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)
PAUL F. MARON, M.D.
ILLINOIS STATE MEDICAL SOCIETY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
20 N MICHIGAN AVENUE
SUITE 700

CITY, STATE and ZIP CODE
CHICAGO, IL 60602

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
Oct 23 9 38 AM '96

2. FEC IDENTIFICATION NUMBER

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 General (Type of Election) election on Nov. 5, 1996 in the State of IL

☐ 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 10-01-96 through 10-16-96		
6. (a) Cash on Hand January 1, 19 96		$ 82,915.67
(b) Cash on Hand at Beginning of Reporting Period	$ 229,992.29	
(c) Total Receipts (from Line 19)	$ 3,173.00	$ 219,509.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 233,165.29	$ 302,424.96
7. Total Disbursements (from Line 30)	$ 227,159.93	$ 296,419.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,005.36	$ 6,005.36
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. MARON, M.D.

Signature of Treasurer
PMaron M

Date 10/22/91

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 9/95)

FE6ANDEP

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 10-01-96 TO: 10-16-96

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)	3,173.00	6,556.00	11(a)(i)
ii. Unitemized		208,289.00	11(a)(ii)
iii. Total ... (add i and ii) ➤	3,173.00	214,845.00	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) ➤	3,173.00	214,845.00	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.)		4,664.49	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,173.00	219,509.49	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	3,173.00	219,509.49	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	50.00	2,129.67	21(b)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	50.00	2,129.67	21(c)
22. Transfers to Affiliated/Other Party Committees	227,109.93	290,039.93	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,250.00	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) ➤	227,159.93	296,419.60	30
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤	227,159.93	296,419.60	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3,173.00	214,845.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,173.00	214,845.00	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤	50.00	2,129.67	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	50.00	2,129.67	37

FE6PN06a

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 14

FOR LINE NUMBER 11a1

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)

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
Stephen R. Waltman 111 W Lincoln St Belleville, IL 62220 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ 200.00	10-15-96	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George Sl Ballenbeck, M.D. 1025 Laurie Lane Burt Ridge, IL 60521 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ $300.00	10-11-96	$150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn S. Oesterle, M.D. 645 Lak Rd Glen Ellyn, IL 60137 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ $249.00	10-11-96	$99.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Anthony M. D'Agostino, M.D. 25 E Schaumburg Rd Ste 101 Schaumburg, IL 60194 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ $300.00	10-11-06	$150.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kyoko Misawa 5190 Morningview Dr Hoffman Estates, IL 60192 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ $200.00	10-11-96	$50.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Martin C. Doot, M.D. 205 W Touhy Park Ridge, IL 60068 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	physician physician Aggregate Year-to-Date $ $300.00	10-11-96	$150.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Karen O'Mara, M.D. 505 N Lake Shore Drive, #5108 Chicago, IL 60611 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	self-employed physician Aggregate Year-to-Date $ $225.00	10-11-96	$75.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a1

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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. Jon S. Weisbaum, D.O. 1802 S. Mattis Champaign, IL 61821 Receipt For: Primary / General / Other (specify):	self-employed physician Aggregate Year-to-Date $ $200.00	10-15-96	$200.00
B. David S. Peters, M.D. 112 S Northwest Hwy Park Ridge, IL 60068 Receipt For: Primary / General / Other (specify):	self-employed physician Aggregate Year-to-Date $ $300.00	10-11-96	$150.00
C. John M. Holland, M.D. 2131 Lindsay Rd Springfield, IL 62704 Receipt For: Primary / General / Other (specify):	self-employed physician Aggregate Year-to-Date $ $249.00	10-15-96	$ 99.00
D. James I. Ausman, M.D. 2300 Lincoln Park West, #1022 Chicago, IL 60614 Receipt For: Primary / General / Other (specify):	self-employed physician Aggregate Year-to-Date $ $300.00	10-11-96	$150.00
E. Barry A. Shapiro, M.D. 303 E. Superior St #360 Chicago, IL 60611 Receipt For: Primary / General / Other (specify):	self-employed physician Aggregate Year-to-Date $ $300.00	10-11-96	$150.00
F. James M. Barton, M.D. 200 W. Poplar Lake Forest, IL 60045 Receipt For: Primary / General / Other (specify):	self-employed physician Aggregate Year-to-Date $ $250.00	10-11-96	$250.00
G. Stuart A. Morgenstein M.D. 231 S. Gary, #110 Bloomingdale, IL 60108 Receipt For: Primary / General / Other (specify):	self-employed physician Aggregate Year-to-Date $ $200.00	10-15-96	$200.00

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

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

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)

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. Ronald J. Simone, M.D. 302 Randall Rd Ste 106 Geneva, IL 60134 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ $300.00	10-11-96	$150.00
B. Robert M. Reardon, M.D. 4 Northcrest Court Bloomington, IL 61701 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ $300.00	10-11-96	$150.00
C. Laszlo J. Csernak, M.D. 300 Oak Hill Dr Belleville, IL 62223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ $300.00	10-11-96	$150.00
D. Jane L. Jackman, M.D. 2317 S Wiggins Ave Springfield, IL 72704 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ $550.00	10-11-96	$250.00
E. Althuru S Reddy, M.D. 4440 W 95th St Oak Lawn, IL 60453 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ $200.00	10-11-96	$ 50.00
F. Manju Chatterji, M.D. 455 Coventry Ln, #106 Crystal Lake, IL 60014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ $249.00	10-15-96	$150.00
G. Farida Ahmed, M.D. 950K N Clark St Chicago, IL 60610 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	self-employed physician Aggregate Year-to-Date > $ $200.00	10-11-96	$ 50.00

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

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 11a1

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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
Visuit Viveksphirat, M.D. 800 Austin St-West Tower, #504 Evanston, IL 60202	self-employed physician	10-11-96	$150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	$300.00	
B. 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 > $		
C. 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 > $		
D. 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 > $		
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) . . . . . $ 3,173.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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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 PO BOX 19266 SPRINGFIELD, IL 62794	service fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-3-96	$20.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
WAYNE HUMMER 300 SOUTH WACKER DRIVE CHICAGO, IL 60606	service fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-2-96 10-15-96	$15.00 $15.00
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) $50.00

FEBAN066

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
IMPAC-STATE ACCOUNT BANK OF SPRINGFIELD 2600 ADLAI STEVENSON DRIVE SPRINGFIELD, IL 62703	transfer of funds Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-1-96 10-2-96 10-10-96	$ 50,000.00 $125,000.00 $ 31,109.93
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IMPAC - STATE ACCOUNT cont'd	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10-15-96	$ 21,000.00
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) $227,109.93

FE6AN098

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 10-23-96
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

TK — PREPARER

10-23-96 — DATE PREPARED

FEC FORM 70-2 (12/92)