p>Amount of Each Receipt this Period 83.34</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p> | <p>Aggregate Year-to-date > \$ 250.00</p> | | |
| <p>E. Full Name, Mailing Address and Zip Code Robert E. Gosseln DPM 29001 Cedar Road #425 Lyndhurst, OH 44124</p> | <p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> | <p>Date (Month day, Year) 08/05/96</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p> | <p>Aggregate Year-to-date > \$ 500.00</p> | | |
| <p>F. Full Name, Mailing Address and Zip Code John A. Lindholm DPM 2974 Woods Edge Way Madison, WI 53771</p> | <p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> | <p>Date (Month day, Year) 08/05/96</p> | <p>Amount of Each Receipt this Period 275.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p> | <p>Aggregate Year-to-date > \$ 275.00</p> | | |
| <p>G. Full Name, Mailing Address and Zip Code Kenneth Mab DPM 14495 S.W. Allen Blvd. Beaverton, OR 97005-4402</p> | <p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> | <p>Date (Month day, Year) 08/06/96</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p> | <p>Aggregate Year-to-date > \$ 250.00</p> | | |

SUB TOTAL of Receipts This Page (Optional)> **1,858.34**

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 Richard Erali DPM 9348 Forest Hill Lane Germantown, TN 38138-3918 | Name of Employer Self Employed Occupation Podiatrist | Date (Month day, Year) 08/06/96 | Amount of Each Receipt this Period 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 | Name of Employer Self-Employed Occupation | Date (Month day, Year) 08/09/96 | Amount of Each Receipt this Period 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 Kingwone Road Searsdale, NY 10583 | Name of Employer Self Employed Occupation Podiatrist | Date (Month day, Year) 08/12/96 | Amount of Each Receipt this Period 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 Altmanshofer DPM P.O. Box 412 Holidaysburg, PA 16648-0412 | Name of Employer Self Employed Occupation Podiatrist | Date (Month day, Year) 08/12/96 | Amount of Each Receipt this Period 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 | Name of Employer East Penn Podiatry Occupation Podiatrist | Date (Month day, Year) 08/12/96 | Amount of Each Receipt this Period 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 | Name of Employer Self Employed Occupation Podiatrist | Date (Month day, Year) 08/14/96 | Amount of Each Receipt this Period 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 | Name of Employer Lincoln Co. Foot Health Center Occupation Podiatrist | Date (Month day, Year) 08/19/96 | Amount of Each Receipt this Period 100.00 |
| 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).....> **1,570.00**

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 |
| 3 | 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 Thomas Williams DPM 1823 E. 51st St. Ashtabula, OH 44004-6270 | Name of Employer Self Employed | Date (Month day, Year) 08/19/96 | Amount of Each Receipt this Period 200.00 |
| | Occupation Podiatrist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 300.00 | | |
| B. Full Name, Mailing Address and Zip Code Christian Robertozzi DPM 179 High St. Newton, NJ 07860-1097 | Name of Employer Self Employed | Date (Month day, Year) 08/21/96 | Amount of Each Receipt this Period 500.00 |
| | Occupation Podiatrist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 500.00 | | |
| C. Full Name, Mailing Address and Zip Code Donald Feldman DPM 1124 Main St. Peekskill, NY 10566-2908 | Name of Employer Self Employed | Date (Month day, Year) 08/21/96 | 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 | | |
| D. Full Name, Mailing Address and Zip Code Mark Rogers DPM 150 W. 800, N. Provo, UT 84601-1624 | Name of Employer Central Utah Foot & Ankle Clinic | Date (Month day, Year) 08/21/96 | 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 Timothy Kemple DPM 49 Birch St. Derry, NH 03038-2716 | Name of Employer Self Employed | Date (Month day, Year) 08/21/96 | 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 | | |
| F. Full Name, Mailing Address and Zip Code Stanley Gorgol DPM 198 Main St. Salem, NH 03079-3113 | Name of Employer Self Employed | Date (Month day, Year) 08/21/96 | 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 | | |
| G. Full Name, Mailing Address and Zip Code Randy Kaplan DPM 20511 Dequindre St. Detroit, MI 48234-1259 | Name of Employer Self Employed | Date (Month day, Year) 08/21/96 | Amount of Each Receipt this Period 300.00 |
| | Occupation Podiatrist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 300.00 | | |

| | |
|---|-----------------|
| SUB TOTAL of Receipts This Page (Optional).....> | 2,000.00 |
| TOTAL this Period (Last page this line number only).....> | |

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

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 |
|--|----------------------------|------------------------------------|------------------------------------|
| Mark Schilarsky DPM 35 Five Mile Woods Rd. Catskill, NY 12414-5921 | Self Employed | 08/23/96 | 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 | |
| Stephen Monaco DPM 1165 W. Chester Pike Havertown, PA 19083-3431 | Self Employed | 08/23/96 | 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 | |
| Donald Hovancsek DPM 2828 Martin Way Olympia, WA 98506-4946 | Self Employed | 08/23/96 | 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 | |
| Robert Purdy DPM 2330 Water Wheel Ct. Holland, OH 43528 | Self Employed | 08/23/96 | 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 | |
| M. Terry Kennedy DPM 2775 E. Powell Valley Rd. Gresham, OR 97080 | Gresham Foot Clinic | 08/27/96 | 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 | |
| Marc Klein DPM 191 Broadway Methuen, MA 01844-3837 | Self Employed | 08/27/96 | 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 | |
| Ronald Solitto DPM 289 Market St. Saddle Brook, NJ 07663-6026 | Self Employed | 08/27/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Occupation Podiatrist | Aggregate Year-to-date > \$ 250.00 | |

| | |
|---|----------|
| SUB TOTAL of Receipts This Page (Optional).....> | 1,550.00 |
| TOTAL this Period (Last page this line number only).....> | |

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

| A. Full Name, Mailing Address and Zip Code | Name of Employer | Date (Month day, Year) | Amount of Each Receipt this Period |
|---|---|-----------------------------|------------------------------------|
| David Tobin DPM 2301 Stonehenge Dr., #201 Raleigh, NC 27615-4378 | Carolina Foot Specialists, P.A. Occupation: Podiatrist | 08/27/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 250.00 | | |
| Edward F. Cusentino DPM 3087 Olde Winter Trail Youngstown, OH 44510 | Self Employed Occupation: Podiatrist | 08/27/96 | 260.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 260.00 | | |
| Donald Carlson DPM 240 S.E. Second St. Suite B Hermiston, OR 97838 | Hermiston Family Foot Clinic Occupation: Podiatrist | 08/27/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Aggregate Year-to-date > \$ 250.00 | | |
| Engene Carr, Sr. DPM 275 Eighth St., S. Naples, FL 33940-6123 | Self Employed Occupation: Podiatrist | 08/31/96 | 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 | 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 > \$ | |
| F. Full Name, Mailing Address and Zip Code | Name of Employer | Date (Month day, Year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Occupation | Aggregate Year-to-date > \$ | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer | Date (Month day, Year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | Occupation | Aggregate Year-to-date > \$ | |

| | |
|---|----------|
| SUB TOTAL of Receipts This Page (Optional).....> | 1,010.00 |
| TOTAL this Period (Last page this line number only).....> | 7,988.34 |

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 Smith-Barney 280 Trumbull Street Hartford, CT 06103 | Name of Employer | Date (Month day, Year) | Amount of Each Receipt this Period 0.60 |
| | Occupation Investment Firm | 06/31/96 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) | | Aggregate Year-to-date > \$ 4,533.41 | |

| | | | |
|--|------------------|-----------------------------|------------------------------------|
| 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).....> | 0.60 |
| TOTAL this Period (Last page this line number only).....> | 0.60 |

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)
 Political 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) | 08/31/96 | 74.17 |
| 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).....> | 74.17 |
| TOTAL this Period (last page this line number only).....> | 74.17 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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|-----------------|----|
| PAGE | OF |
| 1 | 3 |
| 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 |
|--|--|------------------------|----------------------------------|
| Re-Elect Brian Bilbray for Congress 12780 High Bluff Drive #270 San Diego, CA 92130 | Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,000.00 |
| B. Full Name, Mailing Address and Zip Code Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248 | Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/21/96 | 1,000.00 |
| C. Full Name, Mailing Address and Zip Code Friends of Lane Evans Committee P.O. Box 5263 313 18th Street Rock Island, IL 61204 | Purpose of Disbursement Lane Allan Evans, U.S. HOUSE 17th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/21/96 | 1,000.00 |
| D. Full Name, Mailing Address and Zip Code Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208 | Purpose of Disbursement Martin J. Frost, U.S. HOUSE 24th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/05/96 | 500.00 |
| E. Full Name, Mailing Address and Zip Code J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214 | Purpose of Disbursement John David Hayworth, U.S. HOUSE 6th AZ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,500.00 |
| F. Full Name, Mailing Address and Zip Code Tim Johnson for South Dakota P.O. Box 88113 Sioux Falls, SD 57105 | Purpose of Disbursement Tim Johnson, U.S. SENATE SD Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,000.00 |
| G. Full Name, Mailing Address and Zip Code McCormell Senate Committee P.O. Box 1496 Louisville, KY 40201 | Purpose of Disbursement Mitch McCormell, U.S. SENATE KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/21/96 | 1,000.00 |
| H. Full Name, Mailing Address and Zip Code Minge For Congress 360 10th Avenue Granite Falls, MN 56241 | Purpose of Disbursement David Minge, U.S. HOUSE 2nd MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 500.00 |
| I. Full Name, Mailing Address and Zip Code Patricia A. Moore 52303 Emmons Rd. Ste 30 South Bend, IN 46637 | Purpose of Disbursement In-kind for Roemer Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/05/96 | 148.95 (In-Kind) |

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| SUB TOTAL of Disbursements this page (Optional).....> | 7,648.95 |
| TOTAL this Period (Last page this line number only).....> | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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|---|------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
| | 2 | 3 |
| 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 |
|--|--|------------------------|----------------------------------|
| Hoosiers for Tim Roemer P.O. Box 4400 South Bend, IN 46634 | in-kind for Roemer Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/05/96 | 148.95 (Memo In-Kind) |
| B. Full Name, Mailing Address and Zip Code Norwood for Congress 3643 Walton Way Extension Augusta, GA 30909 | Purpose of Disbursement Charlie Norwood, HOUSE 10th GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,000.00 |
| C. Full Name, Mailing Address and Zip Code Nancy Pelosi for Congress 11th Floor 1 Bush St. San Francisco, CA 94104 | Purpose of Disbursement Nancy Pelosi, U.S. HOUSE 8th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,000.00 |
| D. Full Name, Mailing Address and Zip Code David Price for Congress Committee P.O. Box 1986 Raleigh, NC 27602 | Purpose of Disbursement David Price, U.S. HOUSE 4th NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/21/96 | 1,000.00 |
| E. Full Name, Mailing Address and Zip Code New Mexicans for Bill Richardson P.O. Box 518 Santa Fe, NM 87504 | Purpose of Disbursement Bill Richardson, U.S. HOUSE 3rd NM Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,000.00 |
| F. Full Name, Mailing Address and Zip Code Frank Riggs for Congress P.O. Box 590 Windsor, CA 95492 | Purpose of Disbursement Frank D. Riggs, U.S. HOUSE 1st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/31/96 | -1,000.00 |
| G. Full Name, Mailing Address and Zip Code Hoosiers for Tim Roemer P.O. Box 4400 South Bend, IN 46634 | Purpose of Disbursement Timothy J. Roemer, U.S. HOUSE 3rd IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,000.00 |
| H. Full Name, Mailing Address and Zip Code Rush for Congress P.O. Box 5875 Cedar Rapids, IA 52406 | Purpose of Disbursement Bob Rush, U.S. HOUSE 1th IA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/21/96 | 1,000.00 |
| I. Full Name, Mailing Address and Zip Code Adam Smith for Congress Committee P.O. Box 5142 Redondo, WA 98054-0142 | Purpose of Disbursement Adam Smith, U.S. HOUSE 9th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/21/96 | 1,000.00 |

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| SUB TOTAL of Disbursements this page (Optional).....> | 6,000.00 |
| TOTAL this Period (Last page this line number only).....> | |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

| A. Full Name, Mailing Address and Zip Code | Purpose of Disbursement | Date (Month day, Year) | Amount of Each Disb. this Period |
|---|--|------------------------|----------------------------------|
| Vic Snyder for Congress Committee 1020 West 3rd Little Rock, AR 72201 | Vic Snyder, U.S. HOUSE 2nd AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/05/96 | 1,500.00 |
| Vic Snyder for Congress Committee 1020 West 3rd Little Rock, AR 72201 | Vic Snyder, U.S. HOUSE 2nd AR Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/31/96 | -1,500.00 |
| Spence for Congress Committee P.O. Box 1475 Columbia, SC 29202 | Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/21/96 | 1,000.00 |
| Stenholm for Congress P.O. Box 1032 Stamford, TX 79553 | Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996 | 08/30/96 | 1,000.00 |
| 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) > 2,000.00

TOTAL this Period (Last page this line number only) > 15,648.95

