REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM
Oct 20 12 03 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
OHIO MEDICAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1500 Lake Shore Drive

CITY, STATE and ZIP CODE
Columbus OH 43204-3891

2. FEC IDENTIFICATION NUMBER
#C00003327

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 7/1/96 through 9/30/96		
6. (a) Cash on Hand January 1, 19 96		$ 69,292.
(b) Cash on Hand at Beginning of Reporting Period	$ 33,268	
(c) Total Receipts (from Line 19)	$ 55,861	$ 158,991
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 89,129	$ 228,283
7. Total Disbursements (from Line 30)	$ 35,265	$ 174,419
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 53,864	$ 53,864
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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
Timothy I. Maglione, JD, OMPAC Treasurer

Signature of Treasurer
Tim Maglione

Date
October 15, 1996

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)

FE6AN068

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

(revised 1/1/91)

NAME OF COMMITTEE: OHIO MEDICAL POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 7/1/96 TO 9/30/96

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)	9,825	33,650	11(a)(i)
ii. Unitemized	44,255	130,470	11(a)(ii)
iii. Total (add i and ii) ➤	54,080	154,120	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	54,080	154,120	11(d)
12. Transfers From Affiliated/Other Party Committees	1,725	1,845	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	35	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	2,750	16
17. Other Federal Receipts (Dividends, Interest, etc.)	56	241	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	55,861	158,991	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	55,861	158,991	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	85	549	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	85	549	21(c)
22. Transfers to Affiliated/Other Party Committees	6,950	55,590	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	125	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	125	28(d)
29. Other Disbursements	28,230	118,155	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	35,265	174,419	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	35,265	174,419	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	54,080	154,120	32
33. Total Contribution Refunds (from line 28d)	0	125	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	54,080	153,995	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	85	549	35
36. Offsets to Operating Expenditures (from line 15)	0	35	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	85	514	37

FE6AN069

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 6
	FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

OHIO 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. Minoru Adachi, MD 15 Bordeaux Lane Beachwood OH 44122-7522 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	3/12/96 9/30/96	125. 125.
B. Mohamed Abou Atassi, MD 36100 Euclid Ave., Suite 120 Willoughby OH 44094-4456 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	3/12/96 9/23/96	125. 125.
C. Charles D Bellamy, MD 29 Regiment Court Wilder KY 41076-1462 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250	4/22/96 9/11/96	125. 125.
D. Jane Butterworth, MD 345 Oak Hill Avenue Youngstown, OH 44502-1429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	2/22/96 9/11/96	125. 125.
E. Kevin Michael Chartrand, MD 401 South Street #3-B Chardon OH 44024-1447 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	4/8/96 7/25/96	125. 125.
F. Riaz N Chaudhary, MD 3841 Navarre Avenue Toledo OH 43616-3435 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.	7/25/96	300.
G. Nathan Choma, MD 7171 Royalton Road #203 Cleveland OH 44133-4818 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	5/14/96 9/30/96	125. 125.

SUBTOTAL of Receipts This Page (optional)	1,800.
TOTAL This Period (last page this line number only)	

FEEAN059

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
OHIO MEDICAL POLITICAL ACTION COMMITTEE

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
A. James J Enyeart, MD P O Box 59 Girard OH 44420-0059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.	9/23/96	300.
B. Joseph Flood, MD 497 East Town Street Columbus OH 43215-4706 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.	7/25/96	300.
C. Richard D Gemma, MD 1253 Carron Drive Columbus OH 43220-3913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	2/15/96 9/23/96	125. 125.
D. Gary R Gibson, MD 1651 East Market Street NE Columbus OH 43220-3913 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	9/23/96	300.
E. Gwen Haas, MD 5850 Landerbrook #200 Mayfield Hts. OH 44124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	6/26/96 9/30/96	125. 125.
F. Robert L Katz, MD 22099 Parnell Road Cleveland OH 44122-2725 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	3/12/96 9/11/96	125. 125.
G. Ronald E Kendrick, MD 3555 Olentangy River Road #1010 Columbus OH 43214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	8/6/96 9/30/96	125. 125.

SUBTOTAL of Receipts This Page (optional) ..... 1,900.

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

FEEAN058

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

OHIO 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. Richard H Koop, MD 1000 Regency Court , Suite 100 Toledo OH 43623-3075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300	7/25/96	300.
B. Kenneth H Koster, MD 3142 Victoria Avenue Cincinnati OH 45208-1606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	6/26/96 7/25/96	125. 125.
C. Leopold Liss, MD 2124 Chardon Road Columbus OH 43220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	1/31/96 9/30/96	125. 125.
D. Mark K Mandell-Brow, MD 7815 Hartford Hill Lane Cincinnati OH 45242-4345 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	3/23/96 9/11/96	125. 125.
E. James J Masters,MD 2139 Auburn Avenue Cincinnati OH 45219-2906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	s self-employed physician Aggregate Year-to-Date $ 425.	3/1/96 7/25/96	125. 300.
F. Romeo S Miclat, MD 824 East Broad Street Elyria OH 44035-6559 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	3/4/96 9/30/96	125. 125.
G. Lynn Marie Mikolich, MD 38 Audubon Road Poland OH 44514-1922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250	2/1/96 9/11/96	125. 125.

SUBTOTAL of Receipts This Page (optional)	1,975.
TOTAL This Period (last page this line number only)	

PE6AN*'97

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

OHIO 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
Amarjeet S Nagpaul, MD 755 Boardman-Canfield Road, Ste P-1 Youngstown OH 44512-7326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 250.	2/15/96 9/23/96	125. 125.
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Emil M Opremcak, MD 456 West 10th Avenue Columbus OH 43210-1240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 250.	3/12/96 9/23/96	125. 125.
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Balakrishn C Pillay, MD 10654 Lorain Avenue Cleveland OH 44111- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 250.	6/26/96 9/23/96	125. 125.
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Patricia L Powers MD 6461 Frank Avenue NW North Canton OH 44720-7263 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 250.	7/25/96 9/11/96	125. 125.
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Debra A Pratt, MD 18099 Lorian #429 Cleveland OH 44111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 250.	3/12/96 9/23/96	125. 125.
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Catherine M Rose, MD 3017 Wilmington Pike Dayton OH 45429-4001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 250.	5/14/96 7/25/96	125. 125.
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sellmann C Schulz, MDS 2074 Abington Road, Dept. of Psych. Cleveland OH 44106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 250	5/14/96 9/23/96	125. 125.

SUBTOTAL of Receipts This Page (optional) ..... 1,750.

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

FEBANP49

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
OHIO 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. George Smirnoff, MD 1250 Superior Avenue Cleveland OH 44114-3236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	2/27/96 9/11/96	125. 125.
B. Jack L Summers, MD 75 Arch Street, Suite 101 Akron OH 44304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.	7/25/96	300.
C. John R Svirbely, MD 110 North Poplar Street Oxford OH 45056-1292 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250	2/22/96 9/23/96	125. 125.
D. Roy Thomas, MD 850 East Broad Street Elyria OH 44035-6559 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.	9/11/96	300.
E. Edward R Thomas Jr., MD 60 Wyoming Street Dayton OH 45409 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	7/25/96 9/11/96	125. 125.
F. William J Todia, MD 2500 Metrohealth Drive Cleveland OH 44109-1988 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	3/12/96 9/30/96	125. 125.
G. Mirfée Klein Ungier, MD 4255 Pearl Road #500 Cleveland OH 44109-4230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $	6/26/96 9/23/96	125. 125.

SUBTOTAL of Receipts This Page (optional) ..... 1,850.

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

FEBJAN'90

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)

OHIO 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. William B White, MD 6253 Canton Road NW Malvern OH 44644-9717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.	4/22/96 9/11/96	125. 125.
B. Richard J WISELEY, MD 3425 Executive Pky, Suite 107 Toledo, OH 43606-1333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employedx physician Aggregate Year-to-Date $ 300.	4/2/96 7/25/96	125. 175.
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)	550.
TOTAL This Period (last page this line number only)	9,825.

FEBAN'96

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)

OHIO 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. AMPAC 1101 Vermont Avenue NW Washington DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	rebate for achieving membership goal Occupation Aggregate Year-to-Date $	9/11/96	825.
B. AMPAC 1101 Vermont Avenue NW Washington DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	rebate for achieving membership goal Occupation Aggregate Year-to-Date $	9/23/96	900.
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)	1,725.

FEDAN066

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)

OHIO 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. Bank One Columbus NA Columbus OH 43271-1041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	July interest on savings account Occupation Aggregate Year-to-Date $	7/31/96	18.89
B. Bank One Columbus NA Columbus OH 43271-1041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	August interest on savings account Occupation Aggregate Year-to-Date $	8/30/96	18.93
C. Bank One Columbus NA Columbus OH 43271-1041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	September interest on savings account Occupation Aggregate Year-to-Date $	9/30/96	18.35
D. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
E. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
F. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	56.56

FE5AN-18

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)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont Avenue NW Washington DC 20005	Purpose of Disbursement membership transfer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6/28/96	Amount of Each Disbursement This Period 50.
B. Full Name, Mailing Address and ZIP Code AMPAC (same as above)	Purpose of Disbursement membership transfer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/24/96	Amount of Each Disbursement This Period 3,145.
C. Full Name, Mailing Address and ZIP Code AMPAC (same as above)	Purpose of Disbursement membership transfer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8/5/96	Amount of Each Disbursement This Period 3,005.
D. Full Name, Mailing Address and ZIP Code AMPAC (same as above)	Purpose of Disbursement membership transfer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8/28/96	Amount of Each Disbursement This Period 550.
E. Full Name, Mailing Address and ZIP Code AMPAC (same as above)	Purpose of Disbursement membership transfer Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/16/96	Amount of Each Disbursement This Period 200.
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)	6,950.

FE6AN060

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

OHIO 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. CitizenssfórrLashutka 15 East Gay Street, Suite 404 Columbus OH 43215	contribution	7/15/96	600.
B. Citizens for Olman P O Box 435 Maumee, OH 43537	contribution	7/15/96	600.
C. Perz for Effective Government 3245 River Road Toledo OH 43614	contribution	7/15/96	125.
D. Thompson for State Rep Committee 4960 Defiance Trail Delphos, OH 45833	contribution	7/24/96	300.
E. Citizens for Sawyer 3323 Brokaw Road Butler OH 44822	contribution	7/25/96	500.
F. Friends of Sean D. Logan 46354 Mill Street, Box 73 Rogers OH 44455	contribution	7/25/96	200.
G. Committee to Elect Dennis Stapleton 251 East Court Street Washington CH OH 43160	contribution	8/20/96	500.
H. Citizens for Hottinger 455 Kelley Lane Newark OH 43055	contribution	8/20/96	500.
I. Citizens for Randy Weston 1495 Irvin-Shoots Road West Morral OH 43337	contribution	8/20/96	200.

SUBTOTAL of Disbursements This Page (optional) ..... 3,525.

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

FE8AN089

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)

OHIO 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. Davidson for State Rep Committee 865 Macon Alley Columbus OH 43206	contributionn Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	500.
B. Batchelder for Representative Committee 105 West Liberty Street Medina OH 44256	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	1,000.
C. Friends of Darrell Opfer Committee 8285 West Bier Road Oak Harbor OH 43449	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	300.
D. Van Vyven for State Rep Committee 11006 Reading Road Sharonville OH 45241-1929	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	500.
E. GOP Golf 11006 Reading Road Sharonville OH 45241-1929	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	105.
F. Committee to Elect Blessing 3153 McGill Lane Cincinnati OH 45241	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	500.
G. Committee for Ohio House Democrats 148 East State Street Columbus OH 43215	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	2,000.
H. Ohio House Republican Campaign Commit 35 East Gay Street, Sutie 404 Columbus OH 43215	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/96	4,000.
I. Friends of Tiberi 865 Macon Alley Columbus OH 43206	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/96	500.

SUBTOTAL of Disbursements This Page (optional) ..... 9,405.

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

FE6ANDbs

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)
OHIO 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. Vote Damschroder Committee 906 West State Street Fremont OH 43420	contribution Disbursement for: Primary General Other (specify)	9/11/96	200.
B. Committee to Elect Gene Krebs P O Box 716 Oxford OH 45056	contribution Disbursement for: Primary General Other (specify)	9/11/96	200.
C. Citizens for Taylor 100 Eastwood Norwalk OH 44857	contribution Disbursement for: Primary General Other (specify)	9/11/96	250.
D. Jim Buchy for State Representative 758 Gardenwood Greenville OH 45331	contribution Disbursement for: Primary General Other (specify)	9/11/96	500.
E. Friends of Healy Committee 2701 15th Street NW Canton OH 44708	contribution Disbursement for: Primary General Other (specify)	9/11/96	100.
F. Citizens for Jim Jordan 6709 West Kangy Road West Liberty OH 43357	contribution Disbursement for: Primary General Other (specify)	9/11/96	200.
G. Mason for State Representaive Comm 50 West Broad Street Columbus OH 43215	contribution Disbursement for: Primary General Other (specify)	9/11/96	500.
H. Elect Clancy Committee 4474 Woodtrail Lane Cincinnati OH 45251	contribution Disbursement for: Primary General Other (specify)	9/11/96	300.
I. Citizens for Amy Salerno 634 North High Street Columbus OH 43215	contribution Disbursement for: Primary General Other (specify)	9/16/96	500.

SUBTOTAL of Disbursements This Page (optional) ..... 2,750.

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

FE6ANO58

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)

OHIO 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. Citizens for Gardner 431 North Prospect Street Bowling Green OH 43402	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/16/96	1,000.
B. Committee for Charles F Horn 2323 West Schantz Ave., Suite 216 Kettering OH 45409	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/15/96	400.
C. Senator Roy Ray Re-Election Comm 474 Melvern Road Akron OH 44303	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/15/96	1,200.
D. Committee to Re-Elect Grace L Drake One Bratenahl Place, Suite 601 Bratenahl OH 44108	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	1,200.
E. Finan for State Senate Committee 11137 Main Street Cincinnati OH 45241	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/20/96	500.
F. Carnes for Senate Committee 67022 South Almar St. Clairsville OH 43950	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/96	1,000.
G. Citizens for Schafrath 424 West Main Street Loudonville OH 44842	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/96	500.
H. Cupp for Senate Committee 2021 Allentown Road, Suite 3 Lima OH 45805	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/96	500.
I. Republican Senate Campaign Comm P O Box 15623 Columbus OH 43215	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/11/96	3,000.

SUBTOTAL of Disbursements This Page (optional) ..... 9,300.

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

P6BAN009

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)

OHIO 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
Kearns Committee 2664 Brookdale Springfield OH 45502	contribution	9/11/96	500.
Citizens for Greg DiDonato Comm P O Box 30 New Philadelphia OH 44663	contribution	9/11/96	250.
Stratton for Supreme Court Committee 1788 Sawgrass Drive Reynoldsburg OH 43068	contribution	7/10/96	1,000.
Stratton for Supreme Court Committee (same as above)	contribution	7/25/96	1,000.
Stratton for Supreme Court Committee (same as above)	contribution	9/3/96	500.

SUBTOTAL of Disbursements This Page (optional)	3,250.
TOTAL This Period (last page this line number only)	28,230.

FE6AN050

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 10-15-96
☐	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

MN — PREPARER

10-21-96 — DATE PREPARED

FEC FORM 70-2 (12/92)