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)
Illinois State Medical Society Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
20 N. Michigan Ave., Suite 700

CITY, STATE and ZIP CODE
Chicago, Illinois 60602

2. FEC IDENTIFICATION NUMBER
C00005488

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 11-29-94 through 12-31-94		
6. (a) Cash on Hand January 1, 19 94		$ 188,051.54
(b) Cash on Hand at Beginning of Reporting Period	$ 15,341.82	
(c) Total Receipts (from Line 19)	$ 51,520.39	$ 297,764.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 66,862.21	$ 485,815.81
7. Total Disbursements (from Line 30)	$ 54,745.75	$ 473,699.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12,116.46	$ 12,116.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	

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
Paul F. Mahon, M.D.

Signature of Treasurer
Mahon MD

Date 1/30/95

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)

4-00173

9503931664

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

(revised 1/1/91)

NAME OF COMMITTEE: Illinois State Medical Society Political Action Committee

REPORT COVERING PERIOD FROM 11-29-94 TO: 12-31-94

	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)	9,300.00	12,815.00	11(a)(i)
ii. Unitemized	42,164.00	279,194.19	11(a)(ii)
iii. Total (add i and ii) ➤	51,464.00	292,009.19	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	51,464.00	292,009.19	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	56.39	5,755.08	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	51,520.39	297,764.27	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	51,520.39	297,764.27	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	3.75	3,537.85	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	3.75	3,537.85	21(c)
22. Transfers to Affiliated/Other Party Committees	49,742.00	467,661.50	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	7,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	54,745.75	473,699.35	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	54,745.75	473,699.35	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	51,464.00	292,009.19	32
33. Total Contribution Refunds (from line 28d)	NONE	NONE	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	51,464.00	292,009.19	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3.75	3,537.85	35
36. Offsets to Operating Expenditures (from line 15)	NONE	NONE	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	3.75	3,537.85	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 9

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (In Full)

Illinois State Medical Society 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. H. Constance Bonbrest, M.D. 830 Ada St. Chicago, IL 60607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
B. Susan B. Kern, M.D. Northwest Community Hosp. Arlington Hts., IL 60005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 215.00	12-17-94	150.00
C. William G. Grehan, M.D. 6019 N. Mango Chicago, IL 60630 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
D. Peter C. Lee, M.D. 3165 Myrtle Ave. Granite City, IL 62040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-28-94	150.00
E. Stephen Bines, M.D. 4217 N. Greenview Chicago, IL 60613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
F. Dean J. Conterato, M.D. 116 Lawndale Wilmette, IL 60091 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 250.00	12-17-94	150.00
G. Kenneth Andre, M.D. 15 Veile Dr. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00

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

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

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

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NAME OF COMMITTEE (in Full)

Illinois State Medical Society 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
Elmer Crisp, Jr., M.D. 229 Blackstone LaGrange, IL 60525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date: $ 300.00	12-17-94	150.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Gerald G. Beck, M.D. 520 S. Maple Oak Park, IL 60304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date: $ 300.00	12-17-94	150.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Guy Rowley, M.D. 2266 Lincoln Chicago, IL 60614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date: $ 215.00	12-17-94	150.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William P. Robinson, M.D. 815 E. 5th St. Alton, IL 62002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date: $ 300.00	12-19-94	150.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael D. Blum, M.D. 901 Stonegate Dr. Highland Park, IL 60035 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date: $ 300.00	12-17-94	150.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John B. Kinzer, M.D. 1261 Kimmer Ct. Lake Forest, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date: $ 300.00	12-17-94	150.00
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Clifton Reeder, M.D. 1649 Venable Ct. Englewood, FL 34223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date: $	12-17-94	150.00

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NAME OF COMMITTEE (in Full)

Illinois State Medical Society 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. Arnold Kaplan, M.D. 2800 N. Lake Shore Dr. Chicago, IL 60657 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	12-17-94	150.00
B. Ralph D. Ade, M.D. 550 30th Ave. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	12-30-94	150.00
C. Merrill Greenberger, M.D. 9630 Kenton Ave. Skokie, IL 60076 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	12-17-94	150.00
D. Edward Mann, M.D. 6262 Elm Burr Ridge, IL 60521 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	12-17-94	150.00
E. Jack Bulmash, M.D. 1725 W. Harrison St. Chicago, IL 60612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	12-17-94	150.00
F. Gregg Laws, M.D. 1115 Morgan St. Carlinville, IL 62626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	12-5-94	150.00
G. Michael Bellino, M.D. 518 Seventh Ave. Belmar, NJ 07719 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date > $ 300.00	12-17-94	150.00

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NAME OF COMMITTEE (in Full)
Illinois State Medical Society

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Maria Kohlmann, M.D. 101 B Professional Plaza Mattoon, IL 61938 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-5-94	150.00
B. Albert Saporta, M.D. 2920 N. Commonwealth Chicago, IL 60657 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ 215.00	12-17-94	150.00
C. Harold L. Jesser, M.D. 4320 Hammersmith Glenview, IL 60025 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
D. Eileen Wayne, M.D. 3727 30th Ave., #3 Rock Island, IL 61201 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00
E. Robert J. Chesser, M.D. 2701 17th St. Rock Island, IL 61201 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self-employed physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00
F. Mark J. Trelka, M.D. RR 1, Box 5 Carbondale, IL 62901 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-8-94	150.00
G. David T. Ade, M.D. 501 10th Ave. Moline, IL 61265 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00

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

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Illinois State Medical Society 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. Joan Werber, D.O. 1510 Asbury AVe. Winnetka, IL 60093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
B. Larry Herron, M.D. RR 4, Box 1 Lawrenceville, IL 62439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $ 300.00	12-27-94	150.00
C. Richard D. Retz, M.D. 1504 7th st. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00
D. Joseph Leinfelder, M.D. 4540 3rd St. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00
E. Ronald Frus, M.D. 501 10th Ave. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $	12-30-94	150.00
F. Virginia Weimar, M.D. 1302 7th St. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00
G. Thomas D. Ade, M.D. 550 30th Ave. Moline, IL 61265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation: physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00

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NAME OF COMMITTEE (in Full)

Illinois State Medical Society 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. Allan Paris, Jr., D.O. 2840 Dartmouth Lane Olympia Fields, IL 60461 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
B. Roy R. Grinker, M.D. 676 St. Clair St. Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
C. Pamela Franklin, M.D. 5050 S. Lake Shore Dr. Chicago, IL 60615 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
D. Marvin Rosecan, M.D. 6401 W. Main St. Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 200.00	12-28-94	150.00
E. Boris Astrachan, M.D. 912 S. Wood sT. Chicago, IL 60612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
F. Michael Lavine, M.D. 333 Dixie Highway Chicago Heights, IL 60411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
G. Jeffrey Bennett, M.D. 7600 W. 183rd St. Tinley Park, IL 60477 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed Occupation physician Aggregate Year-to-Date $ 215.00	12-17-94	150.00

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

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Illinois State Medical Society Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Janis Robinson, M.D. 815 E. 5th St. Alton, IL 62002	self-employed physician	12-8-94	150.00
Mary K. Dochios, M.D. 4817 W. 83rd St. Burbank, IL 60459	self-employed physician	12-17-94	150.00
William Powell, M.D. 1835 W. Harrison St. Chicago, IL 60612	self-employed physician	12-17-94	150.00
Julie Rossi, M.D. 4 Brighton Lane Oak Brook, IL 60521	self-employed physician	12-17-94	150.00
Julius Clyne, M.D. 8601 W. Main St. Belleville, IL 62223	self-employed physician	12-28-94	150.00
Ching F. Hsu, M.D. 1704 Paris Dr. Godfrey, IL 62035	self-employed physician	12-27-94	150.00
Navinchandr Dadhaniya, M.D. 903 Hospital Rd. Silvis, IL 61282	self-employed physician	12-30-94	150.00

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date: A $ 300.00; B $ 300.00; C $ 300.00; D $ 300.00; E $ 300.00; F $ 300.00; G $ 300.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Illinois State Medical Society Political Action Committee

A. 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
Sammy Marogil, M.D. 2100 18th Ave. Rock Island, IL 61201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $	12-30-94	150.00
B. 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
Wu R. Ko, M.D. 6532 W. Belle Plaine Chicago, IL 60634 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 300.00	12-17-94	150.00
C. 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
Hyun J. Choi, M.D. 2737 Emerald Dr. Ottawa, IL 61350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 300.00	12-16-94	150.00
D. 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
Won K. Lee, M.D. 927 S. Main St. Monmouth, IL 61462 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 300.00	12-17-94	150.00
E. 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
Manuel Guerrero, M.D. P.O. Box 398 Moline, IL 61266 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 300.00	12-30-94	150.00
F. 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
John J. Gapsis, M.D. 1003 N. Parkview St. Effinghma, IL 62401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 300.00	12-29-94	150.00
G. 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
Antonio Ramireaz, M.D. 18 Westminster Dr. Spring Valley, IL 61362 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ 300.00	12-16-94	150.00

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

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NAME OF COMMITTEE (In Full)

Illinois State Medical Society 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. Farida Ahmed, M.D. 500 E. 51st St. Chicago, IL 60615 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
B. Homer Diadula, M.D. 8331 Meadowbrook Dr. Burr Ridge, IL 60521 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 340.00	12-17-94	150.00
C. Andrzej Harasim, M.D. 4442 S. Archer Ave. Chicago, IL 60632 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-17-94	150.00
D. James Sutherland, M.D. 709 Broadway Quincy, IL 62301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 249.00	12-12-94	150.00
E. Nafia Mansour, M.D. 2520 N. Lakeview Ave. Chicago, IL 60614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 215.00	12-17-94	150.00
F. Chiradej Napawan, M.D. 855 Hospital Rd. Silvis, IL 61282 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date $ 300.00	12-30-94	150.00
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)	
TOTAL This Period (last page this line number only)	9,300.00

9 0 0 3 9 0 3 1 5 7 4

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)
Illinois State Medical Society Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bank One, Springfield P.O. Box 19266 Springfield, IL 62794		12-30-94 11-30-94	18.63 19.04
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 2,515.27		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Wayne Hummer & Company 300 S. Wacker Dr. Chicago, IL 60606		12-29-94	18.72
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 3,239.81		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
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) 56.39

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b.

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NAME OF COMMITTEE (in Full)
Illinois State Medical Society Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bank One, Springfield POBox 19266 Springfield, IL 62794	Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-5-94	3.75
B. 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
C. 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
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) 3.75

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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)
Illinois State Medical Society Political Action Committee

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	joint fundraising Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-14-94 12-14-94	50.00 17,770.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
IMPAC - state account Bank of Springfield 2600 Stevenson Drive Springfield, IL 62702	transfer of funds Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-1-94 12-12-94	1,186.00 30,736.00
C. 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)		
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) 49,742.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Illinois State Medical Society Political Action Committee

A. Full Name, Mailing Address and ZIP Code Fitzgerald for Congress 117 W. Slade Palatine, IL 60067	Purpose of Disbursement Debt Retirement Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 11-30-94	Amount of Each Disbursement This Period 5,000.00
B. 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
C. 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
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)	5,000.00

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4-00173

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 1-31-95
☐	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

MMR
PREPARER

2-2-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9503931679