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)

C00003061 101998 n 236
BRAD R BUELL, MD
NORTH DAKOTA COMMITTEE ON MEDI
CAL POLITICAL ACTION
PO BOX 1198
BISMARCK ND 58502

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM DEC 7 4 19 PM

2. FEC IDENTIFICATION NUMBER

3. ☐ This committee has qualified as a multicandi 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
☐ April 20 ☐ August 20 ☐ December
☐ 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 Ele
on 11/3/98 in the State of North Dak

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-D
5. Covering Period 10/1/98 through 11/23/98		
6. (a) Cash on Hand January 1, 1998		$ 7,885.
(b) Cash on Hand at Beginning of Reporting Period	$ 3002.58	
(c) Total Receipts (from Line 19)	$ 1599.00	$ 11846.
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4601.58	$ 19731.
7. Total Disbursements (from Line 30)	$ 870.00	$ 16000.
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3731.58	$ 3731.
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 c
Federal Election Commiss
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 MD

Signature of Treasurer: [signature] Date: 12/2/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §4

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

(revised 1/1/

NAME OF COMMITTEE: North Dakota Committee on Medical Political Action

REPORT COVERING PERIOD FROM 10/1/98 TO: 11/23/98

	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)	1599.00	11568.00
ii. Unitemized		
iii. Total (add i and ii) ➤	1599.00	11568.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	1599.00	11568.0
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) ➤	1599.00	11568.0
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1599.00	11568.0
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, a ii, and b) ➤	670.00	5550.
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) ➤	200.00	10450.
29. Other Disbursements	870.00	16,000.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤		
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
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 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

FEC FORM 3X

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE

FOR LINE NU 27

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 com purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
North Dakota Committee on Medical Political Action

	Purpose of Disbursement	Date (month, day, year)	Amount of Disbursement T
A. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave NW Washington DC 20005	Transfer Disbursement for: Primary General Other (specify)	10/14/98	270
B. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave NW Washington DC 20005	Transfer Disbursement for: Primary General Other (specify)	10/28/98	250
C. Full Name, Mailing Address and ZIP Code American Medical Political Action Committee 1101 Vermont Ave NW Washington DC 20005	Transfer Disbursement for: Primary General Other (specify)	11/20/98	150
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount Disbursement
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount Disbursemen
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount Disbursemer
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amoun Disburseme
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amou Disburseme
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amou Disbursem

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

TOTAL This Period (last page this line number only) 6

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1

FOR LINE NUMBER 2

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NAME OF COMMITTEE (In Full)

ND Committee on Medical Political Action

A. Full Name, Mailing Address and ZIP Code Audrey Cleary 104 Seminole Ave Bismarck ND 58501	Purpose of Disbursement Contribution check was returned uncashed Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) Date of check 9/29/98	Amount of Disbursement -100.
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Disbursement

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

TOTAL This Period (last page this line number only) ..... -10

FEB4ND04

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 12/3/98
☐	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
☐	Electronic Filing	

KRS
PREPARER

12/7/98
DATE PREPARED

(4/98)