

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Aug 18 11 01 AM '95

1. NAME OF COMMITTEE (in full) PODIACRY POLITICAL ACTION COMMITTEE	2. FEC IDENTIFICATION NUMBER C00008839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 OLD GEORGETOWN ROAD	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING the Reporting Period 1/20/95 (date)
CITY, STATE and ZIP CODE BELTRESTA, MD 20814-1621	

4. TYPE OF REPORT

(a) April 15 Quarterly Report Monthly Report Due On:

February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31
 July 31 Mid Year Report (Non-election Year Only)

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 Period
5. Covering Period <u>1/1/95</u> through <u>1/31/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>	\$	112,556.68
(b) Cash on Hand at Beginning of Reporting Period	\$ 77,070.15	
(c) Total Receipts (from line 10)	\$ 15,078.20	\$ 119,471.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Line 6(a) and 6(c) for Column B)	\$ 92,148.15	\$ 232,029.38
7. Total Disbursements (from Line 20)	\$ 7,968.59	\$ 147,848.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 84,179.56	\$ 84,179.56
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For information contact: 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)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOHN R. CARSON

Signature of Treasurer

John R. Carson

Date

8/23/95

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

20039004300

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE FEDERAL POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD	
	FROM 1/95	TO 3/31/95
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	6,400.00	53,190.00
ii. Unitemized	8,678.00	62,044.00
iii. Total (add i and ii) \hat{O}	15,078.00	115,234.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) \hat{O}	15,078.00	115,234.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	4,237.50
18. Transfers from Nonfederal Account for Joint Activity		
18. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) \hat{O}	15,078.00	119,471.50
20. Total Federal Receipts (subtract line 18 from line 18) \hat{O}	15,078.00	119,471.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	468.53	1,848.82
c. Total Operating Expenditures (Add a i, a ii, and b) \hat{O}	468.53	1,848.82
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	146,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) \hat{O}	-0-	-0-
28. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) \hat{O}	7,968.53	147,848.82
31. Total Federal Disbursements (subtract line 21 a ii from line 30) \hat{O}	7,968.53	147,848.82
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	15,078.00	115,234.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,078.00	115,234.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) \hat{O}	468.59	1,848.82
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) \hat{O}	468.59	1,848.82

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	4
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 Leon P. Hickey DPM 20 Poor Richards Drive Bow, NH 03304	Name of Employer Self-Employed	Date (Month day, Year) 07/05/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date >\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Stephen M. Merritt DPM 431 W. Eighth St. Jacksonville, FL 32206-4332	Name of Employer Self-Employed	Date (Month day, Year) 07/05/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date >\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Joseph H. Strickland DPM 225 Second Ave., N. St. Petersburg, FL 33701-3317	Name of Employer Self-Employed	Date (Month day, Year) 07/05/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date >\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Therese Tlapak DPM 99 White Bridge Rd., Suite 203 Nashville, TN 37205-1450	Name of Employer Self-Employed	Date (Month day, Year) 07/12/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date >\$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Richard Gensheimer DPM 500 W. Whitney Rd. Penfield, NY 14526-2341	Name of Employer Self-Employed	Date (Month day, Year) 07/17/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date >\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Ethel C. Sonnenburn DPM 45 Sutton Place., S., Apt 16D New York, NY 10022-2448	Name of Employer Self-Employed	Date (Month day, Year) 07/18/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date >\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code Howard W. Haringstein DPM 1438 Park Ave. Bridgeport, CT 06604-2514	Name of Employer Self-Employed	Date (Month day, Year) 07/18/95	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist	Aggregate Year-to-date >\$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

NLB '95' of Receipts This Page (Optional).....>	1,750.00
TOTAL this Period (Last page this line number only).....>	

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **4**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (in full)

Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code Ronald J. Solitto DPM 289 Market St. Saddle Brook, NJ 07663-6026	Name of Employer Bergen Foot & Ankle Center Occupation Podiatrist	Date (Month day, Year) 07/19/95	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 > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Paul E Tipton DPM 5135 Dixie Hwy Louisville, KY 40216-1771	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/19/95	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		
C. Full Name, Mailing Address and Zip Code David M. Welikoff DPM 1133 S. Baker St. McMinnville, OR 97128-9112	Name of Employer Yamhill County Foot Health Center Occupation Podiatrist	Date (Month day, Year) 07/21/95	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		
D. Full Name, Mailing Address and Zip Code Harold B. Gilckman DPM 1145 19th St., N.W., #508 Washington, DC 20036-3701	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/21/95	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
E. Full Name, Mailing Address and Zip Code David S. Wolf DPM 11515 Chimney Rock Rd. Houston, TX 77035-2905	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/21/95	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		
F. Full Name, Mailing Address and Zip Code Louis T. Bogy DPM 4402 Vance Jackson Rd., #146 San Antonio, TX 78230-5333	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/21/95	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 > \$ 600.00		
G. Full Name, Mailing Address and Zip Code Murvin F. Cohen DPM 6105 Lee St. Little Rock, AR 72205-3027	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		

SUBTOTAL of Receipts This Page (Optional).....> **1,850.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)

Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code Fred E. Blosser DPM 5906 E. 31st St. Tulsa, OK 74135-5110	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	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 Joel F. Katz DPM 6831 N.W. 11th Pl. Gainesville, FL 32605-4216	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	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		
C. Full Name, Mailing Address and Zip Code John E. Morehead DPM 6666 S. 76th Ave. Tulsa, OK 74133	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	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 Randy K. Kaplan DPM 20511 Dequindre St. Detroit, MI 48234-1259	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	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 > \$ 400.00		
E. Full Name, Mailing Address and Zip Code Donald W. Adams DPM 10 Morgans Way Holliston, MA 01746	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	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		
F. Full Name, Mailing Address and Zip Code James V. Stelnicki DPM 1108 S. Highland Ave. Clearwater, FL 34616-4433	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	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 Douglas J. Freel DPM 3011 Maine Quincy, IL 62301-4400	Name of Employer Self-Employed Occupation Podiatrist	Date (Month day, Year) 07/25/95	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 > \$ 300.00		

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

TOTAL this Period (Last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **4**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (in full)

Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Charles F. Call DPM 1348 E. 17th St. Idaho Falls, ID 83404-6270	Self-Employed	07/26/95	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 600.00	
W. Christopher Fleming DPM 3304 S.W. 34th Circle Suite 101 Ocala, FL 34474-3314	Self-Employed	07/27/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Podiatrist	Aggregate Year-to-date > \$ 500.00	
Robert Sampson DPM 440 N.W. Division St. Gresham, OR 97030-5506	Self-Employed	07/31/95	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	
Mark L. Yeake DPM 714 S.W. Dorian Ave. Pendleton, OR 97801-2039	Self-Employed	07/31/95	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	
Randall C. Stroot DPM 1852 N.W. Sixth St. Grants Pass, OR 97526-1038	Self-Employed	07/31/95	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	
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 > \$		
SUBTOTAL of Receipts This Page (Optional)			1,300.00
TOTAL this Period (Last page this line number only)			6,400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

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
Smith Barney 280 Trumbull Street Hartford, CT 06103	Broker Fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/31/95	468.59
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) > 468.59

TOTAL this Period (Last page this line number only) > 468.59

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **2**
FOR LINE NUMBER **23**

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NAME OF COMMITTEE (in Full)

Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Friends of Patrick Kennedy P.O. Box 1356 Providence, RI 02901</p>	<p>Purpose of Disbursement Patrick J. Kennedy, U.S. HOUSE 1st RI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/03/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Rob Andrews for Congress Committee 20 Bruce Road Suite 200 Cherry Hill, NJ 08034</p>	<p>Purpose of Disbursement Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/03/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ben Cardin for Congress 20 S. Charles Street 10th Floor Baltimore, MD 21201</p>	<p>Purpose of Disbursement Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/17/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Schaefer to Congress 7600 E. Orchard Road Suite 105-S Englewood, CO 80111</p>	<p>Purpose of Disbursement Dan Schaefer, U.S. HOUSE 6th CO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/17/95</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Friends of Jim Inhofe 1924 S. Ulca Suite 520 Tulsa, OK 74104</p>	<p>Purpose of Disbursement James M. Inhofe, U.S. SENATE OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/19/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Friends of Max Baucus Box 586 Helena, MT 59624</p>	<p>Purpose of Disbursement Max Baucus, U.S. SENATE MT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/19/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Peter Deutsch for Congress P.O. Box 26678 Tamarac, FL 33320</p>	<p>Purpose of Disbursement Peter Deutsch, U.S. HOUSE 20th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/19/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and Zip Code Friends of Sam Johnson P.O. Box 516145 Dallas, TX 75251</p>	<p>Purpose of Disbursement Sam Johnson, U.S. HOUSE 3rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/19/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>I. Full Name, Mailing Address and Zip Code Hurr for Congress P.O. Box 5732 Winston-Salem, NC 27113</p>	<p>Purpose of Disbursement Richard M. Hurr, U.S. HOUSE 5th NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996</p>	<p>Date (Month day, Year) 07/19/95</p>	<p>Amount of Each Disb. this Period 1,000.00</p>

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

7,500.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
2	2
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)
Podiatry Political Action Committee

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Barbara Boxer P.O. Box 641751 Los Angeles, CA 90064	Barbara Boxer, U.S. SENATE CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/26/95	1,000.00
People for Ganske 5907 Grand Avenue Des Moines, IA 50312	Greg Ganske, U.S. HOUSE 4th IA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/26/95	1,000.00
Re-Elect Senator Mark Hatfield Committee P.O. Box 20685 Ketter, OR 97307	Voided Check - Not Cashed Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/31/95	-1,000.00
Texas for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Voided Check - Not Cashed Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	07/31/95	-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).....>	
TOTAL this Period (Last page this line number only).....>	7,500.00

Federal Election Commission
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JMS
PREPARER

8-18-95
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