

SCHEDULE A

ITEMIZED RECEIPTS

Refunds of Contributions Made to Federal Candidates/Congress

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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
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