

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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10/01/1999 08 : 49

1. NAME OF COMMITTEE (in full) Mid Atlantic Medical Services, Inc. PAC		2. FEC IDENTIFICATION NUMBER C00267245
ADDRESS (number and street) 4 Taft Court	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Rockville MD 20850		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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 checked="" 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 _____
(election type) _____
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>09/01/1999</u> through <u>09/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		18716.03
(b) Cash on Hand at Beginning of Reporting Period	11039.13	
(c) Total Receipts (from line 19)	1285.20	5848.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12304.33	24564.33
7. Total Disbursements (from line 30)	1000.00	13260.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11304.33	11304.33
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 Electronically Filed by Mr. Daniel Willoth		
Signature of Treasurer	Date 10/01/1999	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Mid Atlantic Medical Services, Inc. PAC		REPORT COVERING PERIOD	
		FROM 09/01/1999	TO: 09/30/1999
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)	824.20	1251.40	11.a.i.
ii. Unitemized	641.00	4556.90	11.a.ii.
iii. Total	1265.20	5848.30	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	1265.20	5848.30	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	1265.20	5848.30	19.
20. Total Federal Receipts	1265.20	5848.30	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	10.00	21.b.
c. Total Operating Expenditures	0.00	10.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	12250.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	1000.00	29.
30. Total Disbursements	1000.00	13260.00	30.
31. Total Federal Disbursements	1000.00	13260.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	1265.20	5848.30	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	1265.20	5848.30	34.
35. Total Federal Operating Expenditures	0.00	10.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	10.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5
			FOR LINE NUMBER 11A1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mid Atlantic Medical Services, Inc. PAC

Full Name, Mailing Address, and ZIP Code Ms Linda Crandal 19130 Roman Way Montgomery Village MD 20886	Name of Employer MAMSI	Date (month, day, year) 09/03/1999 One time	Amount of Each Receipt this Period 260.00 contribution - Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr. Director	Aggregate Year-to-Date > \$ 260.00	
Full Name, Mailing Address, and ZIP Code Ms Marika Brown 201 Evans Street Rockville MD 20850	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 35.40 \$10.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director	Aggregate Year-to-Date > \$ 297.20	
Full Name, Mailing Address, and ZIP Code Ms Marilyn Cadoff 9509 Aspenwood Court Gaithersburg MD 20879	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 36.00 \$12.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 240.00	
Full Name, Mailing Address, and ZIP Code Mr. Lewis Custer 5604 Rockledge Court Frederick MD 21701	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 33.00 \$11.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms Ann Destvolski 19117 Artesian Court Denwood MD 20855	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 33.00 \$11.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Mr. Larry Rochester 3635 Woodbine Road Woodbine MD 21797	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 36.30 \$12.10 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 242.00	
Full Name, Mailing Address, and ZIP Code Ms Gloria Stern 21612 Goshen Oaks Laytonsville MD 20882	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 33.00 \$11.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Sr Director	Aggregate Year-to-Date > \$ 220.00	

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A		ITEMIZED RECEIPTS		4 / 5
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Mid Atlantic Medical Services, Inc. PAC				
Full Name, Mailing Address, and ZIP Code Mr. William Telamantes 934 War Admiral Street Great Falls VA 22066	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 52.80 \$17.60 bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 352.00		
Full Name, Mailing Address, and ZIP Code Ms Janet Weingarten 19902 Silverfield Drive Gaithersburg MD 20879	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 48.00 \$18.00 bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director	Aggregate Year-to-Date > \$ 320.00		
Full Name, Mailing Address, and ZIP Code Ms Deborah Wooten 7650 Woodpark Lane # 202 Columbia MD 21046	Name of Employer MAMSI	Date (month, day, year) 09/25/1999 Payroll deduction	Amount of Each Receipt this Period 56.70 \$18.90 bi-weekly	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director	Aggregate Year-to-Date > \$ 378.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				624.20

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5
			FOR LINE NUMBER 23
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) Mid Atlantic Medical Services, Inc. PAC			
Full Name, Mailing Address, and ZIP Code Hon. Bob Ehrlich P.O. Box 532 Hunt Valley MD 21030	Purpose of Disbursement (House - MD - 2) Fundraiser (House - Maryland) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/07/1998	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1000.00