FEDERAL ELECTION COMMISSION

RQ-2

R.L. Jennings, M.D., Treasurer
North Dakota Committee on
Medical Political Action
P.O. Box 1198
Bismarck, ND 58502

Identification Number: C00003061

Reference: 1995 Year End Report (7/1/95-12/31/95)

Dear Mr. Jennings:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization. Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). 2 U.S.C. §434(a)(1) and 11 CFR §104.14(a) and (d). If a new treasurer has been appointed, please file an amended Statement of Organization (FORM 1) or a letter to reflect this change.

-Please provide the totals for Lines 11(d), 20 and 31, Columns A and B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Wendy Barkley

Wendy Barkley
Reports Analyst
Reports Analysis Division

259

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)
North Dakota Committee on Medical Political Action

ADDRESS (number and street) | Check if different than previously reported
PO Box 1198

CITY, STATE and ZIP CODE
Bismarck ND 58502-1198

2. FEC IDENTIFICATION NUMBER
C00003061

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

[ ] Twelfth day report preceding (Type of Election) election on the State of

[ ] Thirtieth day 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 July 1 through Dec 31, 1995		
6	(a) Cash on Hand January 1, 1995		$ 787.78
	(b) Cash on Hand at Beginning of Reporting Period	$ 1367.78	
	(c) Total Receipts (from Line 19)	$ 4123.00	$ 5173.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 5490.78	$ 5960.78
7	Total Disbursements (from Line 30)	$ 2040.00	$ 2510.00
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3450.78	$ 3450.78
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
Brad R Buell

Signature of Treasurer

Date
3/19/96

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: North Dakota Committee on Medical Politics Action

REPORT COVERING PERIOD FROM 7/1 TO 12/31/95

	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)		
ii. Unitemized	4123.00	5173.00
iii. Total (add i and ii) ➤	4123.00	5173.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a, b, and c) ➤	4123.00	5173.00
12. Transfers From Affiliated/Other Party Committees		
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.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4123.00	5173.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4123.00	5173.00
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		
c. Total Operating Expenditures (add a i and b) ➤		
22. Transfers to Affiliated/Other Party Committees	1940.00	2410.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule F)		
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	100.00	100.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2040.00	2510.00
31. Total Federal Disbursements (subtract line 21a ii from line 30) ➤	2040.00	2510.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21a ii and 21b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

FE4ND

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 31

FOR LINE NUMBER 22

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)

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 Ave NW Washington DC 20005	Funds raised through joint fund raising efforts. Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	8/1/95	840.00
B. 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 Ave NW Washington DC 20005	Funds raised through joint fund raising efforts. Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/5/95	780.00
C. 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 Ave NW Washington DC 20005	Funds raised through joint fund raising efforts. Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	11/10/95	320.00
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)

FE 15b

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 3-29-96
☐	First Class Mail	POSTMARKED
☐	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

JMN
PREPARER

3-29-96
DATE PREPARED

FEC FORM 70-2 (12/92)