REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

JAN 31 3 35 PM '94

1. NAME OF COMMITTEE (in full)
William T. Carlson
Montgomery Cardiovascular Associates, PA PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1400 Narrow Lane Parkway

CITY, STATE and ZIP CODE
Montgomery, AL 36111

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
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☒ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 1993		$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	$ 4,798.96	
(c) Total Receipts (from Line 19)	$ 4,996.46	$ 9,795.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 9,795.42	$ 9,795.42
7. Total Disbursements (from Line 30)	$ 2,345.75	$ 2,345.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 7,449.67	$ 7,449.67
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
William T. Carlson, Jr.

Signature of Treasurer
William T. Carlson

Date
January 26, 1994

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

9 4 0 3 8 7 8 3 3 5 9

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

(revised 1/1/91)

NAME OF COMMITTEE Montgomery Cardiovascular Assoc PAC Political Action Committee

REPORT COVERING PERIOD FROM 7/1/93 TO 12/31/93

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)	4,925.00	9,700.00
ii. Unitemized		
iii. Total (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	4,925.00	9,700.00
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.)	71.46	95.42
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,996.46	9,795.42
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,996.46	9,795.42
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	145.75	145.75
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤	145.75	145.75
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	2,200.00	2,200.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,345.75	2,345.75
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,200.00	2,200.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4,925.00	9,700.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,925.00	9,700.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

7 4 0 3 8 7 8 3 3 5 0

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 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)

Montgomery Cardiovascular Associates, PA 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
C. McGavock Porter 2132 Allendale Road Montgomery, AL 36111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montgomery Cardiovascular Associates, P.A. Occupation Aggregate Year-to-Date > $ 1000.00	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. McGavock Porter 2132 Allendale Road Montgomery, AL 36111 Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Montgomery Cardiovascular Associates, P.A. Occupation Aggregate Year-to-Date > $ 1,200.00	11/3,19/93 12/3,17/93	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John L. Finklea 3048 Highfield Drive Montgomery, AL 36111 Receipt For ☐ Primary ☐ General ☐ Other (specify).	Montgomery Cardiovascular Associates, P.A. Occupation Aggregate Year-to-Date > $ 1,000.00	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month day, year)	Amount of Each Receipt this Period
John L. Finklea 3048 Highfield Drive Montgomery, AL 36111 Receipt For. ☐ Primary ☐ General ☐ Other (specify):	Montgomery Cardiovascular Associates, P.A. Occupation Aggregate Year-to-Date > $ 1,200.00	11/3,19/93 12/3,17/93	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert P. Robichaux 50 Watson Circle Montgomery, AL 36109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Montgomery Cardiovascular Associates, P.A. Occupation Aggregate Year-to-Date > $ 1,000.00	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert P. Robichaux 50 Watson Circle Montgomery, AL 36111 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Montgomery Cardiovascular Associates, P.A. Occupation Aggregate Year-to-Date > $ 1,200.00	11/3,19/93 12/3,17/93	50.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. Forrest Flemming 1431 Meriwether Road Montgomery, AL 36116 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Montgomery Cardiovascular Associates, P.A. Occupation Aggregate Year-to-Date > $ 1,000.00	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	50.00

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

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

2 4 1 3 8 7 3 3 3 6 1

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER a(i)

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NAME OF COMMITTEE (In Full)
Montgomery Cardiovascular Associates, PA Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
H. Forrest Flemming 1431 Meriwether Road Montgomery, AL 36111	Montgomery Cardiovascular Associates, P.A.	11/5,19/93 12/3,17/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,200.00		
David N. George 6001 Greystone Place Montgomery, AL 36111	Montgomery Cardiovascular Associates, P.A.	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
David N. George 6001 Greystone Place Montgomery, AL 36111	Montgomery Cardiovascular Associates, P.A.	11/5,19/93 12/3,17/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,200.00		
Paul B. Moore 1733 S. Perry Street Montgomery, AL 36116	Montgomery Cardiovascular Associates, P.A.	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
Paul B. Moore 1733 S. Perry Street Montgomery, AL 36116	Montgomery Cardiovascular Associates, P.A.	11/5,19/93 12/3,17/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,200.00		
Wynne Crawford 3331 Bankhead Ave. Montgomery, AL 36106	Montgomery Cardiovascular Associates, P.A.	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
Wynne Crawford 3331 Bankhead Ave Montgomery, AL 36106	Montgomery Cardiovascular Associates, P.A.	11/5,19/93 12/3,17/93	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,200.00		

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

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

9 4 0 3 8 7 3 3 5 2

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER a(i)

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NAME OF COMMITTEE (In Full)

Montgomery Cardiovascular Associates, PA, 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
R. Eric Crum 3131 Old Farm Road Montogmery, AL 36111	Montgomery Cardiovascular Associates, P.A.	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	25.00 37.50 37.50 37.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 575.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. Eric Crum 3131 Old Farm Road Montgomery, AL 36111	Montgomery Cardiovascular Associates, P.A.	11/5,19/93 12/3,17/93	37.50
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 725.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William T. Carlson 7341 Wynlakes Blvd Montgomery, AL 36111	Montgomery Cardiovascular Associates, P.A.	7/2,16/93 8/13,27/93 9/10,24/93 10/8,22/93	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
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 7341 Wynlakes Blvd Montgomery, AL 36111	Montgomery Cardiovascular Associates, P.A.	11/5,19/93 12/3,17/93	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
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) 4,925.00

9 4 0 3 8 7 3 5 3 5 3

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)

Montgomery Cardiovascular Associates, PA, 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
Kennedy '94 P.O. Box 2107 Montgomery, AL 36102-2107	Campaign Contribution [X] Primary [ ] General [ ] Other (specify)	9/28/93	100.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Folsom '94 P.O.Box 1949 Montgomery, AL 36101	Campaign Contribution [X] Primary [ ] General [ ] Other (specify)	10/15/93	1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Folsom '94 P.O. Box 1949 Montgomery, AL 36101	Campaign Contribution [X] Primary [ ] General [ ] Other (specify)	10/15/93	1,000.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Steve Flowers P.O. Box 973 Troy, AL 36081	Campaign Contribution [X] Primary [ ] General [ ] Other (specify)	11/1/93	100.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) 2,200.00

9 4 0 3 8 7 8 3 3 5 4

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 1/27/94
☐	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

D.A.W.
PREPARER

2/1/94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 7 8 3 3 6 5