REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 15 9 11 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00000638 091696 P 252
REGINO URGENA MD
INDIANA MEDICAL POLITICAL ACTI
ON COMMITTEE
322 CANAL WALK CANAL LEVEL
INDIANAPOLIS IN 46202

2. FEC IDENTIFICATION NUMBER
C00000638

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		$ 106,486.54
(b) Cash on Hand at Beginning of Reporting Period	$ 112,856.35	
(c) Total Receipts (from Line 19)	$ 9,539.76	$ 150,197.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 122,396.11	$ 256,684.27
7. Total Disbursements (from Line 30)	$ 76,177.84	$ 210,466.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 46,218.27	$ 46,218.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information 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
Regino Urgena, M.D.

Signature of Treasurer
Regino Urgena MD

Date
10/11/96

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)

FE6AN069

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

(revised 1/1/91)

NAME OF COMMITTEE: Indiana 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)	$ 400	$ 8,200	11(a)(i)
ii. Unitemized	6,500	123,125	11(a)(i)
iii. Total (add i and ii) ➤	6,900	131,325	11(a)(
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions* (add a iii, b and c) ➤	6,900	131,325	11(d)
12. Transfers From Affiliated/Other Party Committees	1,890	16,629.22	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.)	749.76	2,243.51	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,539.76	150,197.73	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	9,539.76	150,197.73	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)(i
b. Other Federal Operating Expenditures	10,282.84	28,371.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	10,282.84	28,371.00	21(c)
22. Transfers to Affiliated/Other Party Committees	4,395.00	81,590.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	2,000.00	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	60,000.00	98,505.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	76,177.84	210,466.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	76,177.84	210,466.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,900.00	131,325.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,900.00	131,325.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	10,282.84	28,371.00	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	10,282.84	28,371.00	37

FE9AN099

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

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)

Indiana 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
Mary Ann Sprauer Abrams, M.D. St. Vincent Hospitals 8220 Naab Road Indianapolis, IN 46260 Receipt For: [ ] Primary [xx] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 200.00	8/29/96	$200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Dmytryk II, M.D. 2512 Q Street Bedford, IN 47421 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 200.00	9/16/96	$200.00
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) $400.00

FE6AN"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)

Indiana Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Political Action Comm. 1101 Vermont Avenue, N.W. Washington, D.C 2005		7/23 7/29 9/9 9/26	$630.00 345.00 720.00 195.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): Rebates for Membersh	Occupation		
	Aggregate Year-to-Date $ 16,629.22		

B. 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 $		

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)	$1,890.00

FE6A/V'19

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)

Indiana Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Bank of Detroit Indianapolis, IN 46266		7/1/96 to 9/30/96	$749.76
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest Earned	Occupation		
	Aggregate Year-to-Date > $ 2,243.51		
B. 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 > $		
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) $749.76

FE6ANP'98

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)

Indiana 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. Indiana State Medical Association 322 Canal Walk Indianapolis, IN 46202	Administrative Expenses Disbursement for: [ ] Primary [ ] General [x] Other (specify) See Above	7/10/96 7/18/96 7/25/96	$107.29 26.20 335.00
B. Indiana State Medical Association Cont.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	8/16/96 8/29/96 9/25/96	356.94 1,260.00 335.00
C. American Quality Press, Inc. 5508 Elmwood Avenue, Suite 312 Indianapolis, IN 46208	Purpose of Disbursement Printing Disbursement for: [ ] Primary [ ] General [x] Other (specify) See Above	9/10/96 9/16/96	90.00 3,655.56
D. Spotlight Speakers Bureau P.O. Box 29370 Indianapolis, IN 46229	Purpose of Disbursement Speaker's Fee Disbursement for: [ ] Primary [ ] General [X] Other (specify) See Above	9/24/96	$3,500.00
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$9,665.99

FE8AN069

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)

Indiana Medical 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 Avenue, N.W. Washington, D.C. 20005	Memberships Disbursement for: ☐ Primary ☐ General x Other (specify) See Above	7/10/96 8/8/96 9/5/96 9/30/96	$2,435.00 655.00 355.00 950.00
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)	$4,395.00

FEBAN065

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)

Indiana Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Buyer for Congress Committee 326 Cannon House Office Building Washington, DC 20515	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/13/96	$1,500.00
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)	$1,500.00

FE6AN002

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 10

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana 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. Harold Wheeler for State Senate 6370 North State Road 5 Larwill, IN 46764	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	*7/8 8/22 7/1	* $ 31 750 150
B. Luke Kenley for State Senate Noblesville, IN 46060	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/16	$100 1,000
C. Dean Young for State Representative 120 East Grant Street Hartford City, IN 47340	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/16	$200
D. Indiana Democratic Party 1099 North Meridian Indianapolis, IN 46204	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/16	$1,200
E. Vi Simpson for State Senate 4965 West Woodland Drive Bloomington, IN 47404	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/16 8/22	$300 500
F. Jeff Espich for State Representative 1250 West Hancock Street Uniondale, IN 46791	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/16	$500
G. Pat Miller for State Senate 1041 South Muesing Road Indianapolis, IN 46239	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/16 8/22 9/30	$600 750 500
H. Steve Goldsmith for Governor 107 North Penn, Suite 506 Indianapolis, IN 46204	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/29	$1,000
I. Paul Mannweiler for State Representative Room 3-7 State House Indianapolis, IN 46204	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/1 8/22	$250 2,000

*Item A - In-Kind Contribution Not Included in Total from Line 29

SUBTOTAL of Disbursements This Page (optional) ..... But Under Line 21 ..... $9,800

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

FEBA0060

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)

Indiana Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Alexa for State Senate 2207 Shannon Drive Valparaiso, IN 46383	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$300
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Billie Breaux for State Senate 5155 North Arlington Indianapolis, IN 46226	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Hellmann for State Senate 22 North Fifth Street, #320 Terre Haute, IN 47807	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$750
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Glenn Howard for State Senate 1005 West 36th Street Indianapolis, IN 46208	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Lewis for State Senate 774 Level Street Charlestown, IN 47111	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kent Adams for State Senate 105 Beechwood Drive Bremen, IN 46506	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lawrence Borst for State Senate 1725 Remington Drive Indianapolis, IN 46227	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Beverly Gard for State Senate 3660 North 50 East Greenfield, IN 46240	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert Garton for State Senate 530 Franklin Street Columbus, IN 47201	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000

SUBTOTAL of Disbursements This Page (optional) $6,050

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

FE6ANDS2

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)

Indiana 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. Robert Jackman for State Senate 352 West SR 244 Milroy, IN 46156	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
B. David Long for State Senate 1315 Gardenia Lane Fort Wayne, IN 46804	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
C. Robert Meeks for State Senate 5840 East 25 North LaGrange, IN 46761	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
D. Marvin Riegsecker for State Senate 801 South Sixth Street Goshen, IN 46526	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
E. Greg Server for State Senate 5601 Springlake Drive Evansville, IN 47710	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
F. French Lick Fund (House Democrats) P.O. Box 91 French Lick, IN 47432	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify) In-Kind	* 8/22 8/22	*$155 600
G. Vaneta Becker for State Representative 420 East Buena Vista Road Evansville, IN 47711	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$750
H. Robert Behning for State Representative 6380 Rockville Road Indianapolis, IN 46214	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
I. Brian Bosma for State Representative 700 Guaranty Building Indianapolis, IN 46204	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000

*Item F - In-Kind Contribution Not Included in Total

SUBTOTAL of Disbursements This Page (optional) ..... From Line 29 But Under Line 21 ..... $5,600

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

FE6AND8I

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)

Indiana Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tim Brown for State Representative 1103 Winterberry Drive Crawforsdville, IN 47933	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$2,000
B. Jim Buck for State Representative 4407 McKibben Drive Kokomo, IN 46902	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$500
C. Mary Kay Budak for State Representative 5144 North Pawnee Trail LaPorte, IN 46350	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
D. Larry Buell for State Representative 1501 Silver Lane Drive Indianapolis, IN 46203	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$250
E. Woody Burton for State Representative 147 Monticello Drive Greenwood, IN 46142	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$750
F. Jeff Espich for State Representative 1250 West Hancock Street Uniondale, IN 46791	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
G. Tim Fesko for State Representative 1121 Holly Lane Munster, IN 46321	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
H. Ralph Foley for State Representative P.O. Box 1435 Martinsville, IN 46151	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$500
I. Dave Frizzell 8310 Hill Gail Drive Indianapolis, IN 46217	Contribution [ ] Primary [X] General [ ] Other (specify)	8/22	$750

SUBTOTAL of Disbursements This Page (optional) $7,750

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

FE8AH069

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)

Indiana Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gloria Goeglein for State Representative 9339 Maysville Road Fort Wayne, IN 46815	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nick Gulling for State Representative 1640 East Road 300 North Greenfield, IN 46140	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Keeler for State Representative 1006 Chamber of Commerce Building Indianapolis, IN 46204	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$750
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Linder for State Representative 5751 East River Road Waldron, IN 46182	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jack Lutz for State Representative 2736 West Virginia Street Evansville, IN 47712	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Richard Mangus for State Representative 68735 U.S. 31 Lakeville, IN 46536	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Candy Morris for State Representative 6721 Latona Drive Indianapolis, IN 46278	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phyllis Pond for State Representative 8530 Seiler Road New Haven, IN 46774	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Scholer for State Representative 807 Essex Street West Lafayette, IN 47906	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	

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

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

FE6AH069

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)

Indiana 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. Mike Smith for State Representative P.O. Box 1 Rensselaer, IN 47978	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
B. L. Duane Sparks for State Representative 914 South Main Street Crown Point, IN 46307	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
C. Brent Steele for State Representative Bank One, Suite One Bedford, IN 47421	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
D. Dan Stephan for State Representative 5573 W 700 North Huntington, IN 46750	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
E. Phil Warner for State Representative 17607 SR 4 Goshen, IN 46526	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
F. Matt Whetstone for State Representative P.O. Box 290 Brownsburg, IN 46112	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
G. David Wolkins for State Representative 501 Pierceton Road Winona Lake, IN 46590	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
H. Marty Womacks for State Representative 1518 North Bosart Avenue Indianapolis, IN 46201	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
I. Eric Turner for State Representative 1001 Evans Road Gas City, IN 46933	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250

SUBTOTAL of Disbursements This Page (optional)	$5,500
TOTAL This Period (last page this line number only)	

FE8AN060

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)

Indiana Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tom Alevizos for State Representative P.O. Box 205 Michigan City, IN 46360	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
B. Bill Bailey for State Representative 1137 Ernest Drive Seymour, IN 47274	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
C. Pat Bauer for State Representative 1307 Sunnymede South Bend, IN 46615	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
D. Charlie Brown for State Representative 9439 Lake Shore Drive Gary, IN 46403	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
E. Dave Copenhaver for State Representative 1706 Bundy Avenue New Castle, IN 47362	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
F. William Crawford for State Representative P.O. Box 18446 Indianapolis, IN 46218	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
G. Dave Crooks for State Representative 36 Douglas Drive Washington, IN 47501	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
H. Jerry Denbo for State Representative Rural Route 1, Box 329 French Lick, IN 47432	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$750
I. Chet Dobis for State Representative 6565 Marshall Court Merrillville, IN 46410	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500

SUBTOTAL of Disbursements This Page (optional) $4,750

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

FEGAN069

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)

Indiana Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Dvorak for State Representative 51815 Lake Knoll Court Granger, IN 46530	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Frenz for State Representative 9 Lincoln Lane Vincennes, IN 47591	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Craig Fry for State Representative 637 Bay View Drive Mishawaka, IN 46544	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Gregg for State Representative Box 7 Sandborn, IN 47578	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22 9/18	$1,500 600
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Dale Grubb for State Representative P.O. Box 9 Covington, IN 47932	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,000
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Hasler for State Representative 756 South Rotterwood Drive Evansville, IN 47714	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Kruzan for State Representative 111 East Sixth Bloomington, IN 47408	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$750
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Claire Leuck for State Representative 2816 North 400 E Fowler, IN 47944	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ron Liggett for State Representative Rural Route 1, Box 482 Redkey, IN 47373	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$250

SUBTOTAL of Disbursements This Page (optional)	$6,600
TOTAL This Period (last page this line number only)	

FEC FORM 3

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)
Indiana 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. Win Moses for State Representative 6000 North Oak Boulevard Fort Wayne, IN 46818	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$1,500
B. Ralph Ayres for State Representative 520 Park Avenue Chesterton, IN 46304	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
C. Jerry Bales for State Representative P.O. Box 115 Bloomington, IN 47402	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
D. Mike Young for State Representative 3102 Columbine Circle Indianapolis, IN 46224	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
E. Charlie Fehrman for State Representative 9206 S.R. 62 Dillsboro, IN 47018	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/22	$500
F. Susan Crosby for State Representative Rural Route 1, Box 134 Roachdale, IN 46172	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/11	$1,000
G. Steve Carter for Attorney General Indianapolis, IN 46204	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/26	$2,500
H. Indiana Republican State Committee 200 South Meridian, Suite 400 Indianapolis, IN 46225	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/26	$200
I. John McGoff, M.D. for Marion Co. Coroner 1500 North Ritter Avenue Indianapolis, IN 46219	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/26	$500

SUBTOTAL of Disbursements This Page (optional)	$7,700
TOTAL This Period (last page this line number only)	

FE6AN069

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)
Indiana 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. Richard Feldman, M.D. for Marion County Coroner 1500 Albany Street, #807 Beech Grove, IN 46107	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/26	$500
B. Indiana Senate Democrats State House Indianapolis, IN 46204	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/18	$500
C.	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
D.	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
E.	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
F.	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
G.	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
H.	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		
I.	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $1,000

TOTAL This Period (last page this line number only) $60,000

FE6ANOBB

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 10/11/96
☐	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

JMN
PREPARER

10/15/96
DATE PREPARED

FEC FORM 70-2 (02/92)