

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 C00006839
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9312 Old Georgetown Road		
CITY, STATE and ZIP CODE Bethesda, MD 20814-1698		3. <input checked="" type="checkbox"/> This committee has qualified as a multiscandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>09/01/97</u> through <u>09/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 99,361.41
(b) Cash on Hand at Beginning of Reporting Period	\$ 202,579.20	
(c) Total Receipts (from line 19)	\$ 12,968.02	\$ 231,735.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 215,547.22	\$ 331,697.01
7. Total Disbursements (from Line 30)	\$ 11,500.00	\$ 127,049.79
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 204,047.22	\$ 204,647.22
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. 5437g.

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Podiatry Political Action Committee	FROM: 09/01/97	TO: 09/30/97
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	5,580.00	88,010.00
ii. Unitemized.....	6,527.00	134,645.80
iii. Total.....(add i and ii)>	12,107.00	222,655.80
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aiii, b and c)>	12,107.00	222,655.80
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.).....	861.02	9,079.80
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)>	12,968.02	231,735.60
20. Total Federal Receipts.....(subtract line 18 from line 19)>	12,968.02	231,735.60
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.....	0.00	1,049.79
c. Total Operating Expenditures.....(Add aii, and b)>	0.00	1,049.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11,500.00	126,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 4411d)(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)>	11,500.00	127,049.79
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	11,500.00	127,049.79
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	12,107.00	222,655.80
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	12,107.00	222,655.80
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b)>	0.00	1,049.79
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	0.00	1,049.79

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11a1

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

<p>A. Full Name, Mailing Address and Zip Code Douglas J. Freel DPM 3011 Malne Quincy, IL 62301-4400</p>	<p>Name of Employer Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/02/97</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 > \$ 275.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Donald J. Sheller DPM 3827 N. Prospect Rd. Peoria, IL 61614-7767</p>	<p>Name of Employer Self employed Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/02/97</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 Peter T. LaBarbera DPM 389 Highland Ave. Waterbury, CT 06708-3444</p>	<p>Name of Employer Self employed Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/02/97</p>	<p>Amount of Each Receipt this Period 130.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 230.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Stephen S. Pirotta DPM 3593 N. College Fayetteville, AR 72703</p>	<p>Name of Employer Self employed Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/08/97</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>E. Full Name, Mailing Address and Zip Code Stanley G. Eto DPM 112 W. Logan St. Caldwell, ID 83605-4731</p>	<p>Name of Employer Self employed Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/08/97</p>	<p>Amount of Each Receipt this Period 50.00</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 Edward N. Wiltgen DPM 2800 Pierce, #306 Sioux City, IA 51104-3707</p>	<p>Name of Employer Self employed Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/08/97</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>G. Full Name, Mailing Address and Zip Code Kenneth F. Malkin DPM 526 Bloomfield Ave. Caldwell, NJ 07006-5525</p>	<p>Name of Employer Caldwell Podiatry Center Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/09/97</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 > \$ 250.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,105.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

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 i

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

NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code James E. Webb, Jr. DPM 1631 S.E. Washington Blvd. Bartlesville, OK 74006-4933	Name of Employer Bartlesville Podiatry Occupation Podiatrist	Date (Month day, Year) 09/10/97	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 Craig Schein DPM 1611 W. 53rd Ave. Bradenton, FL 34207-2868	Name of Employer West Coast Podiatry Center, Inc. Occupation Podiatrist	Date (Month day, Year) 09/10/97	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 Richard E. Sluzewski, Jr. DPM 513 Ridge Rd. Munster, IN 46321-1607	Name of Employer Calumet Podiatry Associates Occupation Podiatrist	Date (Month day, Year) 09/12/97	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
D. Full Name, Mailing Address and Zip Code William K. Rubin DPM 31046 Utica Rd. Fraser, MI 48026-2534	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 09/12/97	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 225.00		
E. Full Name, Mailing Address and Zip Code Bruce E. Waxman DPM 29 Blackthorn Loop Wappingers Falls, NY 12590-4226	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 09/15/97	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		
F. Full Name, Mailing Address and Zip Code James V. Steinfeld DPM 1108 S. Highland Ave. Clearwater, FL 34616-4433	Name of Employer Self employed Occupation Podiatrist	Date (Month day, Year) 09/15/97	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		
G. Full Name, Mailing Address and Zip Code Jeffrey Petrinitz DPM 2706 St. Jude St. Greensboro, NC 27405	Name of Employer The Triad Foot Center, P.A. Occupation Podiatrist	Date (Month day, Year) 09/15/97	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		

SUB TOTAL of Receipts This Page (Optional)..... > **1,775.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

A. Full Name, Mailing Address and Zip Code Lisa Cornelius DPM 3640 N.W. Samaritan Dr. #160 Corvallis, OR 97330-3738	Name of Employer Self employed	Date (Month day, Year) 09/16/97	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 Lyndon G. Johansen DPM 10000 S.E. Main #306 Portland, OR 97216-2443	Name of Employer Self employed	Date (Month day, Year) 09/17/97	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 Thomas M. Domanick DPM 1708 Boston Ave. Bridgeport, CT 06610-2607	Name of Employer Self employed	Date (Month day, Year) 09/18/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Thomas M. Domanick DPM 1708 Boston Ave. Bridgeport, CT 06610-2607	Name of Employer Self employed	Date (Month day, Year) 09/18/97	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Jeffrey Rewitzer DPM 1576 Peck St. Muskegon, MI 49441-2547	Name of Employer Self employed	Date (Month day, Year) 09/22/97	Amount of Each Receipt this Period 75.00
	Occupation Podiatrist	Aggregate Year-to-date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Kenneth K. S. Malt DPM 14495 S.W. Allen Blvd. Beaverton, OR 97005-4402	Name of Employer Self employed	Date (Month day, Year) 09/23/97	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 Faith C. Shapiro DPM 1903 Wyoming Blvd. N.E. Albuquerque, NM 87112-2865	Name of Employer Self employed	Date (Month day, Year) 09/23/97	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)			

SUB TOTAL of Receipts This Page (Optional)..... > **1,675.00**

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 e i

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NAME OF COMMITTEE (in full)
Podiatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Phillip N. Burk DPM 10552 Garverdale Ct. #906 Boise, ID 83704</p>	<p>Name of Employer Foot & Ankle Medical Center</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/23/97</p>	<p>Amount of Each Receipt this Period 50.00</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>B. Full Name, Mailing Address and Zip Code Hide R. Aizawa DPM 14115 S.E. Division St. Portland, OR 97236-2628</p>	<p>Name of Employer Division Foot Clinic</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/26/97</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 Julie Jurd DPM 180 Admiral Cochran Dr. 4th Fl. Annapolis, MD 21401</p>	<p>Name of Employer Columbia Medical Plan</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/29/97</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>D. Full Name, Mailing Address and Zip Code Richard Charles DPM 1711 Sheridan Blvd. #C Edgewater, CO 80214-1323</p>	<p>Name of Employer</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/29/97</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 Thomas Abrahamson DPM 225 Main St. #301 Westport, CT 06880-3216</p>	<p>Name of Employer Self employed</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/30/97</p>	<p>Amount of Each Receipt this Period 150.00</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>F. Full Name, Mailing Address and Zip Code Marc Grosack DPM 178 S. First St. Fulton, NY 13069-1720</p>	<p>Name of Employer Oswego County Podiatry</p> <p>Occupation Podiatrist</p>	<p>Date (Month day, Year) 09/30/97</p>	<p>Amount of Each Receipt this Period 75.00</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>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Aggregate Year-to-date > \$</p>	

SUB TOTAL of Receipts This Page (Optional).....> **1,025.00**

TOTAL this Period (Last page this line number only).....> **5,580.00**

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 Brokerage Firm Advest Inc. 22 Waterville Rd. Avon, CT 06001-2006	Name of Employer Brokerage Firm Occupation	Date (Month day, Year) 09/30/97	Amount of Each Receipt this Period 861.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 7,204.80		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	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)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>			861.02
TOTAL this Period (Last page this line number only).....>			861.02

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Pediatry Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Congressman Joe Barton Committee P.O. Box 1444 Ennis, TX 75120</p>	<p>Purpose of Disbursement Joe L. Barton, U.S. HOUSE 6th TX</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Tom Coburn for Congress Committee 515 W. Okmulgee Muskogee, OK 74401</p>	<p>Purpose of Disbursement Tom Coburn, U.S. HOUSE 2nd OK</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Bob Filner for Congress P.O. Box 127868 San Diego, CA 92112</p>	<p>Purpose of Disbursement Bob Filner, U.S. HOUSE 50th CA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code People for Ganske 5907 Grand Ave. Des Moines, IA 50312</p>	<p>Purpose of Disbursement Greg Ganske, U.S. HOUSE 4th IA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Hall For Congress Committee P.O. Box 711 Rockwall, TX 75087</p>	<p>Purpose of Disbursement Ralph M. Hall, U.S. HOUSE 4th TX</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code J.D. Hayworth for Congress P.O. Box 9207 Mesa, AZ 85214</p>	<p>Purpose of Disbursement J.D. Hayworth, U.S. HOUSE 6th AZ</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Friends for Houghton P.O. Box 1107 Corning, NY 14830</p>	<p>Purpose of Disbursement Amo Houghton, U.S. HOUSE 31st NY</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>H. Full Name, Mailing Address and Zip Code Citizens for Ron Klink #214 141 Renfer Street Pittsburgh, PA</p>	<p>Purpose of Disbursement Ron Klink, U.S. HOUSE 4th PA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>I. Full Name, Mailing Address and Zip Code Levin for Congress 30636 Dequindre Warren, MI 48092</p>	<p>Purpose of Disbursement Sander M. Levin, U.S. HOUSE 12th MI</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 09/18/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>

SUB TOTAL of Disbursements this page (Optional) > 6,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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
Peterson for Congress Route 3 Box 47H Detroit Lakes, MN 56502	Collin C. Peterson, U.S. HOUSE 7th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/18/97	1,000.00
Hoosiers fo Tim Roemer P.O. Box 4400 South Bend, IN 46634	Tim Roemer, U.S. HOUSE 3rd IN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/18/97	1,000.00
Schakowsky for Congress 1101 Ridge Avenue Evanston, IL 60202	Jan Schakowsky, 9th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/18/97	500.00
Friends for Cliff Stearns P.O. Box 308 Silver Springs, FL 32688	Cliff Stearns, U.S. HOUSE 6th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/18/97	1,000.00
Upton for All of Us P.O. Box 490 St. Joseph, MI 49085	Fred Upton, U.S. HOUSE 6th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/18/97	500.00
Friends of Dave Weldon 1602 Williar Road, NW Palm Bay, FL 32907	Dave Weldon, U.S. HOUSE 15th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/18/97	500.00
Gerald C "Jerry" Weller For Congress P.O. Box 687 Morris, IL 60450	Gerald C. "Jerry" Weller, U.S. HOUSE 11th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/18/97	1,000.00
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)..... > 5,500.00

TOTAL this Period (Last page this line number only)..... > 11,500.00

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 10-18-97
<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	
<i>JLS</i> PREPARER	10-20-97 DATE PREPARED