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)
Ohio Medical Political Action Committee

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

CITY, STATE and ZIP CODE
Columbus, OH 43204

2. FEC IDENTIFICATION NUMBER
C00003327

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☒ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4-1-94 through 6-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 175021.00
(b) Cash on Hand at Beginning of Reporting Period	$204986.74	
(c) Total Receipts (from Line 19)	$42381.93	$ 127509.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$247368.67	$ 302530.67
7. Total Disbursements (from Line 30)	$79312.26	$ 134474.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$168056.41	$ 168056.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Tim Maglione, JD, Treasurer — Christine Robinson, Assistant Treasurer

Signature of Treasurer — Date 7/7/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: Ohio Medical Political Action Committee

REPORT COVERING PERIOD FROM 4-1-94 TO: 6-30-94

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)	10,500.00	19,025.00
ii. Unitemized	26,960.00	96,740.00
iii. Total (add i and ii) ➤	37,460.00	115,765.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	37,460.00	115,765.00
12. Transfers From Affiliated/Other Party Committees	2,790.00	8,625.00
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	1,324.66	1,497.24
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	807.27	1,622.43
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	42,381.93	127,509.67
20. Total Federal Receipts (subtract line 18 from line 19) ➤	42,381.93	127,509.67
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	17,192.26	20,284.26
c. Total Operating Expenditures (add a i, a ii, and b) ➤	17,192.26	20,284.26
22. Transfers to Affiliated/Other Party Committees	6,270.00	33,425.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	55,850.00	80,765.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	79,312.26	134,474.26
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	79,312.26	134,474.26
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	37,460.00	115,765.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	37,460.00	115,765.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	17,192.26	20,284.26
36. Offsets to Operating Expenditures (from line 15)	1,324.66	1,497.24
37. Net Operating Expenditures (subtract line 36 from 35) ➤	15,867.60	18,787.02

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
OHIO MEDICAL POLTICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Wynn Wygal Adam, M.D. 4290 Trails End Road Dayton, OH 45429-1664 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date > $ 250.00	5/25/94	125.00
B. William H. Allen, M.D. P.O. Box 670 Athens, OH 45701-0670 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date > $ 300.00	5/31/94	300.00
C. Kevin Michael Chartrand, M.D. 401 South Street #3-B Chardon, OH 44024-1447 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date > $ 300.00	5/31/94	300.00
D. Rias Nasim Chaudhary, M.D. 3841 Navarre Avenue Toledo, OH 43616-3435 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date > $ 300.00	5/31/94	300.00
E. Frank William Cianciolo, M.D. 6616 Maderia Hills Drive Cincinnati, OH 45243-3139 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date > $ 300.00	4/25/95	300.00
F. Steven Paul Combs, M.D. 9500 Mentor Avenue, #210 Mentor, OH 44060-8702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date > $ 300.00	5/31/94	300.00
G. Robert Denton, M.D. 391 Glessner Avenue Mansfield, OH 44903-2107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date > $ 300.00	5/5/94	300.00

SUBTOTAL of Receipts This Page (optional) 1925.00

TOTAL This Period (last page this line number only) 1925.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Pamela Galloway, M.D. 525 E. Market Street Akron, OH 44304-1619 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/6/94	300.00
B. William Harold Gates, M.D. 5562 Cheviot Road Cincinnati, OH 45247-7089 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
C. Deborah Ann Geer, M.D. 825 West Locust Street P.O. Box 948 Wilmington, OH 45177-2125 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/10/94	300.00
D. Donald A. Hammel, M.D. P.O. Box 451 Ravenna, OH 44266-0451 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/9/94	300.00
E. Jagada S. Jagadeesan, M.D. 1736 Chittenden Circle NW Massillon, OH 44646-2557 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 250.00	5/25/94	125.00
F. Walter William Jones, M.D. Medical Office Building 92 N. 4th Street, Suite 6 Martins Ferry, OH 43935-1648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	4/25/94	300.00
G. Donald Wilbert Junglas, M.D. University Suburban Health Center 1611 S. Green Road Cleveland, OH 44121-4128 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/5/94	300.00

SUBTOTAL of Receipts This Page (optional)	1925.00
TOTAL This Period (last page this line number only)	3850.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Joel Edmund Kaye, M.D. 545 Stewart Ln Apt. 101 Mansfield, OH 44907-1573 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	4/25/94	300.00
B. Full Name, Mailing Address and ZIP Code Brian Francis Keaton, M.D. 164 Silver Valley Blvd. Munroe Falls, OH 44626-1084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	4/25/94	300.00
C. Full Name, Mailing Address and ZIP Code Chris A. Knight, M.D. 345 Oak Hill Avenue Youngstown, OH 44502-1429 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
D. Full Name, Mailing Address and ZIP Code Chander Mohan Kohli, M.D. Parmalee Medical Center 540 Parmalee Avenue #410 Youngstown, OH 44510-1605 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
E. Full Name, Mailing Address and ZIP Code Robert Erik Kose, M.D. 5600 Monclova Road Maumee, OH 43537-1836 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	5/10/94	300.00
F. Full Name, Mailing Address and ZIP Code John E. Lloyd, M.D. 214 Harmon Avenue Lancaster, OH 43130-3361 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
G. Full Name, Mailing Address and ZIP Code Barry Luzzi, M.D. 3048 Clear Springs Road Spring Valley, OH 45370-9735 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self-employed Occupation: Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00

SUBTOTAL of Receipts This Page (optional) 2100.00

TOTAL This Period (last page this line number only) 5950.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Christopher James Magiera, M.D. 4988 Hawkins Road Richfield, OH 44286-9539 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $	5/5/94	1000.00
B. Donald Bruce Marshall, M.D. 1265 Dixie Highway Rossford, OH 43460-1440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
C. William J. Marshall, M.D. 3151 Sunnycrest Lane Dayton, OH 45419-1336 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	4/25/94	300.00
D. W. Scott Nekrosius, M.D. 5300 Far Hills Avenue, Ste. 200 Dayton, OH 45429-2323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 250.00	5/10/94	125.00
E. Walter Watson Randolph, M.D. 3629 Chapman Road Delaware, OH 43015-9373 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	6/14/94	125.00
F. Richard R. Roobuck, M.D. 213 Dayton Street Hamilton, OH 45011-1633 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/5/94	300.00
G. John William Schaeffer, M.D. Lorain City Cardio Consultants 3600 Kolbe Road, Suite 127 Lorain, OH 44053-1691 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/9/94	300.00

SUBTOTAL of Receipts This Page (optional) 2450.00

TOTAL This Period (last page this line number only) 8400.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles Edward Smith, M.D. 4565 Dressler NW Canton, OH 44718-2549 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
B. Hannelore Smith, M.D. 6046 Whipple Avenue NW North Canton, OH 44720-7616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
C. Amy Renee Sternstein, M.D. 1220 Tannehill Lane Cincinnati, OH 45208-4216 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	4/25/94	300.00
D. David J. Utlak, M.D. 1330 Timken Mercy Drive, NW Canton, OH 44708-2626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
E. Carl S. Wehri, M.D. 1775 E. 5th Street, P.O. Box 458 Delphos, OH 45833-9141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00
F. Randall K. Wolf, M.D. 2139 Auburn Avenue Cincinnati, OH 45219-2906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	4/25/94	300.00
G. Donna Ailport Woodson, M.D. 5757 Monclova Road Fallen Timbers Medical Center Maumee, OH 43537-1863 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Physician Aggregate Year-to-Date $ 300.00	5/31/94	300.00

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	10500.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 12

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMPAC 1101 Vermont Avenue Washington, D.C. 20005	Rebate for OMPAC achieving AMPAC membership goal	5/31/94	2790.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 8625.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	2790.00
TOTAL This Period (last page this line number only)	2790.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 17

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bank One Columbus, NA Columbus, OH 43271-1041	April interest earned in savings account	4/30/94	272.80
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,087.96		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bank One Columbus, NA Columbus, OH 43271-1041	May interest earned in savings account	5/31/94	282.45
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,370.41		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Bank One Columbus, NA Columbus, OH 43271-1041	June interest earned savings account	6/30/94	252.02
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,622.43		
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) > 807.27

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code US Postmaster 850 Twin Rivers Drive Columbus, OH 43216	postage for solicitations Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/21/94	2175.00
B. Full Name, Mailing Address and ZIP Code Central Ohio Graphics 1020 W. Fifth Avenue Columbus, OH 43212	Purpose of Disbursement postage for solicitations Disbursement for ☐ Primary ☐ General ☐ Other (specify)	4/13/94	1517.26
C. Full Name, Mailing Address and ZIP Code Paul Harvey News 333 N. Michigan Avenue Chicago, IL 60601	Purpose of Disbursement Speaking expense to speak at OMPAC dinner at OSMA Annual Mtg. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/9/94	10000.00
D. Full Name, Mailing Address and ZIP Code US Postmaster 850 Twin Rivers Drive Columbus, OH 43216	Purpose of Disbursement Bulk rate permit purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/94	3500.00
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) 17192.26

TOTAL This Period (last page this line number only) 17192.26

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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)
OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. AMPAC 1101 Vermont Avenue Washington, D.C. 20005	Transfer	4/7/94	2150.00
B. AMPAC 1101 Vermont Avenue Washington, D.C. 20005	Transfer	5/9/94	1555.00
C. AMPAC 1101 Vermont Avenue Washington, D.C. 20005	Transfer	6/14/94	2565.00
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 6270.00

TOTAL This Period (last page this line number only) 6270.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Katherine Walsh 180-A Becker Road Wakeman, OH 44889	Fundraiser Disbursement for: Primary General Other (specify)	4/6/94	100.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Barbara Pringle 708 Timothy Lane Cleveland, OH 44109	Fundraiser Disbursement for: Primary General Other (specify)	4/6/94	100.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Jerry Kupinski 2713 Cleveland Avenue Steubenville, OH 43952	Fundraiser Disbursement for: Primary General Other (specify)	4/6/94	200.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Committee to Elect John Myers 1129 Gender Road Lancaster, OH 43130	Fundraiser Disbursement for: Primary General Other (specify)	4/6/94	200.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Tiberi 5208 Honeytree Loop West Columbus, OH 43229	Fundraiser Disbursement for: Primary General Other (specify)	4/12/94	100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Ohio House Republican Campaign Committee 8 E. Broad Street Columbus, OH 43215	Fundraiser Disbursement for: Primary General Other (specify)	4/12/94	5000.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Committee to Re-Elect Grace Drake 5954 Briardale Lane Solon, OH 44139	Fundraiser Disbursement for: Primary General Other (specify)	4/12/94	600.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Van Vyven for State Representative 6025 Sovereign Drive Sharonville, OH 45241	Fundraiser Disbursement for: Primary General Other (specify)	4/12/94	1000.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Voinovich for Governor 37 West Broad Street Columbus, OH 43215	Fundraiser Disbursement for: Primary General Other (specify)	4/18/94	5000.00

SUBTOTAL of Disbursements This Page (optional) 12300.00

TOTAL This Period (last page this line number only) 12300.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Elect Blessing 3153 McGill Lane Cincinnati, OH 45239	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/10/94	300.00
B. McLin for State Senate Committee 4550 College View Drive Dayton, OH 45427	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/9/94	150.00
C. The Bobb Boggs Legislative Fund 2594 RT 307 East Jefferson, OH 44047	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/9/94	600.00
D. Shoemaker for Representative Comm. 600 Island Road Circleville, OH 43113	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/9/94	375.00
E. Tom Johnson for State Representative SR 550 Box 78 Barlow, OH 45712	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/9/94	300.00
F. The Committee for Charles F. Horn 5148 Cloudsdale Drive Dayton, OH 45440	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/9/94	250.00
G. Zaleski for State Senator Committee 164 Woodridge Elyria, OH 44035	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/9/94	250.00
H. The Ohio Republican Women's Campaign Fund 14 East Gay Street Columbus, OH 43215	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/24/94	150.00
I. Committee to Elect Mike Wise 25201 Chagrin Blvd. Ste. 200 Cleveland, OH 44122	Fundraiser Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/19/94	200.00

SUBTOTAL of Disbursements This Page (optional)	2575.00
TOTAL This Period (last page this line number only)	14875.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Edward Coare for State Rep. 209 Meadbrook Drive Bellefontaine, OH 43311	Fundraiser	5/19/94	200.00
B. Jim Buchy for State Representative 301 East Main Street Greenville, OH 45331	Fundraiser	5/19/94	200.00
C. Friends for CJ Prentiss 813 East Blvd. Cleveland, OH 44108	Fundraiser	5/19/94	200.00
D. Republican Senate Campaign Comm. 57 E. Gay Street Columbus, OH 43215	Fundraiser	6/8/94	15000.00
E. Citizens for Wayne Jones 2380 Highpoint Cuyahoga Falls, OH 44221	Fundraiser	6/3/94	500.00
F. Committee for Sen. Bruce Johnson 100 S. Third Street Columbus, OH 43215	Fundraiser	6/3/94	500.00
G. Senator Roy Ray Re-Election Comm. 474 Malvern Akron, OH 44303	Fundraiser	6/3/94	1000.00
H. Haines for Representative Comm 3465 New Hope Road Xenia, OH 45385	Fundraiser	6/3/94	200.00
I. State Senator Jan Michael Long 522 Glenmont Drive Circleville, OH 43113	Fundraiser	6/3/94	200.00

SUBTOTAL of Disbursements This Page (optional) 18000.00

TOTAL This Period (last page this line number only) 32875.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Ohio House Republican Campaign 8 E. Broad Street Columbus, OH 43215	Fundraiser	6/3/94	5000.00
B. Schuler for State Rep. Committee 9079 Montgomery Road Cincinnati, OH 45242	Fundraiser	6/3/94	150.00
C. Committee to Re-Elect Robert Corbin 243 Sanderson Drive Dayton, OH 45459	Fundraiser	6/3/94	375.00
D. Ben Espy for Senate Committee 225 E. Broad Street Columbus, OH 43215	Fundraiser	6/3/94	200.00
E. Arnoff Committee 1600 First National Bank Center Cincinnati, OH 45202	Fundraiser	6/8/94	10000.00
F. Tom Seese Campaign Fund 3580 Mong Avenue Akron, OH 44310	Fundraiser	6/13/94	200.00
G. Committee to Re-Elect Ross Boggs, Jr. 4779 Route 7 North Ashover, OH 44003	Fundraiser	6/13/94	500.00
H. Citizens for Sweeney 1422 Euclid Avenue Cleveland, OH 44115	Fundraiser	6/13/94	1000.00
I. Doug White for Good Government 19359 SR 136 Winchester, OH 45467	Fundraiser	6/13/94	300.00

SUBTOTAL of Disbursements This Page (optional) 17725.00

TOTAL This Period (last page this line number only) 50600.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

OHIO MEDICAL POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Voinovich for Governor 37 West Broad Street Columbus, OH 43215	Fundraiser Disbursement for: Primary General Other (specify)	6/17/94	5000.00
B. Full Name, Mailing Address and ZIP Code United Conservatives of Ohio P.O. Box 918 Dublin, OH 43017	Fundraiser Disbursement for: Primary General Other (specify)	6/17/94	250.00
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) 5250.00

TOTAL This Period (last page this line number only) 55850.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-6-94
☐	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

7-11-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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