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)

C00003970 022896 p 250
CHRISTOPHER F BLODI MD
IOWA MEDICAL POLITICAL ACTION
COMMITTEE
1001 GRAND AVENUE
WEST DES MOINES IA 50265

FEDERAL ELECTION COMMISSION
MAIL ROOM

APR 8 2 40 PM '96

2. FEC IDENTIFICATION NUMBER
000003970

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
(Prior to 1/1/94)

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 01/01/96 through 03/31/96		
6. (a) Cash on Hand January 1, 1996		$ 52,927.32
(b) Cash on Hand at Beginning of Reporting Period	$ 52,927.32	
(c) Total Receipts (from Line 19)	$ 35,585.51	$ 35,585.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 88,512.83	$ 88,512.83
7. Total Disbursements (from Line 30)	$ 10,200.00	$ 10,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 78,312.83	$ 78,312.83
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
Tel 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
Christopher F. Blodi, M.D.

Signature of Treasurer
C F Blodi

Date
4/1/96

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)

FE5AN068

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

(revised 1/1/91)

NAME OF COMMITTEE: IOWA MEDICAL POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 01/01/96 TO: 03/31/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	5,350.00	5,350.00	11(a)(i)
i. Itemized (use Schedule A)	30,100.00	30,100.00	11(a)(ii)
ii. Unitemized	35,450.00	35,450.00	11(a)(iii)
iii. Total (add i and ii) ➤	-0-	-0-	11(b)
b. Political Party Committees	-0-	-0-	11(c)
c. Other Political Committees (such as PACs)	35,450.00	35,450.00	11(d)
d. Total Contributions (add a iii, b and c) ➤	-0-	-0-	12
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	13
13. All Loans Received	-0-	-0-	14
14. Loan Repayments Received	-0-	-0-	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	135.51	135.51	17
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	18
18. Transfers from Nonfederal Account for Joint Activity	35,585.51	35,585.51	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	35,585.51	35,585.51	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-	21(a)(i)
i. Federal Share	-0-	-0-	21(a)(ii)
ii. Non-Federal Share	-0-	-0-	21(b)
b. Other Federal Operating Expenditures	-0-	-0-	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	10,200.00	10,200.00	22
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	24
24. Independent Expenditures (use Schedule E)	-0-	-0-	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	26
26. Loan Repayments Made	-0-	-0-	27
27. Loans Made			
28. Refunds of Contributions To:	-0-	-0-	28(a)
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(b)
b. Political Party Committees	-0-	-0-	28(c)
c. Other Political Committees (such as PACs)	-0-	-0-	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	29
29. Other Disbursements	10,200.00	10,200.00	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	10,200.00	10,200.00	31
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)	35,450.00	35,450.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	35,450.00	35,450.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

FE5AN066

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.

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)
IOWA 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. Donald D. Berg, M.D. Ste 201; 1005 Penn Avenue Ottumwa Ia 52501-6408 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Ottumwa Clinic Occupation: Physician Aggregate Year-to-Date $ 250.00	3/11/96	$ 250.00
B. Elaine K. Berry, M.D. Box 429; 1500 E 10th Street Atlantic Ia 50022-0429 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Atlantic Medical Clinic Occupation: Physician Aggregate Year-to-Date $ 350.00	1/19/96 2/23/96 3/18/96	100.00 100.00 150.00
C. Christopher Blodi, M.D. Ste 133; 1501 50th Street West Des Moines Ia 50266 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Iowa Retina Consultants Inc Occupation: Physician Aggregate Year-to-Date $ 300.00	3/18/96	300.00
D. John H Brinkman, M.D. 250 S Crescent Avenue Mason City Ia 50401 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Mason City Clinic PC Occupation: Physician Aggregate Year-to-Date $ 250.00	3/11/96	250.00
E. Dorothy Carpenter 7 Larchwood Court Newton Ia 50208 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	N/A Occupation: Physician Spouse Aggregate Year-to-Date $ 250.00	3/11/96	250.00
F. Kevin J Cunningham, M.D. Ste 185; 6800 Lake Drive West Des Moines Ia 50266 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Des Moines Internists PC Occupation: Physician Aggregate Year-to-Date $ 250.00	1/04/96	250.00
G. Mary L Eversmann 648 Valleybrook Drive, SE Cedar Rapids Ia 52403 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	N/A Occupation: Physician Spouse Aggregate Year-to-Date $ 250.00	1/4/96	250.00

SUBTOTAL of Receipts This Page (optional) 1900.00

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

FE6AN065

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (In Full)

IOWA 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. Steven Eyanson, M.D. 600 7th Street, SE Cedar Rapids Ia 52401-2112 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Iowa Medical Clinic PC Occupation: Physician Aggregate Year-to-Date: $ 250.00	3/11/96	$ 250.00
B. Richard F Fiester, M.D. PO Box 1924 Cedar Rapids Ia 52406-1924 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Weland Clinical Laboratories Occupation: Physician Aggregate Year-to-Date: $ 350.00	2/23/96 3/18/96	100.00 250.00
C. James R. Flynn, III, M.D. P.O. Box 2845; B60 2nd Avenue Cedar Rapids Ia 52406-2845 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self Occupation: Physician Aggregate Year-to-Date: $ 250.00	2/23/96	250.00
D. James R Hubbard, M.D. 1000 Langworthy Dubuque Ia 52001-7313 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Medical Associates Clinic Occupation: Physician Aggregate Year-to-Date: $ 250.00	2/23/96	250.00
E. Eldon E Huston 1001 Grand Avenue West Des Moines Ia 50265 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Iowa Medical Society Occupation: CEO Aggregate Year-to-Date: $ 250.00	3/11/96	250.00
F. Donald L Kahle, M.D. 1750 Mt Vernon Ct Dubuque Ia 52003-7854 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Dubuque Radiological Services Occupation: Physician Aggregate Year-to-Date: $ 250.00	3/11/96	250.00
G. John M O'Shea, M.D. 915 13th Avenue, N Clinton Ia 52732-5031 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Medical Associates Clinic PC Occupation: Physician Aggregate Year-to-Date: $ 250.00	1/05/96	250.00

SUBTOTAL of Receipts This Page (optional)	1850.00
TOTAL This Period (last page this line number only)	

FE5A/N066

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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)

IOWA 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 O Samuelson, M.D. Ste 308; 2800 Pierce Sioux City Ia 51104-0155 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self Occupation: Physician Aggregate Year-to-Date: $ 350.00	2/23/96 3/18/96	$ 100.00 250.00
B. John D Shierholz, M.D. 1215 Duff Ames Ia 50010-5400 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	McFarland Clinic Occupation: Physician Aggregate Year-to-Date: $ 250.00	3/18/96	250.00
C. Elwood E Stone, M.D. 1948 1st Avenue, NE Cedar Rapids Ia 52402-5321 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Erskine Diagnostic Clinic Occupation: Physician Aggregate Year-to-Date: $ 250.00	3/18/96	250.00
D. Diane Trimble 1038 Fair Meadow Drive Mason City Ia 50401 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	N/A Occupation: Physician Spouse Aggregate Year-to-Date: $ 250.00	2/23/96	250.00
E. R Bruce Trimble, M.D. 250 S Crescent Drive Mason City Ia 50401 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Mason City Clinic PC Occupation: Physician Aggregate Year-to-Date: $ 250.00	2/23/96	250.00
F. Benjamin A Van Raalte, M.D. 1228 E Rusholme Davenport Ia 52803 Receipt For: [ ] Primary [ ] General [X] Other (specify): Contribution	Self Occupation: Physician Aggregate Year-to-Date: $ 250.00	3/18/96	250.00
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)	1600.00
TOTAL This Period (last page this line number only)	5350.00

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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)

IOWA 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. Boatman's Bank, NA P.O. Box 817 Des Moines, Ia 50309-0817 Receipt For: [ ] Primary [ ] General [X] Other (specify): Int on Ckg Account	Name of Employer Occupation Aggregate Year-to-Date $ 135.51	01/01/96 to 03/31/96	$135.51
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)	135.51

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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 22

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NAME OF COMMITTEE (In Full)

IOWA 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. American Medical Political Action Committee, 1101 Vermont, NW, Washington DC 20005	Jnt Solicitation-Funds; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	1/12/96	$3,800.00
B. American Medical Political Action Committee, 1101 Vermont, NW, Washington, DC 20005	Jnt Solicitation-Funds; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	2/13/96	3,550.00
C. American Medical Political Action Committee, 1101 Vermont, NW, Washington DC 20005	Jnt Solicitation-Funds; Disbursement for: [ ] Primary [ ] General [X] Other (specify)	3/6/96	2,850.00
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) 10,200.00

FE2AN066

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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
☑	Registered/Certified Mail	POSTMARKED 4-2-96
☐	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

PREPARER

4-8-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 6 0 3 0 2 8 1 6 1 5