REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILNG LABEL OR TYPE OR PRINT

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
Nov 4 11 37 AM '96

1. NAME OF COMMITTEE (in full)
MONTGOMERY CARDIOVASCULAR ASSOCIATES

ADDRESS (number and street) [X] Check if different than previously reported
2119 EAST SOUTH BLVD

CITY, STATE and ZIP CODE
MONTGOMERY, AL 36116

2. FEC IDENTIFICATION NUMBER
C00280107

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
[X] 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 [X] NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7-1-96 through 9-30-96		
6. (a)	Cash on Hand January 1, 1996		$ 22,681.14
(b)	Cash on Hand at Beginning of Reporting Period	$ 26,322.38	
(c)	Total Receipts (from Line 19)	$ 3,207.71	$ 8,859.50
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 29,530.09	$ 31,540.64
7.	Total Disbursements (from Line 30)	$ 1,500.00	$ 3510.55
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 28,030.09	$ 28,030.09
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
William T. Carlson, Jr.

Signature of Treasurer
William T Carlson Jr

Date
10/27/96

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)

FE84N069

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

(revised 1/1/91)

NAME OF COMMITTEE: MONTGOMERY CARDIOVASCULAR ASSOC.

REPORT COVERING PERIOD FROM 7-1-96 TO: 9-30-96

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)	3,037.50	8,400.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	3,037.50	8,400.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	170.21	459.50	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,207.71	8,859.50	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,207.71	8,859.50	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures		10.55	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤		10.55	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	3,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,500.00	3,510.55	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,500.00	3,510.55	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,037.50	8,400.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,037.50	8,400.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	10.55	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	10.55	37

FE6AN069

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 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)
MONTGOMERY CARDIOCASCULAR ASSOCIATES, P.C.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.MCGAVOCK PORTER,M.D. 2132 ALLENDALE ROAD MONTGOMERY, AL 36111	MONTG. CARDIO. ASSOCIATES	PAYROLL DEDUCT	$300 (50 biweekly
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $950.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
JOHN FINKLEA, M.D. 3048 HIGHFIELD DR. MONTGOMERY, AL 36111	MONTG. CARDIO. ASSOCIATES	PAYROLL DEDUCT	$300 (50 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 950.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ROBERT ROBICHAUX, M.D. 50 WATSON CIRCLE MONTGOMERY, AL 36109	MONTG. CARDIO. ASSOCIATES	PAYROLL DEDUCT	$300 (50 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 950.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
H. FORREST FLEMMING,M.D. 6501 WYNWOOD PLACE MONTOGMERY, AL 36117	MONTG. CARDIO. ASSOCIATES	PAYROLL DEDUCT	$300 (50 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 950.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
DAVID GEORGE, M.D. 6001 GREYSTONE PLACE MONTGOMERY, AL 36117	MONTGOMERY CARDIO. ASSOCIATES	PAYROLL DEDUCT	$300 (50 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 950.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
PAUL MOORE,M.D. 1733 SOUTH PERRY STREET MONTGOMERY, AL 36104	MONTGOMERY CARDIO. ASSOCIATES	PAYROLL DEDUCT	$300 (50 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 950.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
WYNNE CRAWFORD,M.D. 3331 BANKHEAD AVE MONTGOMERY, AL 36106	MONTGOMERY CARDIO. ASSOCIATES	PAYROLL DEDUCT	$300 (50 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PHYSICIAN Aggregate Year-to-Date > $ 950.00		

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

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

FEBAM'99

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER a 1

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NAME OF COMMITTEE (In Full)
MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. ERIC CRUM, M.D. 3131 OLD FARM ROAD MONTGOMERY, AL 36111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MONTGOMERY CARDIO. ASSOCIATES Occupation PHYSICIAN Aggregate Year-to-Date $ 775.00	PAYROLL DEDUCT	$287.50 (50 biweekly) for 5 pay periods, one 37.50 deduct
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL F. SALVIA, M.D. 2620 WINCHESTER MONTGOMERY, AL 36106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MONTGOMERY CARDIO ASSOCIATES Occupation PHYSICIAN Aggregate Year-to-Date $ 250.00	PAYROLL DEDUCT	$250.00 (50 biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MOHAMED JASSER, M.D. 162 FAIRWAY DRIVE ALEXANDER CITY, AL 35010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MONTGOMERY CARDIO ASSOCIATES Occupation PHYSICIAN Aggregate Year-to-Date $ 250.00	PAYROLL DEDUCT	$250.00 (50 biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM T. CARLSON, JR. 7341 WYNLAKES BLVD. MONTGOMERY, AL 36111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MONTGOMERY CARDIO ASSOCIATES Occupation CEO Aggregate Year-to-Date $ 475.00	PAYROLL DEDUCT	$150.00 (25 biweekly)
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) 3,037.50

FEGAN008

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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)
MONTGOMERY CARDIOVASCULAR ASSOCIATES, P.C.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. HAROLD SEE P.O. BOX 2143 TUSCALOOSA, AL 35403-2143	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-96	1,000.00
B. Harold See Campaign P.O. box 1900 Montgomery, AL 36102-1900 ACC	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9-17-96	500.00
C.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

TOTAL This Period (last page this line number only) 1,500.00

FE6AN069

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
☑	Registered/Certified Mail	POSTMARKED 10/29/96
☐	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

JMU
PREPARER

11/4/96
DATE PREPARED

FEC FORM 70-2 (12/92)