



AMERICAN PODIATRIC MEDICAL ASSOCIATION, INC.

RECEIVED
FEDERAL ELECTION COMMISSION
OCT 17 1 27 PM '97

October 15, 1997

Debbie Manzano
Reports Analyst
Federal Election Commission
Washington, DC 20463

Dear Ms. Manzano:

Enclosed is a complete amended September 20th report. We discovered that the Schedule B Itemized Disbursements total was not carried forward correctly to the Detailed Summary and Summary pages.

Also enclosed is the current October 20th report.

Sincerely,

John R. Carson
Director, Governmental Affairs

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 17 1 27 PM '97

1. NAME OF COMMITTEE (in full) Podiatry 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		
CITY, STATE and ZIP CODE		3. <input checked="" type="checkbox"/> This committee has qualified as a dual-candidate 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:

- 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
6. Covering Period <u>06/01/97</u> through <u>08/31/97</u>		
8. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 197,618.66	
(c) Total Receipts (from line 19)	\$ 14,510.54	\$ 218,767.95
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 212,129.20	\$ 318,128.99
7. Total Disbursements (from Line 30)	\$ 9,550.00	\$ 115,549.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 202,579.20	\$ 202,579.20
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name Of Treasurer John R. Carson		
Signature of Treasurer <i>John R. Carson</i>		Date 10/15/97

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

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (7/1/81)

NAME OF COMMITTEE Podiatry Political Action Committee	REPORT COVERING PERIOD	
	FROM: 08/01/97	TO: 08/31/97
	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).....	7,675.00	82,430.00
ii. Unitemized.....	6,012.00	128,118.80
iii. Total..... (add i and ii) >	13,687.00	210,548.80
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aii, b and c) >	13,687.00	210,548.80
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.).....	823.54	8,218.78
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) >	14,510.54	218,767.58
20. Total Federal Receipts..... (subtract line 18 from line 19) >	14,510.54	218,767.58
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.....	50.00	1,049.79
c. Total Operating Expenditures..... (Add aii, and b) >	50.00	1,049.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,500.00	114,500.00
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. 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) >	9,550.00	115,549.79
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	9,550.00	115,549.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	13,687.00	210,548.80
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	13,687.00	210,548.80
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	50.00	1,049.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	50.00	1,049.79

SCHEDULE A

ITEMIZED RECEIPTS

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

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 Daniel H. Phelps DPM 321 S. Fannin Ave. Tyler, TX 75702-7321	Name of Employer Self employed	Date (Month day, Year) 08/01/97	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		
B. Full Name, Mailing Address and Zip Code John E. Morehead DPM 6160 S. Yale Tulsa, OK 74136-1900	Name of Employer Springer Clinic	Date (Month day, Year) 08/01/97	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		
C. Full Name, Mailing Address and Zip Code James H. Blume DPM 508 Blake St. New Haven, CT 06515-1287	Name of Employer Blume Pod. Group/Att. Foot Surgeons	Date (Month day, Year) 08/04/97	Amount of Each Receipt this Period 150.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
D. Full Name, Mailing Address and Zip Code Michael A. Sherwin DPM P.O. Box 267 De Pere, WI 54115-0267	Name of Employer Family Foot Care	Date (Month day, Year) 08/05/97	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 Phillip N. Burk DPM 10552 Garverdale Ct. #906 Boise, ID 83704	Name of Employer Foot & Ankle Medical Center	Date (Month day, Year) 08/08/97	Amount of Each Receipt this Period 50.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
F. Full Name, Mailing Address and Zip Code Stanley G. Eto DPM 112 W. Logan St. Caldwell, ID 83605-4731	Name of Employer Self employed	Date (Month day, Year) 08/11/97	Amount of Each Receipt this Period 150.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 350.00		
G. Full Name, Mailing Address and Zip Code Brian Orshood DPM 1450 S.W. Marlow Ave. Portland, OR 97225-5145	Name of Employer Oregon Foot Specialists	Date (Month day, Year) 08/11/97	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
SUB TOTAL of Receipts This Page (Optional).....>			1,400.00
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 2 OF 5
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Steven J. Bennett DPM 3804 Central Ave. Kearney, NE 68847-8134</p>	<p>Name of Employer Platte Valley Foot Clinic</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/11/97</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>		
<p>B. Full Name, Mailing Address and Zip Code Paul E. Tipton DPM 5135 Dixie Hwy. Louisville, KY 40216-1770</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/11/97</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>		
<p>C. Full Name, Mailing Address and Zip Code David M. Schofield DPM 410 E. Church St. Elmira, NY 14901</p>	<p>Name of Employer Twin Tier Area Plan</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/11/97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Edward R. Nieuwenhuis, Sr. DPM 350 Franklin Ave. Wyckoff, NJ 07481-1934</p>	<p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/11/97</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 > \$ 550.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Louis T. Bogy DPM 146 Park N. Professional Bldg. 4402 Vance Jackson Rd. San Antonio, TX 78230-5333</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/11/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 400.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Thomas L. Abraham DPM 2444 E. Hill Rd. Grand Blanc, MI 48439-5098</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/11/97</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>		
<p>G. Full Name, Mailing Address and Zip Code Mark F. Rogers DPM 150 W. 800 N. Provo, UT 84601-1624</p>	<p>Name of Employer Central Utah Foot & Ankle Clinic</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/11/97</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>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,650.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

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 S. F. Charley Hartley DPM 112 W. Pasadena Blvd. Deer Park, TX 77536-4870	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 08/11/97	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 Patrick J. Numan DPM 9615 Cincinnati-Columbus Rd. Cincinnati, OH 45241-1072	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 08/11/97	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 Frank Strasek DPM 22255 Center Ridge Rd. #105 Rocky River, OH 44116-3950	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 08/11/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
D. Full Name, Mailing Address and Zip Code Wesley L. Daniel DPM Gainesville Podiatry Clinic 416 Broad St. S.E. Gainesville, GA 30501	Name of Employer Gainesville Podiatry Clinic Occupation Podiatrist	Date (Month day, Year) 08/11/97	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 Bernard A. Vierra DPM 608 St. Landry Lafayette, LA 70506-4628	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 08/11/97	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		
F. Full Name, Mailing Address and Zip Code Mark E. Pinker DPM 47 Brookwood Ave. Carlisle, PA 17013-9126	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 08/11/97	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 Vincent J. Hetherington DPM OH College of Pod. Med. 10515 Carnegie Ave. Cleveland, OH 44106-3018	Name of Employer OH College of Podiatric Medicine Occupation Podiatrist	Date (Month day, Year) 08/12/97	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		

SUB TOTAL of Receipts This Page (Optional).....> **2,050.00**

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 **5**
FOR LINE NUMBER **11 a f**

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Mark H. Schlichter DPM 7412 Rockville Rd. #A Indianapolis, IN 46214-3070</p>	<p>Name of Employer Chapel Hill Foot & Ankle Care</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/12/97</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>		
<p>B. Full Name, Mailing Address and Zip Code Charles M. Miller DPM 11373 Cortez Blvd. #305 Spring Hill, FL 34613-5411</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/12/97</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>C. Full Name, Mailing Address and Zip Code John Evans DPM 14575 Southfield Rd. Allen Park, MI 48101-2640</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/13/97</p>	<p>Amount of Each Receipt this Period 225.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 225.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Charles M. Tirone DPM 3215 Dixie Hwy. Erlanger, KY 41018-1853</p>	<p>Name of Employer Neltner & Tirone, P.S.C.</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/18/97</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>		
<p>E. Full Name, Mailing Address and Zip Code Richard Bellacusa DPM 14615 San Pedro Ave. #235 San Antonio, TX 78232-4316</p>	<p>Name of Employer San Antonio Podiatry Associates</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/18/97</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>		
<p>F. Full Name, Mailing Address and Zip Code Gregory J. Mowen DPM Margate Foot Care Ctr. 18A S. Douglas Ave. Margate City, NJ 08402</p>	<p>Name of Employer Margate Foot Care Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/18/97</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 > \$ 525.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Peter M. Harvey DPM 1612 Tenth St. Wichita Falls, TX 76301-4307</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 08/18/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 300.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,500.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

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 William Terry Holt DPM 657 Skyline Dr. Jackson, TN 38301		Name of Employer Podiatry Clinic of Jackson	Date (Month day, Year) 08/18/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
B. Full Name, Mailing Address and Zip Code Phillip N. Burk DPM 10552 Garverdale Ct. #906 Boise, ID 83704		Name of Employer Foot & Ankle Medical Center	Date (Month day, Year) 08/19/97	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 350.00	
C. Full Name, Mailing Address and Zip Code Eric John Polasky DPM 1000 W. Michigan St. Sidney, OH 45365-2404		Name of Employer Foot Care/Sidney Surgical Center	Date (Month day, Year) 08/20/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
D. Full Name, Mailing Address and Zip Code David P. Feller DPM 2644 Mosside Blvd. Monroeville, PA 15146-3348		Name of Employer Ankle & Foot Center	Date (Month day, Year) 08/27/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 250.00	
E. Full Name, Mailing Address and Zip Code Marc Grosack DPM 178 S. First St. Fulton, NY 13069-1720		Name of Employer Oswego County Podiatry	Date (Month day, Year) 08/27/97	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 225.00	
F. Full Name, Mailing Address and Zip Code Rima I. Wexler DPM 260-73 Union Tpke. Glen Oaks, NY 11004		Name of Employer Self employed	Date (Month day, Year) 08/29/97	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Podiatrist	Aggregate Year-to-date > \$ 350.00	
G. Full Name, Mailing Address and Zip Code		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$	
SUB TOTAL of Receipts This Page (Optional)>				1,075.00
TOTAL this Period (Last page this line number only)>				7,675.00

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
Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Brokerage Firm	08/31/97	823.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$ 6,343.78	
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).....>			823.54
TOTAL this Period (Last page this line number only).....>			823.54

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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 Advest, Inc. 22 Waterville Rd. Avon, CT 06001-2006	Purpose of Disbursement Bank Fee Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 08/31/97	Amount of Each Disb. this Period 50.00
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).....> **50.00**

TOTAL this Period (Last page this line number only).....> **50.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Friends of Joe Baca 1850 N. Magnolia Ave. Rialto, CA 92376	Joe Baca, U.S. HOUSE 42nd CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/15/97	500.00
B. Full Name, Mailing Address and Zip Code Re-Elect Brian Bilbray for Congress #270 12780 High Bluff Dr. San Diego, CA 92130	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,000.00
C. Full Name, Mailing Address and Zip Code Texans for Henry Bonilla 15643 Cloud Top San Antonio, TX 78248	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/22/97	1,000.00
D. Full Name, Mailing Address and Zip Code Ehrlich for Congress Committee 1301 York Rd. Lutherville, MD 21093	Robert Ehrlich, U.S. HOUSE 2nd MD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/09/97	1,000.00
E. Full Name, Mailing Address and Zip Code Senator Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green, U.S. HOUSE 29th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/22/97	500.00
F. Full Name, Mailing Address and Zip Code Re-Elect Nancy Johnson to Congress P.O. Box 1968 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,000.00
G. Full Name, Mailing Address and Zip Code Citizens for Dave Obey Committee P.O. Box 1322 Wausau, WI 54402	David R. Obey, U.S. HOUSE 7th WI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/22/97	500.00
H. Full Name, Mailing Address and Zip Code Pascuzzo for U.S. Congress 3140-B Tighman St., #152 Allentown, PA 18104	Joseph Pascuzzo, U.S. HOUSE 15th PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,000.00
I. Full Name, Mailing Address and Zip Code Shelby for U.S. Senate P.O. Box 1091 Tuscaloosa, AL 35403	Richard C. Shelby, U.S. SENATE AL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,500.00

SUB TOTAL of Disbursements this page (Optional).....> 8,000.00

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

PAGE	OF
2	2
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full)
 Pediatric Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Spence for Congress Committee P.O. Box 1475 Columbia, SC 29202	Floyd D. Spence, U.S. HOUSE 2nd SC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/22/97	500.00
B. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/28/97	1,000.00
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).....>			1,500.00
TOTAL this Period (Last page this line number only).....>			9,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10-13-97
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	10-20-97 DATE PREPARED