REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
IOWA MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1001 Grand Avenue

CITY, STATE and ZIP CODE
West Des Moines, Iowa 50265

JUL 13 11 55 AM '94

2. FEC IDENTIFICATION NUMBER
C-00003870

3. [XX] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
(prior to 1/1/94)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

[XX] 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 [XX] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 19____		$ 59,419.68
(b) Cash on Hand at Beginning of Reporting Period	$ 71,283.83	
(c) Total Receipts (from Line 19)	$ 9,707.45	$ 42,071.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 80,991.28	$ 101,491.28
7. Total Disbursements (from Line 30)	$ 17,650.00	$ 38,150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 63,341.28	$ 63,341.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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

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

Type or Print Name of Treasurer
Christopher Blodi, M.D.

Signature of Treasurer
Christopher F Blodi MD

Date
07/08/94

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

FEC FORM 3X
(revised 9/93)

9 4 0 3 9 0 7 1 0 7 2

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

(revised 1/1/91)

NAME OF COMMITTEE: IOWA MEDICAL POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 4/1/94 TO: 6/30/94

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)	$ 2,100.00	$ 8,350.00
ii. Unitemized	6,700.00	32,245.00
iii. Total (add i and ii) ➤	$ 8,800.00	$40,595.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	$ 8,800.00	$40,595.00
12. Transfers From Affiliated/Other Party Committees	$ 600.00	$ 930.00
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	$ 307.45	$ 546.60
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$ 9,707.45	$42,071.60
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$ 9,707.45	$42,071.60
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	$ -0-	$ -0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	-0-
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$ -0-	$ -0-
22. Transfers to Affiliated/Other Party Committees	$ 3,050.00	$22,050.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-
29. Other Disbursements	$14,600.00	$16,100.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$17,650.00	$38,150.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$17,650.00	$38,150.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	$ 8,800.00	$40,595.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	$ 8,800.00	$40,595.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-

9 4 0 3 9 0 7 1 0 7 3

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11.a.1.

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NAME OF COMMITTEE (In Full)

IOWA MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kevin J. Cunningham, M.D. 1301 Penn Avenue; #416 Des Moines, IA 50316-2367 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self / Physician Aggregate Year-to-Date > $ 250.00	05/13/94	$ 250.00
Robert G. German, M.D. 2315 Roosevelt Street: P.O. Box 3091 Clinton, IA 52732-3091 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self / Physician Aggregate Year-to-Date > $ 250.00	04/19/94	250.00
Donald L. Kahle, M.D. 1750 Mt Vernon Court Dubuque, IA 52003-7854 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self / Physician Aggregate Year-to-Date > $ 250.00	04/14/94	150.00
Jose V. Lopez, Jr, M.D. 250 S. Crescent Drive Mason City, IA 52401-2926 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Mason City Clinic, PC / Physician Aggregate Year-to-Date > $ 250.00	04/12/94	150.00
Rodney H. Miller, M.D. 301 Highland Avenue Sac City, IA 50583 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self / Physician Aggregate Year-to-Date > $ 250.00	04/12/94	150.00
Larry W. Sellers, M.D. 522 4th Street; Ste 100 Sioux City, IA 51101-1619 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Internal Medicine Assoc / Physician Aggregate Year-to-Date > $ 250.00	04/04/94	150.00
Siroos S. Shirazi, M.D. University of Iowa Hosp & Clinics Iowa City, IA 52242-1009 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	U/I Hospitals/Clinics / Physician Aggregate Year-to-Date > $ 250.00	04/19/94	250.00

SUBTOTAL of Receipts This Page (optional) $1,350.00

TOTAL This Period (last page this line number only) .....

9 4 0 3 9 0 7 1 0 7 4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

IOWA MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pamela Smits 1040 6th Avenue Des Moines, IA 50314-2602 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	DSM Otolaryngology Associates, PC Occupation: Clinic Manager Aggregate Year-to-Date > $ 250.00	04/12/94	$ 250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert G. Smits, M.D. 1040 6th Avenue Des Moines, IA 50314-2602 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	DSM Otolaryngology Associates, PC Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/12/94	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James W. White, M.D. 310 N. Grandview Dubuque, IA 52001-6328 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	04/14/94	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $ 750.00

TOTAL This Period (last page this line number only) > $2,100.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

IOWA MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boatmen's Bank 6th & Locust Streets Des Moines, IA 50309	Occupation	04/01/94 to 06/30/94	$307.45
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Int. on Ckg Account	Aggregate Year-to-Date > $ 546.60		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . .

TOTAL This Period (last page this line number only) $307.45

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 12

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NAME OF COMMITTEE (in Full)

IOWA MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Political Action Committee 1101 Vermont, NW Washington, DC 20005		05/27/94	$600.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Sustaining Rebate	Occupation		
	Aggregate Year-to-Date > $ 930.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$600.00

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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 22

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NAME OF COMMITTEE (In Full)

IOWA MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont, NW. Washington, DC 20005	Jnt Solicitation-Funds Disbursement for: [ ] Primary [ ] General [X] Other (specify)	04/28/94	$1,900.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
American Medical Political Action Committee 1101 Vermont, NW Washington, DC 20005	Jnt Solicitation-Funds Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	06/17/94	1,150.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $3,050.00

9 4 0 3 9 0 7 1 0 7 8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
IOWA MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Cataldo for State Representative P.O. Box 36168 Des Moines, IA 50315	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	05/12/94	$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brammer Committee 3942 Sherman Street, NE; #28 Cedar Rapids, IA 52402	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	05/12/94	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Governor Branstad Committee 2020 Ingersoll Avenue Des Moines, IA 50312	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	05/25/94	5,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Middleswart for Representative 729 Illinois Street Indianola, IA 50125	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/25/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Roger Halverson Re-Election Committee 609 S. Main Street; P.O. Box 627 Monona, IA 52159	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/25/94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Allen Borlaug For Senate R.R. #2; Box 122; 1035 Windsor Waucoma, IA 52171	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Dinkla R.R. #1; Box 110 Casey, IA 50048	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Drake for State Representative Box 682 Walnut, IA 51577	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Freeman for Senate Committee 311 West Lakeshore Drive Storm Lake, IA 50588	Contribution ($500) Disbursement for: [ ] Primary [X] General [X] Other (specify) ($500) Debt Retire	05/31/94	1,000.00

SUBTOTAL of Disbursements This Page (optional) $10,000.00

TOTAL This Period (last page this line number only) .....

9 4 0 3 9 7 1 0 7 9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

IOWA MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Greig for State Representative P.O. Box 157 Estherville, IA 51334	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	$ 500.00
B. Citizens to Elect Sandy Greiner 1005 Highway 92 Keota, IA 52248	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	500.00
C. Committee to Elect Grundberg to the House 4018 Oak Forest Drive Des Moines, IA 50312	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	300.00
D. Committee to Elect Patricia Harper 3336 Santa Maria Drive Waterloo, IA 50702	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	500.00
E. Committee to Elect May RR1; Box 165 Kensett, IA 50448	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	500.00
F. Mertz for Representative 608 120th Street Ottosen, IA 50570	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	500.00
G. Citizens for Mundie 517 3rd Avenue; NW Hampton, IA 50441	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/31/94	500.00
H. Citizens for Boswell Route #1 Davis City, IA 50065	Golf Outing Regis Fee Disbursement for: [ ] Primary [ ] General [X] Other (specify)	05/31/94	100.00
I. Iowa Democratic Party 2116 Grand Avenue Des Moines, IA 50312	Membership - The Hubert H. Humphrey Club Disbursement for: [ ] Primary [ ] General [X] Other (specify)	06/17/94	600.00

SUBTOTAL of Disbursements This Page (optional) $4100.00

TOTAL This Period (last page this line number only) .....

9 4 0 3 9 5 7 1 0 8 0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

IOWA MEDICAL POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Republican Party of Iowa 1994 Package Plans 521 E Locust Des Moines, IA 50319	Membership-$500 Club Disbursement for: [ ] Primary [ ] General [X] Other (specify)	06/17/94	$ 600.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... $ 600.00

TOTAL This Period (last page this line number only) ..... $ 14,600.00

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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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
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☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S.
PREPARER

7/13/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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