REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 19 10 05 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

C00000638 120597 P 236
REGINO URGENA MD
INDIANA MEDICAL POLITICAL ACTI
ON COMMITTEE
322 CANAL WALK CANAL LEVEL
INDIANAPOLIS IN 46202

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
[X] 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

[ ] 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

[ ] 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [X] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 19 97		$ 84,772.66
(b) Cash on Hand at Beginning of Reporting Period	$ 110,364.50	
(c) Total Receipts (from Line 19)	$ 74,171.87	$ 195,403.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 184,536.37	$ 280,176.27
7. Total Disbursements (from Line 30)	$ 50,793.02	$ 146,432.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 133,743.35	$ 133,743.35
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)	$	

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
Regino Urgena, M.D.

Signature of Treasurer
Regino Urgena, MD.

Date
4/15/98

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)

FE7AN047

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 7/1/97 TO: 12/31/97

	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)	$1,365.00	$16,555.00	11a(i)
ii. Unitemized	60,201.00	164,060.48	11a(ii)
iii. Total (add i and ii) ➤	$61,566.00	$180,615.48	11a(iii)
b. Political Party Committees			11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a iii, b and c) ➤	$61,566.00	$180,615.48	11d
12. Transfers From Affiliated/Other Party Committees	11,248.00	12,083.00	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.)	1,357.87	2,705.13	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	74,171.87	195,403.61	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	74,171.87	195,403.61	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21a(i)
ii. Non-Federal Share			21a(ii)
b. Other Federal Operating Expenditures	12,116.82	21,966.72	21b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	12,116.82	21,966.72	21c
22. Transfers to Affiliated/Other Party Committees	5,185.00	80,270.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	750.00	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			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) ➤			28d
29. Other Disbursements	33,491.20	43,446.20	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	50,793.02	146,432.92	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	50,793.02	146,432.92	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	61,366.00	180,415.48	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	61,366.00	180,415.48	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	12,116.82	12,116.82	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	12,116.82	12,116.82	37

FE7AN047

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Byrne, M.D. 1532 Clairmont Place Bloomington, IN 47401 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	8/22/97	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Jetmore, M.D. 101 South 10th Street Richmond, IN 47374 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	8/14/97	$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Johnson, M.D. 13066 Fleetwood Drive North Carmel, IN 46032 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ $200.00	8/26/97	$200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gerritt Smith, M.D. 2323 Ferry Street, #201 Lafayette, IN 47904 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 365.00	8/27/97	$365.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Stack, M.D. 9302 North Meridian Street Indianapolis, IN 46260 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	9/5/97	$200.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert Tarver, M.D. IUMC Wishard Hospital-Radiology 1001 West 10th Street Indianapolis, IN 46202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	9/19/97	$200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	$		

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

TOTAL This Period (last page this line number only) $1,365.00

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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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Political Action Comm. 1101 Vermont Avenue, N.W. Washington, DC 20005		7/8 8/4 11/3	$7,270.00 3,048.00 930.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Rebates for Membership	Aggregate Year-to-Date > $ 12,083.00		
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)	$11,248.00

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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		7/1/97 to 12/31/97	$1,357.87
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest Earned	Aggregate Year-to-Date > $2,705.13		
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) $1,357.87

FE7AN047

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)

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
Indiana State Medical Association 322 Canal Walk Indianapolis, IN 46202	Admin. Expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	7/28/97 8/15/97 9/22/97	$350.00 350.00 3,138.52
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana State Medical Association (Continued)	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/29/97 10/7/97 10/16/97 11/13/97	129.00 288.00 350.00 350.00
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 (Continued)	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	12/1/97 12/12/97	1,200.00 1,783.02
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Quality Press, Inc. 5508 Elmwood Avenue, Suite 312 Indianapolis, IN 46203	Printing Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	7/29	2,041.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TLW Enterprises 7903 Meadowbrook Drive Indianapolis, IN 46203	Speaker Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	9/29/97	$2,000.00
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) $11,979.54

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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 Committee 1101 Vermont Avenue, N.W. Washington, DC 20005	Memberships Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	7/8/97 8/5/97 8/5/97	$ 955.00 50.00 750.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC Continued	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/2/97 10/1/97	2,150.00 1,280.00
C. 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)		
D. 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)		
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)	$5,185.00

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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 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 / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Democratic Party One North Capitol, Suite200 Indianapolis, IN 46204	In-Kind and Regular Contribution	7/8 9/15 8/20 8/21	$300.00 900.00 300.00 * 155.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect James Bottorff 2413 Highway 62 Jeffersonville, IN 47130	Contribution	7/8	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Jerry Denbo for State Representative R.R. 1, Box 329 French Lick, IN 47432	Contribution	7/8	200.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Cleo Duncan for State Representative 1205 East Tara Road Greensburg, IN 47240	Contribution	7/8	200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
House Democratic Caucus State House Indianapolis, IN 46204	Contribution	7/8 9/15	1,400.00 200.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Potch Wheeler for State Senate 6370 North State Road 5 Larwill, IN 46764	Regular/In-Kind Contribution	7/8 *7/24	600.00 * 62.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Wolkins for State Representative 501 Pierceton Road Winona Lake, IN 46590	Contribution	7/8	225.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Susan Crosby for State Representative 3211 E.C.R. 1100 North Roachdale, IN 46172	Regular/In-Kind Contribution	7/8 *7/16	225.00 * 62.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Landske State Senate 7325 West 143rd Avenue Cedar Lake, IN 46303	In-Kind Contribution	7/14	46.20

SUBTOTAL of Disbursements This Page (optional) $4,896.20

*Items F and H In-Kind Contribution Not Included in Total from Line 29 but Under Line 21

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

FE7ANH047

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Steve Johnson for State Senate 2515 Greentree Lane Kokomo, IN 46902	Contribution [X] Primary [ ] General [ ] Other (specify)	7/14	$600.00
B. Craig Fry for State Representative 637 Bayview Drive Mashawaka, IN 46544	Contribution [X] Primary [ ] General [ ] Other (specify)	7/14	$600.00
C. Lt. Governor Joe Kernan Campaign State House Indianapolis, IN 46204	Contribution [X] Primary [ ] General [ ] Other (specify)	7/16	$200.00
D. Frank O'Bannon for Governor Committee State House Indianapolis, IN 46204	Contribution [X] Primary [ ] General [ ] Other (specify)	7/16	$5,000.00
E. Bob Jackman for State Senate 352 W.S.R. 244 Milroy, IN 46156	In-Kind/Regular Contribution [X] Primary [ ] General [ ] Other (specify)	7/17 10/16	$ 35.00 250.00
F. Indiana Senate Democrats Market Square Center 151 North Delaware Street, #1645 Indianapolis, IN 46204	In-Kind/Regular Contribution [X] Primary [ ] General [ ] Other (specify)	8/24 *7/11	$1,200.00 * 232.50
G. Paul Mannweiler for State Rep. Room 3-7, State House Indianapolis, IN 46204	In-Kind/Regular Contribution [X] Primary [ ] General [ ] Other (specify)	7/29 8/15 *9/10	$1,000.00 800.00 * 155.00
H. Robert Meeks for State Senate 5840 East 25N LaGrange, IN 46761	Contribution [X] Primary [ ] General [ ] Other (specify)	8/15	$250.00
I.	[ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $9,935.00

*Items F and G In-Kind Contribution Not Included in Total from Line 29 but Under Line 21

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

FE2AN047

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Beverly Gard for State Senate 3660 North 50 E Greenfield, IN 46140	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/20	$260.00
B. Richard Young for State Senate 10347 East Daugherty Lane Milltown, IN 47145	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15	$300.00
C. Bob Garton for State Senate P.O. Box 1111 Columbus, IN 47202	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8/15	$1,000.00
D. Brian Hasler for State Representative 756 South Rotherwood Evansville, IN 47714	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15	$200.00
E. William Friend for State Representative R.R. 2, Box 314 Macy, IN 46951	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15	150.00
F. Candy Marendt for State Representative 6721 Larona Drive Indianapolis, IN 46278	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15	$200.00
G. Johnny Nugent for State Senate 523 North Eads Parkway Lawrenceburg, IN 47025	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15	250.00
H. Greg Porter for State Representative 3614 North Pennsylvania Street Indianapolis, IN 46205	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15	200.00
I. The French Lick Fund P.O. Box 91 French Lick, IN 47432	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/15	$600.00

SUBTOTAL of Disbursements This Page (optional) $3,160.00

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

FE7AN047

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

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
A. Pat Miller for State Senate 1041 South Muessing Road Indianapolis, IN 46239	Regular/In-Kind Contribution Primary: X	8/15 *8/8	$1,200.00 * 155.00
B. Pat Bauer for State Representative 1307 Sunnymede South Bend, IN 46615	Contribution Primary: X	9/22	$ 500.00
C. Jeff Linder for State Reprsentative 5752 East River Road Waldron, IN 46182	Contribution Primary: X	9/22	$500.00
D. Mary Kay Budak for State Representative 5144 North Paumee Trail LaPorte, IN 46350	Contribution Primary: X	9/22	$200.00
E. John Gregg for State Representative 112 North 7th Vincennes, IN 47591	Contribution Primary: X	9/22	$2,000.00
F. Lawrence Buell for State Representative 2502 Silver Lane Drive Indianapolis, IN 46203	Contribution Primary: X	10/2	$350.00
G. James Merritt for State Senate 9075 North Meridian Street Indianapolis, IN 46260	Contribution Primary: X	10/2	$250.00
H. Jerry Torr for State Representative 5805 Tanager Lane Carmel, IN 46033	Contribution Primary: X	10/2	$250.00
I. Tim Lanane for State Senate 34 West 8th Anderson, IN 46016	Contribution Primary: X	9/22	$250.00

SUBTOTAL of Disbursements This Page (optional) $5,500.00

Item A In-Kind Contribution Not Included in Total from Line 29

TOTAL This Period (last page this line number only) ..... but Under Line 21

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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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
David Yount for State Representative 3811 Oriole Drive Columbus, IN 47203	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/2	$250.00
B. 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 Representative P.O. Box 9 Covington, IN 47932	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/2	$400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charlie Brown for State Representative 9439 Lake Shore Drive Gary, IN 46403	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/7	$750.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Ripley for State Representative 222 West Jefferson Street Decatur, IN 46733	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/16	$200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vaneta Becker for State Representative 4017 Cobble Field Drive Evansville, IN 47711	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/21	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Crawford for State Representative P.O. Box 18446 Indianapolis, IN 46218	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/4	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Scholer for State Representative 807 Essex Street West Lafayette, IN 47906	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/4	$250.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Espich for State Representative 1250 West Hancock Street, Box 158 Uniondale, IN 46791	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/1	$500.00
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) $3,100.00

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

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 Street East Chicago, IN 46312	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/1	$200.00
B. Dale Sturtz for State Rep. 2770 N 200E LaGrange, IN 46761	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/1	$250.00
C. Dave Crooks for State Rep. P.O Box 616 3 East Vantrees	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/1	$250.00
D. Craig Fry for State Representative 637 Bayview Drive Mishawaka, IN 46544	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/1	$300.00
E. Karen Burkhardt for State Rep. 402 Ruddell Drive Kokomo, IN 46901	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/15	$150.00
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) $1,150.00

TOTAL This Period (last page this line number only) $27,541.20

FE7AND47

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
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