



RECEIVED
FEDERAL ELECTIONS
COMMISSION

OMPAC

Ohio Medical Political Action Committee

JUL 19 10 20 AM '98

July 15, 1998

Reports Analyst Division
Federal Elections Commission
999 East Street NW
Washington, DC 20463

Identification Number: C00003327

Reference: July 15 Quarterly Report (4/1/98 - 6/30/98)
Ohio Medical Political Action Committee (OMPAC)

Dear Sir or Madam:

Enclosed is the Quarterly Report due July 15, 1998. A copy of this report has been filed with the Ohio Secretary of State.

Please contact me if you have any questions.

Sincerely,


Timothy I. Maglione, MD
OMPAC Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 15 10 26 AM '98

1. NAME OF COMMITTEE (in full) Ohio Medical Political Action Committee		2. FEC IDENTIFICATION NUMBER 00003327
ADDRESS (number and street) 3401 Mill Run Drive	<input checked="" type="checkbox"/> Check if different than previously reported	
CITY, STATE and ZIP CODE Hilliard, OH 43026		
3. <input checked="" type="checkbox"/> 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>4/1/1998</u> through <u>6/30/1998</u>		
6. (a) Cash on Hand January 1, 1998		\$ 100,985.57
(b) Cash on Hand at Beginning of Reporting Period	\$ 61,071.29	
(c) Total Receipts (from Line 19)	\$ 28,077.69	\$ 74,176.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 89,148.98	\$ 175,161.71
7. Total Disbursements (from Line 30)	\$ 35,745.00	\$ 121,757.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 53,403.98	\$ 53,403.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For Further Information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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 Timothy J. Maglione		Date 15 JULY 98
Signature of Treasurer <i>Timothy J. Maglione</i>		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g.

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

(revised 1/1991)

NAME OF COMMITTEE Ohio Medical Political Action Committee	REPORT COVERING PERIOD	
	FROM: 4/1/1998	TO: 6/30/1998
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	\$5,700.00	\$14,650.00
ii. Unitemized	\$21,445.00	\$58,295.00
iii. Total	\$27,145.00	\$72,945.00
b. Political Party Committees.....	\$0.00	\$0.00
c. Other Political Committees (such as PACs).....	\$0.00	\$0.00
d. Total Contributions	\$27,145.00	\$72,945.00
12. Transfers From Affiliated/Other Party Committees.....	\$0.00	\$210.00
13. All Loans Received.....	\$0.00	\$0.00
14. Loan Repayments Received.....	\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	\$0.00	\$0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	\$650.00	\$650.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	\$282.69	\$371.14
18. Transfers from Nonfederal Account for Joint Activity.....	\$0.00	\$0.00
19. Total Receipts	\$28,077.69	\$74,176.14
20. Total Federal Receipts	\$28,077.69	\$74,176.14
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	\$0.00	\$0.00
ii. Non-Federal Share.....	\$0.00	\$52.73
b. Other Federal Operating Expenditures.....	\$0.00	\$52.73
c. Total Operating Expenditures	\$9,470.00	\$34,130.00
22. Transfers to Affiliated/Other Party Committees.....	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$0.00	\$0.00
24. Independent Expenditures (use Schedule E).....	\$0.00	\$0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	\$0.00	\$0.00
26. Loan Repayments Made.....	\$0.00	\$0.00
27. Loans Made.....	\$0.00	\$0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	\$125.00	\$1,250.00
b. Political Party Committees.....	\$0.00	\$0.00
c. Other Political Committees (such as PACs).....	\$0.00	\$0.00
d. Total Contribution Refunds	\$125.00	\$1,250.00
29. Other Disbursements.....	\$26,150.00	\$86,325.00
30. Total Disbursements	\$35,745.00	\$121,757.73
31. Total Federal Disbursements	\$35,745.00	\$121,757.73
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d).....	\$27,145.00	\$72,945.00
33. Total Contribution Refunds (from line 28d)	\$125.00	\$1,250.00
34. Net Contributions (other than loans)(subtract line 33 from line 32).....	\$27,020.00	\$71,695.00
35. Total Federal Operating Expenditures	\$0.00	\$52.73
36. Offsets to Operating Expenditures (from line 15).....	\$0.00	\$0.00
37. Net Operating Expenditures	\$0.00	\$52.73

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (itemized)

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)
Ohio Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Francis Antenucci DO 5578 Concord Hill Dr Columbus, OH 43213-3503	Self-Employed	4/9/1998	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date $\$ 375.00$		
Walter Ewing Beasley MD 904 Harvey Dr Marion, OH 43302-6416	Self-Employed	5/19/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date $\$ 300.00$		
Victor M Belko MD 68 Carriage Stone Drive Chagrin Falls, OH 44022-3132	Self-Employed	5/14/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date $\$ 300.00$		
Paul D Bertacher MD 5030 Paddington Drive Toledo, OH 43623	Self-Employed	6/1/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date $\$ 300.00$		
Kevin Michael Chartrand MD 13310 Auburn Rd Chardon, OH 44024	Self-Employed	5/26/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date $\$ 300.00$		
Leo J P Clark MD 2935 Valleyview Toledo, OH 43615	Self-Employed	6/11/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date $\$ 300.00$		
Timothy P Duffey DO 2431 Onandaga Dr Columbus, OH 43221-3617	Self-Employed	5/26/1998	\$175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date $\$ 300.00$		

SUBTOTAL of Receipts This Page (optional)	\$ 1,800.00
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	OF
	2	3
FOR LINE NUMBER 11(a)(ii)		

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full)
Ohio Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lisa Egbert MD 502 St Michel Cir Kettering, OH 45429	Self-Employed	5/26/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 300.00		
John N Flood DO 3315 E Michigan Ave Lansing, MI 48912	Self-Employed	5/26/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 300.00		
Louis Jos R Goorey MD 2201 Castle Crest Dr Worthington, OH 43085-2901	Self-Employed	4/14/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 300.00		
George John Kellis MD 17251 Redfox Trl Chagrin Falls, OH 44023	Self-Employed	4/6/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 300.00		
Chris A Knight MD 221 Overhill Dr Youngstown, OH 44512	Self-Employed	5/6/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 300.00		
Richard Henry Koop MD 7160 Oak Hill Sylvania, OH 43560	Self-Employed	5/26/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 300.00		
Paula Parker 1001 Runnymede Dayton, OH 45419	Self-Employed	4/13/1998	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)	\$ 2,100.00
TOTAL This Period (Just page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (itemized)

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 contributors.

NAME OF COMMITTEE (in Full) Ohio Medical Political Action Committee			
Full Name, Mailing Address and ZIP Code Catherine M. Rose MD 3140 Big Hill Road Dayton, OH 45419	Name of Employer Self-Employed	Date (month, day, year) 5/26/1998	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address and ZIP Code Dwight Allen Scarborough MD 4429 Summitview Road Dublin, OH 43017	Name of Employer Self-Employed	Date (month, day, year) 5/26/1998	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address and ZIP Code Philip C. Stiff MD 2455 S. Country Club Toledo, OH 43614	Name of Employer Self-Employed	Date (month, day, year) 5/19/1998	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address and ZIP Code Dennis P. Sullivan MD 30 W. McCreight Ave Ste 103 Springfield, OH 45504-1853	Name of Employer Self-Employed	Date (month, day, year) 5/19/1998	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address and ZIP Code Jack Leo Sumners MD 266 Indian Hills Dr Tallmadge, OH 44278-2955	Name of Employer Self-Employed	Date (month, day, year) 5/26/1998	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address and ZIP Code David J. Urtak MD 5650 Foxchase Ave Nw Canton, OH 44718	Name of Employer Self-Employed	Date (month, day, year) 5/13/1998	Amount of Each Receipt This Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)	\$ 1,800.00
TOTAL This Period (last page this line number only)	\$ 5,700.00

SCHEDULE A

ITEMIZED RECEIPTS

Refunds of Contributions Made to Federal Candidates/Congress

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)
Ohio Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMPAC 1101 Vermont Avenue NW Washington, DC 20005	American Medical PAC Occupation	4/15/1998	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 360.00		
Grace L. Drake Shirley Miller, Chairman, 5954 Briardale Lane Solon, OH 44139	Name of Employer Occupation	Date (month, day, year) 6/19/1998	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		

SUBTOTAL of Receipts This Page (optional)	\$ 650.00
TOTAL This Period (last page this line number only)	\$ 650.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
17		

Other Federal Receipts (Dividends, Interest, etc.)

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)
Ohio Medical Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bank One Bank One, N.A., Department 1045 Columbus, OH 43271-1045		4/30/1998	\$72.40
	Occupation	5/29/1998	\$97.98
	Aggregate Year-to-Date	6/30/1998	\$112.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$ 282.69
TOTAL This Period (last page this line number only)	\$ 282.69

SCHEDULE B

ITEMIZED DISBURSEMENTS

Transfers to Affiliated/Other Party Committees

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 which contributions from such committee.

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
American Medical PAC 1101 Vermont Avenue NW Washington, DC 20005	Transfer to Affiliated PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	4/2/1998	\$1,175.00
American Medical PAC 1101 Vermont Avenue NW Washington, DC 20005	Transfer to Affiliated PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	4/10/1998	\$500.00
American Medical PAC 1101 Vermont Avenue NW Washington, DC 20005	Transfer to Affiliated PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	4/20/1998	\$2,420.00
American Medical PAC 1101 Vermont Avenue NW Washington, DC 20005	Transfer to Affiliated PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	5/14/1998	\$1,550.00
American Medical PAC 1101 Vermont Avenue NW Washington, DC 20005	Transfer to Affiliated PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	5/28/1998	\$2,215.00
American Medical PAC 1101 Vermont Avenue NW Washington, DC 20005	Transfer to Affiliated PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: Other 1998	6/3/1998	\$1,610.00

SUBTOTAL of Disbursements This Page (optional) \$9,470.00
 TOTAL This Period (last page this line number only) \$9,470.00

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
7/15/98

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

Electronic Filing

EA
PREPARER

7/19/98
DATE PREPARED