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 022346 P 252 ited
REGINO URGENA MD
INDIANA MEDICAL POLITICAL ACTI
ON COMMITTEE
322 CANAL WALK CANAL LEVEL
INDIANAPOLIS IN 46202

FEDERAL ELECTION COMMISSION
Apr 11 11 41 AM '96

2. FEC IDENTIFICATION NUMBER
C00000638

3. [ ] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/96 through 3/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 106,486.54
(b) Cash on Hand at Beginning of Reporting Period	$ 106,486.54	
(c) Total Receipts (from Line 19)	$ 109,375.91	$ 109,375.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 215,862.45	$ 215,862.45
7. Total Disbursements (from Line 30)	$ 113,080.39	$ 113,080.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 102,782.06	$ 102,782.06
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
3/8/96

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)

FE5AN088

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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 1/1/96 TO 3/31/96

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)	7,335.00	7,335.00	11(a)(i)
ii. Unitemized	101,370.00	101,370.00	11(a)(ii)
iii. Total (add i and ii) ➤	108,705.00	108,705.00	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) ➤	108,705.00	108,705.00	11(d)
12. Transfers From Affiliated/Other Party Committees	30.00	30.00	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.)	640.91	640.91	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	109,375.91	109,375.91	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	109,375.91	109,375.91	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	11,245.39	11,245.39	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	11,245.39	11,245.39	21(c)
22. Transfers to Affiliated/Other Party Committees	70,305.00	70,305.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	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	31,530.00	31,530.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	113,080.39	113,080.39	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	113,080.39	113,080.39	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	108,705.00	108,705.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	108,705.00	108,705.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	11,245.39	11,245.39	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	11,245.39	11,245.39	37

FE5AN066

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address 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
A. Scott Beall, M.D. 7611 William Penn Drive Indianapolis, IN 46256 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 500.00	1/26/96	$500.00
B. Timothy Brown, M.D. 215 Ward Avenue Crawfordsville, IN 47933 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 500.00	3/6/96	$500.00
C. Thomas Brubaker, M.D. 1573 North Cline Avenue Griffith, IN 46319 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 365.00	1/24/96	$365.00
D. Alfred Cox, M.D. 51916 US 31 North South Bend, IN 46637 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 365.00	3/11/96	$365.00
E. John Edwards, M.D. 1314 East 7th Street, Suite 102 Medical Arts Building Auburn, IN 46706 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	3/7/96	$200.00
F. Bernard Emkes, M.D. 1001 Broadripple Avenue, #5 Indianapolis, IN 46220 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 365.00	1/29/96	$365.00
G. Bradford Hale, M.D. 8902 North Meridian Street, #140 Indianapolis, IN 46260 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	1/12/96 2/23/96	$100.00 100.00

SUBTOTAL of Receipts This Page (optional) $2,495.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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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
A. Joseph Haslitt, M.D. 3700 North Everbrook Lane Muncie, IN 47304 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 200.00	2/29/96	$200.00
B. Stephen Hatch, M.D. 1818 Carew Street, #220 Fort Wayne, IN 46805 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 200.00	1/22/96 2/6/96	$100.00 100.00
C. Ann Hilmo, M.D. 1362 Muscatatuck Drive Valparaiso, IN 46383 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 365.00	3/6/96	$365.00
D. Eric Humphreys, M.D. 502 American Bank Building Vincennes, IN 47591 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 300.00	1/9/96 1/24/96	$100.00 200.00
E. Eusebio Kho, M.D. 137 East McClain Avenue Scottsburg, IN 47170 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 200.00	2/22/96	$200.00
F. Charles Kim, M.D. 1762 North 7th Street Terre Haute, IN 47804 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 200.00	1/4/96 2/26/96	$100.00 $100.00
G. John Knote, M.D. 2400 South Street Lafayette, IN 47904 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 500.00	2/26/96	$500.00

SUBTOTAL of Receipts This Page (optional) $1,965.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11(a)(i)

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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
A. Charles Orr, M.D. 8330 Naab Road, #400 Indianapolis, IN 46260 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ $500	2/13/96	$500
B. Robert Parsons, M.D. 919 East Jefferson Boulevard South Bend, IN 46617 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 110.00	1/29/96 2/26/96	$100.00 10.00
C. Pamela Reed, M.D. 1818 Carew Street, #220 Fort Wayne, IN 46805 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 300.00	1/18/96 1/31/96	$100.00 200.00
D. Bradley Richards, M.D. 53646 Beech Road Osceola, IN 46561 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 300.00	1/24/96	$300.00
E. Felicidad Rivera, M.D. 910 Washington Street Michigan City, IN 46360 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	1/2/96 2/6/96	$100.00 100.00
F. Timothy Schmitt, M.D. 519 State Street New Albany, IN 47150 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	3/21/96	$200.00
G. Donald Stogsdill, M.D. 8402 Harcourt Road, #731 Indianapolis, IN 46260 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 200.00	1/3/96 1/25/96	$100.00 100.00

SUBTOTAL of Receipts This Page (optional) $1,810.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 11(a)(i)

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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
A. Regino Urgena, M.D. 5857 North 500 West Marion, IN 46952 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 365.00	1/24/96	$365.00
B. Mark Wasylenko, M.D. 901 Lincolnway, Suite 102 LaPorte, IN 46350 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 200.00	1/24/96 2/8/96	$100.00 $100.00
C. Peter Winters, M.D. 8402 Harcourt Road, #620 Indianapolis, IN 46260 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 500.00	1/2/96	$500.00
D. 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
E. 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
F. 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
G. 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)	$1,065.00
TOTAL This Period (last page this line number only)	$7,335.00

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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 Committee 1101 Vermont Avenue, N.W. Washington, DC 20005 Receipt For: [ ] Primary [ ] General [X] Other (specify): Rebates for Membership	Aggregate Year-to-Date $ 30.00	1/29/96	$30.00
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)	$30.00
TOTAL This Period (last page this line number only)	$30.00

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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 National Bank of Detroit Indianapolis, IN 46266 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest Earned	Name of Employer Occupation Aggregate Year-to-Date $ 640.91	Date (month, day, year) 1/1/96 to 3/31/96	Amount of Each Receipt this Period $640.91
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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)	$640.91

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FE5AN066

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Indiana State Medical Association 322 Canal Walk Indianapolis, IN 46202	Administrative Expenses Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	1/23/96 2/5/96 3/8/96	335.00 2,622.75 629.46
B. Indiana State Medical Association Continued	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	2/21/96 2/14/96 3/21/96	13.00 441.50 335.00
C. American Quality Press, Inc. 5508 Elmwood Avenue, Suite 312 Indianapolis, IN 46208	Purpose of Disbursement Printing Disbursement for: [ ] Primary [ ] General [XX] Other (specify) See Above	1/11/96 2/9/96 2/13/96	$ 52.50 1,255.58 2,008.64
D. Spotlight Speakers Bureau P.O. Box 29370 Indianapolis, IN 46229	Purpose of Disbursement Speaker Expense Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	3/21/96	$3,500
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $11,193.43

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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 American Medical Political Action Committee 1101 Vermont Avenue, N.W. Washington, DC 20005	Purpose of Disbursement Memberships Disbursement for: ☐ Primary ☐ General ☒ Other (specify) See Above	Date (month, day, year) 1/9/96 2/1/96 2/1/96 3/1/96	Amount of Each Disbursement This Period $34,760.00 26,215.00 100.00 9,230.00
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)	$70,305.00

96030392247

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 6

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
Indianapolis Finance Committee 12 North Delaware Street Indianapolis, IN 46204	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	1/4/96 2/7/96	$400.00 50.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Indiana Black Caucus P.O. Box 88060 Indianapolis, IN 46208	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/29/96	200.00
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 1111 Ridgeway Drive Crawfordsville, IN 47933	Contribution In-Kind Disbursement for: [x] Primary [ ] General [ ] Other (specify)	2/16/96 3/21/96	$105.00 2,500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Richard Bray for State Senate 210 East Morgan Martinsville, IN 46151	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bob Garton for State Senate 530 Franklin Street Columbus, IN 47201	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bob Hellmann for State Senate 22 North Fifth Street, #320 Terre Haute, IN 47807	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Glenn Howard for State Senate 1005 West 36th Street Indianapolis, IN 46208	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jim Lewis for State Senate 774 Level Street Charlestown, IN 47111	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pat Miller for State Senate 1041 South Muesing Road Indianapolis, IN 46239	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $7,755.00

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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
Lonnie Randolph for State Senate 1919 East Columbus Drive East Chicago, IN 46312	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Marvin Riegsecker for State Senate 801 South 6th Street Goshen, IN 46526	Contribution In-Kind [X] Primary [ ] General [ ] Other (specify)	3/21/96 3/21/96	$1,000.00 25.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
David Long for State Senate 1315 Gardenia Lane Fort Wayne, IN 46804	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Harold Wheeler for State Senate 6370 North State Road 5 Larwill, IN 46764	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pat Bauer for State Representative 1307 Sunnymede South Bend, IN 46615	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Vaneta Becker for State Rep. 420 East Buena Vista Road Evansville, IN 47711	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bob Behning for State Rep. 6380 Rockville Road Indianapolis, IN 46214	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$250.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Brian Bosma for State Rep. 700 Guaranty Building Indianapolis, IN 46204	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Charlie Brown for State Rep. 9439 Lake Shore Drive Gary, IN 46403	Contribution [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00

SUBTOTAL of Disbursements This Page (optional) $6,525.00

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

FEC Form 3X (9/95)

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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)

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. Jim Buck for State Representative 4407 McKibben Drive Kokomo, IN 46902	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$250.00
B. Mary Kay Budak for State Representative 5144 North Pawnee Trail LaPorte, IN 46350	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
C. Dave Copenhaver for State Representative 1706 Bundy Avenue New Castle, IN 47362	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$250.00
D. Bill Crawford for State Representative P.O. Box 18446 Indianapolis, IN 46218	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00
E. Jerry Denbo for State Representative Rural Route 1, Box 329 French Lick, IN 47432	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
F. Cleo Duncan for State Representative 1205 East Tara Road Greensburg, IN 47240	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$250.00
G. Jeff Espich for State Representative 1250 West Hancock Street Uniondale, IN 46791	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00
H. Ralph Foley for State Representative P.O. Box 1435 Martinsville, IN 46151	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
I. Dave Frizzell for State Representative 8310 Hill Gail Drive Indianapolis, IN 46217	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00

SUBTOTAL of Disbursements This Page (optional)	$4,750.00
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

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Craig Fry for State Representative 637 Bay View Drive Mishawaka, IN 46544	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gloria Goeglein for State Representative 9339 Maysville Road Fort Wayne, IN 46815	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Gregg for State Representative Box 7 Sandborn, IN 47578	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dale Grubb for State Representative P.O. Box 9 Covington, IN 47932	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Harris for State Representative 4114 Butternut Street East Chicago, IN 46312	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Irene Heffley for State Representative 5255 North Tacoma, Suite 5 Indianapolis, IN 46220	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Keller for State Representative 1006 Chamber of Commerce Building Indianapolis, IN 46204	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sally Lambert for State Representative 132 1/2 West Locuse Boonville, IN 47601	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Linder for State Representative 5752 East River Road Waldron, IN 46182	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $5,250.00

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

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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. Paul Mannweiler for State Representative Room 3-7 State House Indianapolis, IN 46204	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00
B. Mike Murphy for State Representative 4731 Moss Lane Indianapolis, IN 46237	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
C. Phyllis Pond for State Representative 8530 Seiler Road New Haven, IN 46774	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
D. Greg Porter for State Representative 3614 North Pennsylvania Street Indianapolis, IN 46205	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00
E. Sue Scholer for State Representative 807 Essex Street West Lafayette, IN 47906	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
F. Ron Tabaczynski for State Representative 2400 New York Avenue Whiting, IN 46394	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00
G. Sam Turpin for State Representative 105 Westbourne Drive Brownsburg, IN 46112	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$750.00
H. Jesse Villalpando for State Representative 956 North Griffith Blvd. Griffith, IN 46319	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$500.00
I. Martha Womacks for State Representative 1518 North Bosart Avenue Indianapolis, IN 46201	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/21/96	$1,000.00

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

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 Dean Young for State Representative 120 East Grant Street Hartford City, IN 47340	Purpose of Disbursement Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3/21/96	Amount of Each Disbursement This Period $250.00
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)	$250.00
TOTAL This Period (last page this line number only)	$31,530.00

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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 4/8/96
☐	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

E.S.
PREPARER

4/11/96
DATE PREPARED

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