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)

C00000638 053094 p 252
TOM BRUBAKER MD
INDIANA MEDICAL POLITICAL ACTI
IN COMMITTEE
322 CANAL WALK CANAL LEVEL
INDIANAPOLIS IN 46202

RECEIVED FEDERAL ELECTION COMMISSION ADMIN. DIV.
JUL 17 8 21 AM '94

2. FEC IDENTIFICATION NUMBER
C00000638

3. ☐ This committee has qualified as a multicandidate 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 4/1/94 through 6/30/94		
6. (a) Cash on Hand January 1, 19 94		$ 101,116.67
(b) Cash on Hand at Beginning of Reporting Period	$ 123,202.99	
(c) Total Receipts (from Line 19)	$ 26,472.09	$ 133,596.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 149,675.08	$ 234,713.16
7. Total Disbursements (from Line 30)	$ 76,837.42	$ 161,875.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 72,837.66	$ 72,837.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer
Tom Brubaker, M.D.

Signature of Treasurer
Tom Brubaker MD.

Date
7/12/94

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 3 2 2 3

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

(revised 1/1/91)

NAME OF COMMITTEE: Indiana Medical Political Action Committee

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

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,030.00	5,250.00
ii. Unitemized	11,670.00	112,310.00
iii. Total (add i and ii) ➤	12,700.00	117,560.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	12,700.00	117,560.00
12. Transfers From Affiliated/Other Party Committees	13,215.00	13,215.00
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.)	557.09	811.49
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	26,472.09	133,596.40
20. Total Federal Receipts (subtract line 18 from line 19) ➤	26,472.09	133,596.40
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	16,822.42	21,476.50
c. Total Operating Expenditures (add a i, a ii, and b) ➤	16,822.42	21,476.50
22. Transfers to Affiliated/Other Party Committees	7,625.00	83,625.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	50.00	50.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	52,340.00	52,340.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	76,837.42	161,875.50
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	76,837.42	161,875.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	12,700.00	117,560.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	12,700.00	117,560.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	16,822.42	21,476.50
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	16,822.42	21,476.50

9 4 0 3 9 3 2 2 4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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 of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Indiana 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
Weldon Egan, M.D. 6969 Warwick Road Indianapolis, IN 46220 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Occupation: Physician Aggregate Year-to-Date > $ 200.00	4/30/94	$200.00
Bruce Matt, M.D. Riley Hospital, Depart of OTO 702 Barnhill Drive, Suite 0860 Indianapolis, IN 46202 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Occupation: Physician Aggregate Year-to-Date > $ 200.00	5/2/94	$200.00
James Smith, M.D. Department of Pathology 635 Barnhill Drive, Room A-128 Indianapolis, IN 46202 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Occupation: Physician Aggregate Year-to-Date > $ 365.00	5/20/94	$365.00
Peter Winters, M.D. 8402 Harcourt Road, Suite 620 Indianapolis, IN 46260 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-Employed Occupation: Physician Aggregate Year-to-Date > $365.00	6/1/94	$265.00
Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) $1,030.00

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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 12

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NAME OF COMMITTEE (In Full)

Indiana 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 Comm. 1101 Vermont Avenue, N.W. Washington, DC 20005		5/19	$13,215.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Rebates for Membership	Occupation Aggregate Year-to-Date > $15,225.00		
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) ..... > $13,215.00

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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)

Indiana 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
National Bank of Detroit Indianapolis, IN 46266		4/1 to 6/30	$557.09
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest Earned	Aggregate Year-to-Date > $811.49		
B. 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 > $		
C. 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 > $		
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) .....

TOTAL This Period (last page this line number only) $577.09

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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 21(b)

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NAME OF COMMITTEE (In Full)
Indiana 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
Spotlight Speakers Bureau P.O. Box 29370 Indianapolis, IN 46229	Deposit for Speaker Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	4/4	$1,500
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
American Quality Press, Inc. 2915 South Meridian Street Indianapolis, IN 46225	Printing Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	4/19	$3,704.70
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Indiana State Medical Association 322 Canal Walk, Canal Level Indianapolis, IN 46202	Admin. Expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	4/25 4/27 5/25 6/21	$2,990.93 6,924.29 75.00 102.50
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
ISMA Continued	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	6/28	1,525.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**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**	**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**	**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**	**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**	**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) $16,822.42

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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)

Indiana 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
American Medical Political Action Comm. 1101 Vermont Avenue, N.W. Washington, DC 20005	Memberships Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	4/5 5/6 6/1	$4,095.00 2,245.00 1,285.00
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)	
TOTAL This Period (last page this line number only)	$7,625.00

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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 23

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NAME OF COMMITTEE (In Full)

Indiana Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code Joseph Hogsett for Congress c/o Secretary of State Office State House Indianapolis, IN 46204	Purpose of Disbursement Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 6/1	Amount of Each Disbursement This Period $50.00
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) .....

TOTAL This Period (last page this line number only) $50.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 7

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana 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. Rose Antich for State Senate 5401 Lincoln Street Merrillville, IN 46410	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
B. Morrie Doll for State Senate 1912 Washington Avenue Vincennes, IN 47591	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
C. Robert Hellmann 22 North Fifth Street Terre Haute, IN 47807	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$750.00
D. James Lewis for State Senate 774 Level Street Charlestown, IN 47111	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00
E. Frank Mrvan for State Senate 6732 Maryland Avenue Hammond, IN 46323	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$150.00
F. Kathy Smith for State Senate 1214 Beechwood Avenue New Albany, IN 47150	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$750.00
G. Richard Young for State Senate Rural Route 1, Box 106C Milltown, IN 47145	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
H. Robert Garton for State Senate 530 Franklin Street Columbus, IN 47201	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$2,500.00
I. Joseph Harrison for State Senate P.O. Box 409 Attica, IN 47918	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $6,400.00

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana 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
Steve Johnson for State Senate 2515 Greentree Lane Kokomo, IN 46902	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Landske for State Senate 7325 West 143rd Avenue Cedar Lake, IN 46303	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Potch Wheeler for State Senate 6370 North State Road 5 Larwill, IN 46764	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94 5/9/94	$1,000.00 150.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Worman for State Senate 9735 Gerig Road Leo, IN 46765	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Wyss for State Senate P.O. Box 2204 Fort Wayne, IN 46801	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Zakas for State Senate 16372 Wild Cherry Drive Granger, IN 46530	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Bauer for State Rep. 1307 Sunnymede South Bend, IN 46615	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Bottorff 2413 Highway 62 Jeffersonville, IN 47130	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$2,500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charlie Brown for State Rep. 9439 Lake Shore Drive Gary, IN 46403	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$750.00

SUBTOTAL of Disbursements This Page (optional) $8,650.00

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

9 4 0 5 9 0 9 3 2 3 2

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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)

Indiana 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
William Crawford for State Rep. 3731 North Station #B9 P.O. Box 18446 Indianapolis, IN 46204	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Day for State Rep. 937 East Drive, Woodruff Place Indianapolis, IN 46201	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jerry Denbo for State Rep. R.R.#1 French Lick, IN 47432	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Chet Dobis for State Rep. 6565 Marshall Court Merrillville, IN 46410	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Craig Fry for State Rep. 637 Bay View Drive Mishawaka, IN 46544	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ben GiaQuinta for State Rep. 4443 Pembroke Lane Fort Wayne, IN 46807	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ed Goble for State Rep. 411 South Walnut Batesville, IN 47006	Contribution Disbursement for: [X] Primary [X] General [ ] Other (specify)	4/4/94 5/25/94	$750.00 150.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John Gregg for State Rep. Box 7 Sandborn, IN 47578	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
F. Dale Grubb for State Rep. P.O. Box 9 Covington, IN 47932	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00

SUBTOTAL of Disbursements This Page (optional) $6,400

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

9 4 0 5 9 0 5 2 3 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 7

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana 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. Earl Harris for State Rep. 4114 Butternut East Chicago, IN 46312	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
B. Dehnis Heeke for State Rep. 3672 North Celestine Road North Dubois, IN 47527	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
C. Earle Howard for State Rep. 1401 West Madison Kokomo, IN 46901	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$1,500.00
D. Doug Kinser for State Rep. 540 South 12th Street New Castle, IN 47362	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00
E. Win Moses for State Rep. 6000 North Oak Boulevard Fort Wayne, IN 46818	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00
F. Mike Phillips for State Rep. 302 West Main Street Boonville, IN 47601	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$2,500.00
G. Greg Porter for State Rep. 3614 North Pennsylvania Indianapolis, IN 46205	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
H. Jesse Villalpando for State Rep. 1802 East Columbus Drive East Chicago, IN 46312	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00
I. Robert Alderman for State Rep. 5715 Kroemer Road Fort Wayne, IN 46818	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$750.00

SUBTOTAL of Disbursements This Page (optional) $7,000.00

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

9 4 0 3 9 0 9 3 2 3 4

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 7

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Indiana 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. Jerry Bales for State Rep. P.O. Box 115 Bloomington, IN 47402	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94 *4/14/94	$250.00 57.00
B. Brad Bayliff for State Rep. P.O. Box 90 Russiaville, IN 46979	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
C. Vaneta Becker for State Rep. 420 East Buena Vista Road Evansville, IN 47711	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
D. Mary Kay Budak for State Rep. 5144 North Pawnee Trail LaPorte, IN 46350	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
E. Ralph Foley for State Rep. P.O. Box 1435 Martinsville, IN 46151	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
F. Nick Gulling for State Rep. 1640 East Road 300 North Greenfield, IN 46140	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00
G. Paul Mannweiler for State Rep. Room 3-7 State House Indianapolis, IN 46204	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$750.00
H. Phyllis Pond for State Rep. 8530 Seiler Road New Haven, IN 46774	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$600.00
I. Steve Robbins for State Rep. 926 South Vine Street Connersville, IN 47331	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$250.00

SUBTOTAL of Disbursements This Page (optional) $3,000.00

*Item A - In-Kind Contribution not included in total from Line 29 but under Line 21.

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

9 4 0 3 0 9 3 2 3 5

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 7

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana 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
Mike Smith for State Rep. P.O. Box 1 Rensselaer, IN 47978	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam Turpin for State Rep. 105 Westbourne Brownsburg, IN 46112	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Brown for State Representative 1103 Winterberry Drive Crawfordsville, IN 47933	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/11/94	$10,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana State Republican Committee 200 South Meridian Street, Suite 400 Indianapolis, IN 46225	Fundraisers Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94 4/28/94	$ 240.00 $ 1,200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Senate Democrats State House Indianapolis, IN 46204	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/4/94	$ 250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Murphy for State Representative 4731 Moss Lane Indianapolis, IN 46237	Reception Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/13/94	$100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larry Buell for State Rep. 2502 Silverlane Drive Indianapolis, IN 46203	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/13/94	$100.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Candy Morris for State Rep. 6721 Latona Drive Indianapolis, IN 46278	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/13/94	$100.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana House Democratic Caucus State House Indianapolis, IN 46244	Fundraiser Disbursement for: [X] Primary [X] General [ ] Other (specify)	4/26/94 *5/11/94	$1,200.00 75.80

SUBTOTAL of Disbursements This Page (optional) $14,190.00

*Item I - In-Kind Contribution not included in total from Line 29 but under Line 21

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

9 4 0 3 9 0 9 3 2 3 6

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Indiana 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. William Cochran for State Rep. 4330 Green Valley Road New Albany, IN 47150	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/19/94	$150.00
B. Frank O'Bannon for Indiana Club State House Indianapolis, IN 46204	Reception Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/25/94	$1,000.00
C. Indiana Senate Democrats State House Indianapolis, IN 46204	Fundraiser Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/26/94 *5/19/94	$1,200.00 598.20
D. Michael Dvorak for State Rep. 15653 Wagon Wheel Court Granger, IN 46530	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/2/94	$400.00
E. Murray Clark for State Senate 36 West Hampton Drive Indianapolis, IN 46208	Reception Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/2/94	$250.00
F. Senate Majority Campaign Committee P.O. Box 2182 Indianapolis, IN 46206	Fundraiser Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/8/94 **5/19/94	$1,200.00 $ 598.20
G. Jim Buck for State Rep. P.O. Box 44054 Indianapolis, IN 46244	Reception Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/23/94	$150.00
H. J. Jeff Hays for State Rep. 1705 South Green River Road Evansville, IN 47715	Fundraiser Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/23/94	$200.00
I. House Republican Campaign Committee P.O. Box 44054 Indianapolis, IN 46244	Fundraiser Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/28/94	$1,400.00

SUBTOTAL of Disbursements This Page (optional) $5,950.00

TOTAL This Period (last page this line number only) $51,590.00

*Item C - In-Kind Contribution not included in total from Line 29 but under Line 21.

**Item F - In-Kind Contribution not included in total from Line 29 but under Line 21.

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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 7-13-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	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

JMH — PREPARER

9-11-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 0 9 3 2 3 8