



**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 1/1/95	TO 2/1/95
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) . . . . .	15,259.00	68,449.00
ii. Unitemized . . . . .	19,848.00	81,892.00
iii. Total . . . . . (add i and ii) <input checked="" type="checkbox"/>	35,107.00	150,341.00
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contributions . . . . . (add a iii, b and c) <input checked="" type="checkbox"/>	35,107.00	150,341.00
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 . . . . .		
19. Total Receipts . . . . . (add 11d, 12, 13, 14, 15, 16, 17, and 18) <input checked="" type="checkbox"/>	35,107.00	154,578.50
20. Total Federal Receipts . . . . . (subtract line 18 from line 19) <input checked="" type="checkbox"/>	35,107.00	154,578.50
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share . . . . .		
ii. Non-Federal Share . . . . .		
b. Other Federal Operating Expenditures . . . . .	1,757.93	3,606.75
c. Total Operating Expenditures . . . . . (Add a i, ii, and b) <input checked="" type="checkbox"/>	1,757.93	3,606.75
22. Transfers to Affiliated/Other Party Committees . . . . .		
23. Contributions to Federal Candidates/Committees and Other Political Committees . . . . .	9,500.00	155,530.00
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) <input checked="" type="checkbox"/>	-0-	-0-
29. Other Disbursements . . . . .	-0-	-0-
30. Total Disbursements . . . . . (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) <input checked="" type="checkbox"/>	11,257.93	159,106.75
31. Total Federal Disbursements . . . . . (subtract line 21 a ii from line 30) <input checked="" type="checkbox"/>	11,257.93	159,106.75
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) . . . . .	35,107.00	150,341.00
33. Total Contribution Refunds (from line 28d) . . . . .	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32) . . . . .	35,107.00	150,341.00
35. Total Federal Operating Expenditures . . . . . (add 21 a i and 21 b) <input checked="" type="checkbox"/>	1,757.93	3,606.75
36. Offsets to Operating Expenditures (from line 15) . . . . .		
37. Net Operating Expenditures . . . . . (subtract line 36 from 35) <input checked="" type="checkbox"/>	1,757.93	3,606.75

95039382959

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE OF  
1 9  
FOR LINE NUMBER  
11 n i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

9503938290

<p>A. Full Name, Mailing Address and Zip Code <b>William H. Kelley DPM</b> 35 S. Spruce St., 2nd Fl. Ramsey, NJ 07446-2549</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Date (Month day, Year) <b>08/02/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Daniel F. Ryan DPM</b> 216 Kingswood Brainerd, MN 56401-3522</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Date (Month day, Year) <b>08/03/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>Lynnan H. Wilson DPM</b> 999 N. Tustin Ave., #101 Santa Ana, CA 92705-3531</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/04/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>Charles E. Singleton DPM</b> 5750 Rufe Snow Dr., #108 Richland Hills, TX 76180-6140</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>300.00</b></p>	<p>Date (Month day, Year) <b>08/04/95</b></p>	<p>Amount of Each Receipt this Period <b>100.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>William Friedman DPM</b> 444 W. Osborne Rd., #301 Phoenix, AZ 85013-3818</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/04/95</b></p>	<p>Amount of Each Receipt this Period <b>150.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>John V. Simons DPM</b> V.A. Med. Center 4300 W. Seventh St. Little Rock, AR 72205-5411</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/07/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code <b>Salvatore DeFrank DPM</b> 4757 W. Park Blvd., #106 Box 217 Piano, TX 75093-2329</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/08/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>

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

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

# SCHEDULE A ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Podiatry Political Action Committee

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Harold Rubenstein DPM</b> <b>713 E. Genesee St.</b> <b>Syracuse, NY 13210-1530</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/09/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>B. Full Name, Mailing Address and Zip Code</b> <b>S. Rick Miller DPM</b> <b>2150 Josey Lane</b> <b>#300</b> <b>Carrollton, TX 75006</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/10/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Steven B. Axt DPM</b> <b>4 Phyllis Dr.</b> <b>Patchogue, NY 11772-2900</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/10/95</b>	<b>Amount of Each Receipt this Period</b>  <b>100.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>300.00</b>	
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Charles R. Hornsbell DPM</b> <b>1217 Woodland Avenue</b> <b>Fairmont, MN 56031-0800</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/10/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Harold J. Sauder DPM</b> <b>209 N. Sixth St., P.O. Box 372</b> <b>Independence, KS 67301-0372</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/14/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Ronald Jensen DPM</b> <b>1317 Oakdale Road Suite 110</b> <b>Modesto, CA 95350-6527</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/14/95</b>	<b>Amount of Each Receipt this Period</b>  <b>500.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>	
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Stanley A. Gorgol DPM</b> <b>198 Main St.</b> <b>Salem, NH 03079-3113</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/14/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Occupation</b> <b>Podiatrist</b>	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>	

SUB TOTAL of Receipts This Page (Optional).....>	<b>1,850.00</b>
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 3 OF 9  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)  
Podlany Political Action Committee

95039382972

<p>A. Full Name, Mailing Address and Zip Code <b>Timothy D. Keenle DPM</b> 49 Birch St. Derry, NH 03038-2716</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/14/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Bruce J. McLaughlin DPM</b> 1145 Montauk Hwy. West Islip, NY 11795-4905</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/14/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>Michael L. Wodka DPM</b> 33 Fulton Ln. Suite 111 Middletown, NY 10940-6265</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/14/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>Martin E. Kaufman DPM</b> 4899 Westbank Expwy., Suite C Marrero, LA 70072</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/14/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>William Terry Holt DPM</b> 1869 Hwy. 45 Bypass N., #2 Jackson, TN 38305-2464</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Date (Month day, Year) <b>08/14/95</b></p>	<p>Amount of Each Receipt this Period <b>500.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>Pearce Sloan DPM</b> 1532 Ridge Rd., W. Rochester, NY 14615-2405</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/14/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code <b>Richard C. Wilson DPM</b> 211 E. New Haven Ave. Melbourne, FL 32901-4503</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/14/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>

<p>SUB TOTAL of Receipts This Page (Optional).....&gt;</p>	<p><b>2,000.00</b></p>
<p>TOTAL this Period (Last page this line number only).....&gt;</p>	<p></p>

# SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)  
Podiatry Political Action Committee

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Phillip E. Ward DPM</b> <b>1901 N. Poplar St., #D</b> <b>Aberdeen, NC 28315-3311</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/14/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>B. Full Name, Mailing Address and Zip Code</b> <b>James E. Lisbe DPM</b> <b>939 Oak St., S.E., #112</b> <b>Salem, OR 97301-3909</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/15/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Richard W. Peffley DPM</b> <b>560 Winter St., S.E.</b> <b>Salem, OR 97302</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/15/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Stephen A. Byrne DPM</b> <b>200 Medical Lane</b> <b>Canton, GA 30114-2421</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/15/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>E. Full Name, Mailing Address and Zip Code</b> <b>James F. Hogan DPM</b> <b>41 Oak St.</b> <b>Binghamton, NY 13905-4627</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/15/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Robert R. Bier DPM</b> <b>16 Monica Dr.</b> <b>Edison, NJ 08820-3224</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/15/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>500.00</b>		
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Glenn S. Gold, Jr. DPM</b> <b>425 Medical Dr.</b> <b>Bountiful, UT 84010-4945</b>	<b>Name of Employer</b> <b>Self-Employed</b>	<b>Date (Month day, Year)</b> <b>08/16/95</b>	<b>Amount of Each Receipt this Period</b>  <b>250.00</b>
	<b>Occupation</b> <b>Podiatrist</b>		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Aggregate Year-to-date &gt; \$</b> <b>250.00</b>		

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

95039382973

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in full)

Podiatry Political Action Committee

95039382974

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>David V. Chazan DPM</b> 490 Titus Ave. Rochester, NY 14617-3541	<b>Self-Employed</b>	<b>08/16/95</b>	<b>250.00</b>
Occupation <b>Podiatrist</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Thomas L. Abraham DPM</b> 2444 E. Hill Rd. Grand Blanc, MI 48439-5098	<b>Self-Employed</b>	<b>08/16/95</b>	<b>250.00</b>
Occupation <b>Podiatrist</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Lawrence A. Santl DPM</b> 240 E. Fifth St. Brooklyn, NY 11218-2404	<b>Self-Employed</b>	<b>08/16/95</b>	<b>250.00</b>
Occupation <b>Podiatrist</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Frank A. Spinosa DPM</b> P.P. Box 1306 Catschoque, NY 11935	<b>Self-Employed</b>	<b>08/16/95</b>	<b>250.00</b>
Occupation <b>Podiatrist</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Lawrence S. MacTavish DPM</b> 17215 Red Oak Dr., #102 Houston, TX 77090-3611	<b>Self-Employed</b>	<b>08/16/95</b>	<b>250.00</b>
Occupation <b>Podiatrist</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Steven J. Bennett DPM</b> 3804 Central Ave. Kearney, NE 68847-8134	<b>Self-Employed</b>	<b>08/16/95</b>	<b>250.00</b>
Occupation <b>Podiatrist</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		
<b>Robert B. Weber DPM</b> 123 W. Main St. Trappe, PA 19426-2098	<b>Self-Employed</b>	<b>08/16/95</b>	<b>250.00</b>
Occupation <b>Podiatrist</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>250.00</b>		

SLR TOTAL of Receipts This Page (Optional).....>	<b>1,750.00</b>
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE	OF
6	9
FOR LINE NUMBER	
11 of 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

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A. Full Name, Mailing Address and Zip Code <b>Mark E. Pinker DPM</b> 47 Brookwood Ave. Carlisle, PA 17013-9126	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>08/16/95</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code <b>Nicholas G. Kayal DPM</b> 6405 N. Federal Hwy., #405 Ft. Lauderdale, FL 33308-1414	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>08/16/95</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Nicholas</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code <b>J. Kenneth Durham DPM</b> 531 7th Avenue Albany, GA 31701-1921	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>08/16/95</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>350.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code <b>William Francis Hineser DPM</b> 7360 W. 52nd Ave., #J Arvada, CO 80002-3735	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>08/16/95</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code <b>Gary N. Grippo DPM</b> 270 Center St., Suite 20 West Haven, CT 06516-4400	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>08/17/95</b>	Amount of Each Receipt this Period  <b>100.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code <b>Gary N. Friedlander DPM</b> 10249 W. Thunderbird Blvd. Suite 100 Sun City, AZ 85351-3111	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>08/17/95</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code <b>Alan A. Metzger DPM</b> 1609 N.W. 14th Ave. Miami, FL 33125-1619	Name of Employer <b>Self-Employed</b>	Date (Month day, Year) <b>08/18/95</b>	Amount of Each Receipt this Period  <b>250.00</b>
	Occupation <b>Podiatrist</b>	Aggregate Year-to-date > \$ <b>250.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional)	<b>1,450.00</b>
TOTAL this Period (Last page this line number only)	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 9  
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

9 5 0 3 9 7 8 2 9 7 6

<p>A. Full Name, Mailing Address and Zip Code Lisa M. DeTournay DPM 8582 Bird Rd. Miami, FL 33155-3214</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 900.00</p>	<p>Date (Month day, Year) 08/21/95</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Peter R. Grinkewitz DPM 3540 High St. Portsmouth, VA 23707-3236</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 350.00</p>	<p>Date (Month day, Year) 08/21/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code John L. Moglia DPM 568 Springfield Ave. Berkeley Heights, NJ 07922-1055</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 250.00</p>	<p>Date (Month day, Year) 08/21/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Michael S. Downey DPM 745 Signal Light Road Moorestown, NJ 08057-2116</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 250.00</p>	<p>Date (Month day, Year) 08/21/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Jerome Oslar 9100 S. Sepulveda Blvd., #100 Los Angeles, CA 90045</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 250.00</p>	<p>Date (Month day, Year) 08/21/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Richard L. Grant DPM 561 Fox Pointe Ct. Bloomfield Hills, MI 48304</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 500.00</p>	<p>Date (Month day, Year) 08/21/95</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Kenneth K. S. Mah DPM 14495 S.W. Allen Blvd. Beaverton, OR 97005-4402</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Podiatrist</p> <p>Aggregate Year-to-date &gt; \$ 250.00</p>	<p>Date (Month day, Year) 08/22/95</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUB TOTAL of Receipts This Page (Optional) &gt;</p>	<p>2,000.00</p>
<p>TOTAL this Period (Last page this line number only) &gt;</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

9 5 0 3 9 9 8 2 9 7 7

<p>A. Full Name, Mailing Address and Zip Code <b>Joseph D. Neary DPM</b> 21835 S.W. Hedges Dr. Tualatin, OR 97062-8913</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/22/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>B. Full Name, Mailing Address and Zip Code <b>Thomas Palmer DPM</b> 10121 S.E. 100th Drive Portland, OR 97266</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/22/95</b></p>	<p>Amount of Each Receipt this Period <b>150.00</b></p>
<p>C. Full Name, Mailing Address and Zip Code <b>Richard A. Hill DPM</b> 4401 Taylor Ave. Racine, WI 53405-4679</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/24/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>D. Full Name, Mailing Address and Zip Code <b>John Thomas Saera DPM</b> 1814 Mission 66 Vicksburg, MS 39180-4802</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>500.00</b></p>	<p>Date (Month day, Year) <b>08/24/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>E. Full Name, Mailing Address and Zip Code <b>B. Richard Burke DPM</b> 1761 W. Romneya Dr., #E Anaheim, CA 92801-1816</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/28/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>F. Full Name, Mailing Address and Zip Code <b>Leonette A. May DPM</b> 1761 W. Romneya Dr., #E Anaheim, CA 92801-1816</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/28/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>
<p>G. Full Name, Mailing Address and Zip Code <b>Anthony P. Tocco DPM</b> 318 N. Halifax Ave. Daytona Beach, FL 32118-4010</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer <b>Self-Employed</b></p> <p>Occupation <b>Podiatrist</b></p> <p>Aggregate Year-to-date &gt; \$ <b>250.00</b></p>	<p>Date (Month day, Year) <b>08/28/95</b></p>	<p>Amount of Each Receipt this Period <b>250.00</b></p>

SUB-TOTAL of Receipts This Page (Optional) .....> **1,650.00**

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

<b>A. Full Name, Mailing Address and Zip Code</b> Bradley Eppinger DPM 87 Stambaugh Ave., #3 Sharon, PA 16146-2754	Name of Employer Self-Employed	Date (Month day, Year) 08/28/95	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>B. Full Name, Mailing Address and Zip Code</b> M. Thomas Robertson DPM 2444 N.E. Division St. Gresham, OR 97030-6020	Name of Employer Self-Employed	Date (Month day, Year) 08/29/95	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>C. Full Name, Mailing Address and Zip Code</b> Andrew C. Schhak DPM 1680 Chambers St., #A Eugene, OR 97402-3686	Name of Employer Self-Employed	Date (Month day, Year) 08/31/95	Amount of Each Receipt this Period  559. 00
	Occupation	Aggregate Year-to-date > \$ 559. 00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>D. Full Name, Mailing Address and Zip Code</b> Gregory C. Spain DPM 235 Humphrey Rd. Two Pineview Pl., #4 Greensburg, PA 15601-4579	Name of Employer Self-Employed	Date (Month day, Year) 08/31/95	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>E. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>F. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
<b>G. Full Name, Mailing Address and Zip Code</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

<b>SUB TOTAL of Receipts This Page (Optional)</b> .....>	1,309. 00
<b>TOTAL this Period (Last page this line number only)</b> .....>	15,259. 00

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**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

95039982979

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Internal Revenue Service Philadelphia, PA	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/28/95	1,318.00
B. Full Name, Mailing Address and Zip Code Smith Barney 280 Trumbull Street Hartford, CT 06103	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/31/95	439.93
C. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
D. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
E. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
F. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
G. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
H. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
I. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
SLB TOTAL of Disbursements this page (Optional).....>			1,757.93
TOTAL this Period (Last page this line number only).....>			1,757.93

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
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
<b>Friends of Ray LaHood</b> Suite 10 3311 N. Sterling Ave. Peoria, IL 61604	<b>Ray LaHood, U.S. HOUSE 18th IL</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/21/95	500.00
<b>Nancy Pelosi for Congress</b> 11th Floor 1 Bush St. San Francisco, CA 94104	<b>Nancy Pelosi, U.S. HOUSE 8th CA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/21/95	1,000.00
<b>Hefley for Congress</b> 2110 Hollow Brook Drive Colorado Springs, CO 80918	<b>Joel M. Hefley, U.S. HOUSE 5th CO</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	500.00
<b>Hutchinson for Congress Committee</b> 309 Razorback Bentonville, AR 72712	<b>Y. Tim Hutchinson, U.S. HOUSE 3rd AR</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	500.00
<b>Spence for Congress Committee</b> P.O. Box 1475 Columbia, SC 29202	<b>Floyd D. Spence, U.S. HOUSE 2nd SC</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	500.00
<b>People for Ganske</b> 5907 Grand Avenue Des Moines, IA 50312	<b>Greg Ganske, U.S. HOUSE 4th IA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	1,500.00
<b>Citizens for Dave Obey Committee</b> P.O. Box 1322 Wausau, WI 54402	<b>David R. Obey, U.S. HOUSE 7th WI</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	500.00
<b>Zimmer for Congress</b> PO Box 210 Mendham, NJ 07945	<b>Richard Zimmer, HOUSE 12th NJ</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	1,000.00
<b>John Ensign for Congress</b> 8917 Stafford Springs Dr. Las Vegas, NV 89134	<b>John Ensign, U.S. HOUSE 1st NV</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	500.00

SUB TOTAL of Disbursements this page (Optional).....> 6,500.00

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
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
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	William M. Thomas, U.S. HOUSE 21st CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	1,000.00
B. Full Name, Mailing Address and Zip Code Allard for Congress Committee P.O. Box 32 Loveland, CO 80539	Wayne Allard, U.S. HOUSE 4th CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	1,000.00
C. Full Name, Mailing Address and Zip Code Friends of Dave Weldon 1602 Williar Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	08/28/95	1,000.00
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).....>	3,000.00
TOTAL this Period (Last page this line number only).....>	9,500.00

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**Federal Election Commission  
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 FOR INCOMING DOCUMENTS**

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

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*SLD.*  
 PREPARER

9-22-95  
 DATE PREPARED

95039282982