



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

THIS IS THE BEGINNING OF MUR # 3260

DATE FILMED 4/5/91 CAMERA NO. 2

CAMERAMAN AS

21040373611

**REPORTS ANALYSIS REFERRAL****TO****OFFICE OF GENERAL COUNSEL****DATE:** February 12, 1991**ANALYST:** Andrew Dodson

**I. COMMITTEE:** Maryland Medical Political Action  
Committee (C00002501)  
Joseph J. Harrison, Treasurer  
1211 Cathedral Street  
Baltimore, MD 21201

**II. RELEVANT STATUTE:** 2 U.S.C. §441b(a)  
11 CFR §114.2

**III. BACKGROUND:****Loan from an Apparent Connected Organization**

The Maryland Medical Political Action Committee's ("the Committee") 1990 12 Day Pre-Primary Report (7/1/90-8/22/90) disclosed the receipt of a \$35,000 loan on Line 13, Column A of the Detailed Summary Page (Attachment 2).

On October 24, 1990, a Request for Additional Information ("RFAI") was sent to the Committee requesting an itemization of the loan on Schedule A, to support the entry reported on Line 13, Column A of the Detailed Summary Page, and on Schedule C (Attachment 3).

On November 5, 1990, the Commission received a response to the RFAI of October 24, 1990. The Committee's response disclosed the receipt of a \$35,000 loan from its apparent connected organization, the Medical and Chirurgical Faculty of Maryland, on August 6, 1990 (Attachment 4).

On December 19, 1990, an RFAI was sent on the amended 12 Day Pre-Primary Report that noted the receipt of a loan from the Medical and Chirurgical Faculty of Maryland and informed the Committee that 2 U.S.C. §441b prohibits the receipt of funds from corporations. The RFAI requested that the Committee refund or transfer-out the impermissible funds and provide the Commission with a copy of the transfer check (Attachment 5).

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**MARYLAND MEDICAL AND CHIRURGICAL ACTION  
COMMITTEE  
REPORTS ANALYSIS OGC REFERRAL  
PAGE 2**

On December 21, 1990, Joseph J. Harrison called the Reports Analysis Division ("RAD") analyst regarding the RFAI of December 19, 1990. Mr. Harrison stated that he was unaware that the loan violated Commission regulations and that the Committee would repay the loan as soon as possible (Attachment 6).

On December 24, 1990, the Committee filed a response to the RFAI of December 19, 1990. The response included a photocopy of the December 21, 1990 loan repayment to the Medical and Chirurgical Faculty of Maryland and a copy of the loan agreement (Attachment 7).

On December 27, 1990, Mr. Angelo J. Troisi, the Executive Director of the Medical and Chirurgical Faculty of Maryland, called the RAD analyst regarding the RFAI of December 19, 1990. Mr. Troisi stated that he would like to provide the Commission with documentation of the Committee's interest payments to the apparent connected organization. The RAD analyst stated that the suggested amendment would further clarify the loan transaction for the public record (Attachment 8).

On January 22, 1991, the Commission received the amendment suggested by Mr. Troisi (Attachment 9).

**IV. OTHER PENDING MATTERS INITIATED BY RAD:**

None.

91040873613

FEDERAL ELECTION COMMISSION  
1989-1990  
COMMITTEE INDEX OF DISCLOSURE DOCUMENTS - (C)

DATE 8FEB91

PAGE 1

COMMITTEE	DOCUMENT	RECEIPTS	DISBURSEMENTS	COVERAGE DATES	# OF PAGES	MICROFILM LOCATION
					TYPE OF FILER	
MARYLAND MEDICAL POLITICAL ACTION COMMITTEE						ID #C00002501 NON-PARTY QUALIFIED
CONNECTED ORGANIZATION: MEDICAL ASS'N; MARYLAND		[AMPAC]				
1989	APRIL QUARTERLY	98,768	31,639	1JAN89 -31MAR89	7	89FEC/591/0070
	MID-YEAR REPORT	25,891	58,330	1APR89 -30JUN89	12	89FEC/605/1842
	YEAR-END	17,280	50,216	1JUL89 -31DEC89	12	90FEC/623/2941
1990	APRIL QUARTERLY	106,156	62,372	1JAN90 -31MAR90	11	90FEC/634/4467
	JULY QUARTERLY	20,363	57,399	1APR90 -30JUN90	15	90FEC/646/2420
	JULY QUARTERLY - AMENDMENT	-	-	1APR90 -30JUN90	3	90FEC/659/2269
	REQUEST FOR ADDITIONAL INFORMATION			1APR90 -30JUN90	1	90FEC/657/4740
	PRE-PRIMARY	35,008	37,645	1JUL90 -22AUG90	10	90FEC/654/2106
	PRE-PRIMARY - AMENDMENT	-	-	1JUL90 -22AUG90	4	90FEC/670/2177
	PRE-PRIMARY - AMENDMENT	-	-	1JUL90 -22AUG90	5	90FEC/679/1597
	REQUEST FOR ADDITIONAL INFORMATION			1JUL90 -22AUG90	1	90FEC/667/3443
	REQUEST FOR ADDITIONAL INFORMATION			1JUL90 -22AUG90	3	90FEC/678/5237
	OCTOBER QUARTERLY	8	1,545	23AUG90 -30SEP90	5	90FEC/660/3964
	OCTOBER QUARTERLY - AMENDMENT	-	-	23AUG90 -30SEP90	2	90FEC/679/1602
	OCTOBER QUARTERLY - AMENDMENT	-	-	23AUG90 -30SEP90	5	91FEC/682/1027
	REQUEST FOR ADDITIONAL INFORMATION			23AUG90 -30SEP90	1	90FEC/678/5461
	PRE-GENERAL	8	5,043	1OCT90 -17OCT90	6	90FEC/665/4367
	PRE-GENERAL - AMENDMENT	-	-	1OCT90 -17OCT90	3	90FEC/679/1604
	PRE-GENERAL - AMENDMENT	-	-	1OCT90 -17OCT90	1	91FEC/682/3022
	REQUEST FOR ADDITIONAL INFORMATION			1OCT90 -17OCT90	1	90FEC/678/5462
	POST-GENERAL	150	300	18OCT90 -26NOV90	5	90FEC/676/2293
	YEAR-END	59,603	45,038	27NOV90 -31DEC90	7	91FEC/685/1723
	TOTAL	363,235	0 349,527		0	120 TOTAL PAGES

21040373514

Cash On Hand as of 12/31/90 : \$14,821.89  
 All Reports Have Been Reviewed  
 Debts and Obligations Owed to the Committee : \$0  
 Debts and Obligations Owed by the Committee : \$0

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
Maryland Medical Political Action Committee	From: 7/1/90	To: 8/22/90
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11 CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		125,665.00
(ii) Unitemized		
(iii) Total of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))		
<b>12 TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES</b>		
<b>13 ALL LOANS RECEIVED</b>	35,000.00	35,000.00
<b>14 LOAN REPAYMENTS RECEIVED</b>		
<b>15 OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>		
<b>16 REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES</b>		
<b>17 OTHER RECEIPTS (Dividends, Interest, etc.)</b>	8.99	864.52
<b>18 TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)</b>	35,008.99	161,529.52
<b>II. DISBURSEMENTS</b>		
<b>19 OPERATING EXPENDITURES</b>	(3,841.66)	23,830.24
<b>20 TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES</b>		22,500.00
<b>21 CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES</b>		7,000.00
<b>22 INDEPENDENT EXPENDITURES (use Schedule E)</b>		
<b>23 COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)</b>		
<b>24 LOAN REPAYMENTS MADE</b>		
<b>25 LOANS MADE</b>		
<b>26 REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
<b>27 OTHER DISBURSEMENTS</b>	41,487.50	104,087.50
<b>28 TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)</b>	37,645.84	157,417.74
<b>III. NET CONTRIBUTIONS OPERATING EXPENDITURES</b>		
<b>29 TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))</b>		
<b>30 TOTAL CONTRIBUTION REFUNDS (from Line 26(d))</b>		
<b>31 NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)</b>		
<b>32 TOTAL OPERATING EXPENDITURES (from Line 19)</b>		
<b>33 OFFSETS TO OPERATING EXPENDITURES (from Line 15)</b>		
<b>34 NET CONTRIBUTING EXPENDITURES (subtract Line 33 from 32)</b>		

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FEDERAL ELECTION COMMISSION  
WASHINGTON, DC 20461

80-2

Joseph J. Harrison, Treasurer  
Maryland Medical Political  
Action Committee  
1211 Cathedral Street  
Baltimore, MD 21201

OCT 24 1990

Identification Number: C00002501

Reference: 12 Day Pre-Primary Report (7/1/90-8/22/90)

Dear Mr. Harrison:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide a Schedule A to support the entry reported on Line 13 of the Detailed Summary Page. All loans and loan repayments received by your committee must be itemized on Schedule A, regardless of the amount loaned or repaid. 2 U.S.C. §434(b)(3)(E)

-Your report discloses the receipt of a loan on Line 13 of the Detailed Summary Page. Loans and loan repayments received must be reflected on Schedule C as well as on Schedule A. 2 U.S.C. §§434(b)(3)(E) and (5)(D)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 376-2480.

Sincerely,

Andrew J. Dodson  
Senior Reports Analyst  
Reports Analysis Division

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FEDERAL ELECTION COMMISSION  
WASHINGTON, DC 20463

90 NOV -5 AM 10:07

BQ-2

Joseph J. Harrison, Treasurer  
Maryland Medical Political  
Action Committee  
1211 Cathedral Street  
Baltimore, MD 21201

OCT 24 1990

Identification Number: C00002501

Reference: 12 Day Pre-Primary Report (7/1/90-8/22/90)

Dear Mr. Harrison:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide a Schedule A to support the entry reported on Line 13 of the Detailed Summary Page. All loans and loan repayments received by your committee must be itemized on Schedule A, regardless of the amount loaned or repaid. 2 U.S.C. §434(b)(3)(E)

-Your report discloses the receipt of a loan on Line 13 of the Detailed Summary Page. Loans and loan repayments received must be reflected on Schedule C as well as on Schedule A. 2 U.S.C. §§434(b)(3)(E) and (5)(D)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 376-2480.

Sincerely,

Andrew J. Dodson  
Senior Reports Analyst  
Reports Analysis Division

210403702177



1990 12 Day Pre-Primary Report  
SCHEDULE A ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE	OF
3	1
FOR LINE NUMBER	
13	

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)  
Maryland Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code Medical & Chirurgical Faculty of Maryland 1211 Cathedral Street Baltimore, Maryland 21201	Name of Employer Loan	Date (month, day, year) 8/6/90	Amount of Each Receipt this Period \$35,000.00
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$35,000.00

7 0 0 3 6 7 0 : 1 7 3



FEDERAL ELECTION COMMISSION  
WASHINGTON, DC 20543

BQ-2

DEC 19 1990

Joseph J. Harrison, Treasurer  
Maryland Medical Political Action Committee  
1211 Cathedral Street  
Baltimore, MD 21201

Identification Number: C00002501

Reference: Amended 12 Day Pre-Primary Report (7/1/90-8/22/90)  
dated 11/5/90

Dear Mr. Harrison:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses the receipt of funds from your connected organization (pertinent portion(s) attached). 2 U.S.C. §441b prohibits the receipt of funds from national banks, corporations, and labor organizations.

Please inform the Commission immediately in writing and provide a photocopy of your check for the refund or transfer-out. In the best interests of the committee, all refunds and transfers-out should be made within thirty (30) days of the treasurer's receipt of the funds. See 11 CFR §103.3(b). Refunds and transfers-out should be disclosed on a supporting Schedule B for Line 26 or 20 of the report covering the period during which they are made.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information.

Although the Commission may take further legal steps concerning the acceptance of a prohibited contribution, prompt action by your committee to refund or transfer-out the amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this

91040375620  
21036785237

letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 376-2480.

Sincerely,



Andrew J. Dodson  
Senior Reports Analyst  
Reports Analysis Division

20036785238

1990 12 Day Pre-Primary Report

PROVIDER: A

ITEMIZED RECEIPTS

This schedule is to be filed with Form 1041, U.S. Individual Income Tax Return, for the year 1990.	Page 13
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Any information reported from this Report to and distributed may not be sold or used by a person for the purpose of making contributions or for similar purposes. Other than using the name and address of the patient concerned to which contributions or similar purposes.

NAME OF COMMITTEE OR FUND  
**Maryland Medical Political Action Committee**

A. Full Name, Mailing Address and ZIP Code <b>Medical &amp; Chirurgical Faculty of Maryland                  1311 Cathedral Street                  Baltimore, Maryland 21204</b>	Name of Employer <b>None</b>	Date (month, day, year) <b>8/6/90</b>	Amount of Cash Received This Period <b>\$35,000.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year to Date > 0		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Received This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year to Date > 0		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Received This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year to Date > 0		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Received This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year to Date > 0		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Received This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year to Date > 0		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Received This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year to Date > 0		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Cash Received This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year to Date > 0		

SUBTOTAL of Rows in This Page (optional)	\$
TOTAL For Period (fill page this box number only)	\$

930367082127399

TELECON

ANALYST: Andrew Dodson

CONVERSATION WITH: Mr. Joseph J. Harrison - Treasurer

COMMITTEE: Maryland Medical Political Action Committee

DATE: December 21, 1990

SUBJECT(S): The 12 Day Pre-Primary Report (7/1/90-8/22/90) responding to the RFAI dated December 19, 1990

9 1 0 4 0 8 7 3 6 2 3

I spoke to Mr Harrison today and we discussed the Maryland Medical Political Action Committee's receipt of a \$35,000 loan from their connected organization. Mr. Harrison stated that the Medical and Chirurgical Faculty of Maryland was incorporated in the state of Maryland and did not make loans to the public in the normal course of their business. Mr. Harrison also stated that he was unaware that the loan was a violation of Commission regulations. I informed Mr. Harrison that he should repay the loan as soon as possible and provide the Commission with a copy of the repayment check.



90 DEC 26 AM 9:31

December 21, 1990

Andrew J. Dodson  
Senior Reports Analyst  
Reports Analysis Division  
999 E Street, N.W.  
Washington, D.C. 20463

Dear Mr. Dodson:

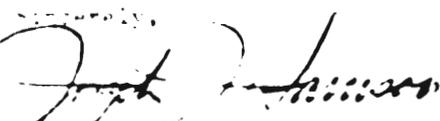
As we discussed on the telephone today, the loan to the Maryland Medical Political Action Committee from the Medical and Chirurgical Faculty of Maryland was not intended as a contribution. A copy of the loan agreement is enclosed. The interest has been paid.

None of the loan funds were used to support Federal candidates or used in Federal elections in any way.

Because you indicated that the loan may be considered a contribution, we have immediately refunded the \$35,000 loan to the Medical and Chirurgical Faculty today. A copy of the check is enclosed.

We hope this clarifies the issue that this was indeed a loan not a contribution, and that it has been completely repaid.

Thank you for your assistance.

Sincerely,  
  
Joseph J. Harrison  
Treasurer

Enclosure

Encl.

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J36731577

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2 1 0 3 6 7 9 1 5 9 8

3102

2-28-89  
MB

December 21, 1990

MARYLAND MEDICAL POLITICAL  
ACTION COMMITTEE

PAY TO THE ORDER OF Medical and Chirurgical Faculty of the State of Maryland \$ 35,000.00

DOLLARS

EXACTLY \$ 35,000.00



BRANCH OFFICE  
MARYLAND NATIONAL BANK  
BALTIMORE, MARYLAND 21201

FOR Loan Payment

*John P. ...*

63135224

0031024 0520001681



# Medical and Chirurgical Faculty of Maryland

## NOTE AND SECURITY AGREEMENT

BETWEEN

THE MARYLAND MEDICAL POLITICAL ACTION COMMITTEE  
(Borrower)

and

THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND  
(Lender)

<u>11 1/2</u>	ANNUAL PERCENTAGE RATE	<u>\$35,000.00</u>	AMOUNT FINANCED
<u>\$3,850.00</u>	FINANCE CHARGE	<u>\$38,850.00</u>	TOTAL OF PAYMENTS

For value received, Borrower agrees to pay the interest only on the loan set forth above, for twelve months, payable on the first of each month, beginning September 1, 1990. Balance of loan is due August 1, 1991.

If Lender has not received the full amount of monthly payment by the end of 15 calendar days after the date it is due, Borrower will pay a late charge to Lender of \$10.00.

Borrower may make a full prepayment or a partial prepayment at any time without paying any penalty. If a partial prepayment is made, there will be no delays in the due dates or changes in the amounts of my monthly payments. Upon a full prepayment, Borrower will receive a refund or a credit for the unearned portion of the precomputed interest, unless the amount is less than \$5.00. The amount of the refund or credit will be calculated according to the actuarial method using the schedule of payments.

Main Office  
1211 Cathedral Street  
Baltimore, Maryland 21201  
301-539-0372 Toll Free in MD 1-800-492-1056  
FAX 301-547-0915

  
Legislative Office  
224 Main Street  
Annapolis, Maryland 21401  
Annapolis 202-4604 Baltimore 414-8355  
Dulles 414-5352 FAX 301-414-8350

91036791599

Intending to be legally bound by all the terms and conditions of this Note and Security Agreement each debtor has signed this Note and Security Agreement, under seal, as of the date written above. Each person signing below also acknowledges having received and read a completely filled in copy of this Note and Security Agreement.

Signatures:

[Signature] Lender Ex Dr M.D. Clin 8-6-90

[Signature] Borrower Chairman for M.M.M.E  
8-3-1990

MIDLAND MEDICAL P.A.C.  
Type or Print Business Name

Sworn to before me this  
10 day of AUGUST, 1990.

[Signature]  
Notary Public

21036791600

TELECON

ANALYST: Andrew Dodson

CONVERSATION WITH: Mr. Angelo J. Troisi - Executive Director  
Medical And Chirurgical Faculty of Maryland

COMMITTEE: Maryland Medical Political Action Committee

DATE: December 27, 1990

SUBJECT(S): Loan interest payments from the Maryland Medical Political  
Acton Committee to the Medical and Chirurgical Faculty of  
Maryland

I spoke to Mr. Troisi today and he suggested that the Maryland Medical Political Action Committee provide the Commission with copies of the interest payment checks from the Committee to the Medical and Chirurgical Faculty of Maryland. I stated that an amendment of this type would further clarify the public record. Mr. Troisi stated that he would send the copies as soon as possible.

91040373628



91 JAN 22 AM 10:53

January 18, 1991

Andrew J. Dodson  
Senior Reports Analyst  
Reports Analysis Division  
999 E Street, N.W.  
Washington, D.C. 20463

Dear Mr. Dodson:

This is in follow-up to your telephone conversation on December 27, 1990 with Mr. Angelo J. Troisi, Executive Director of the Medical and Chirurgical Faculty of Maryland.

Enclosed, herewith, are copies of MMPAC cancelled checks for interest totaling \$1,497.21, and another copy of our check in the amount of \$35,000 which you received with our letter of December 21, 1990.

These checks represent the entire repayment of the loan plus interest.

Please advise if you require any further clarification or documentation.

Sincerely,

*Joseph J. Harrison*  
Joseph J. Harrison  
Treasurer

JJH:wjg

Encl.

cc: Harold B. Rob, M.D., Chairman  
Executive Committee of MMPAC

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2136321027

MARYLAND MEDICAL POLITICAL  
ACTION COMMITTEE

3102

December 21, 19 80

PAY TO THE

PAY TO THE  
ORDER OF

Medical and Chirurgical Faculty of the State of Maryland

35,000.00

EXACTLY \$35,000.00 DOLLARS



MARYLAND NATIONAL BANK  
BALTIMORE, MARYLAND

FOR Loan Payment

*Joseph J. ...*

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FOR DEPOSIT  
MEDICAL & CHIRURGICAL FACULTY  
OF THE STATE OF MARYLAND  
631-159-2

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07 MARYLAND  
NATIONAL BANK  
BALTIMORE MD  
⑆052000168⑆

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MARYLAND MEDICAL POLITICAL ACTION COMMITTEE

3092

September 18, 1990

PAY TO THE ORDER OF Medical and Chirurgical Faculty of the State of Maryland \$ 320.83

THREE HUNDRED AND 20 CTS. DOLLARS

FOR First Interest Payment of Loan  
September, 1990

MARYLAND NATIONAL BANK

#003091# #052000168# 431532# /0000012083/

MARYLAND MEDICAL POLITICAL ACTION COMMITTEE

3106

December 27, 1990

PAY TO THE ORDER OF Medical & Chirurgical Faculty of Maryland \$ 213.89

Two hundred thirteen and 89/100 DOLLARS

FOR Interest on Loan

MARYLAND NATIONAL BANK

#003106# #052000168# 431532# /0000021389/

MARYLAND MEDICAL POLITICAL ACTION COMMITTEE

3100

December 13, 1990

PAY TO THE ORDER OF Medical and Chirurgical Faculty of Maryland \$ 100.49

ONE HUNDRED AND 49 CTS. DOLLARS

FOR \_\_\_\_\_

MARYLAND NATIONAL BANK

#003100# #052000168# 431532# /00000010049/



FOR DEPOSIT ONLY  
ACCOUNT NUMBER  
631168-2

FOR DEPOSIT  
MEDICAL & SURGICAL FACULTY  
OF THE STATE OF MARYLAND  
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**FEDERAL ELECTION COMMISSION  
999 E Street, N.W.  
Washington, D.C. 20463**

**FIRST GENERAL COUNSEL'S REPORT**

**RAD Referral # 91L-16**

**STAFF MEMBER Mary Taksar**

**SOURCE: I N T E R N A L L Y G E N E R A T E D**

**RESPONDENTS: Maryland Medical Political Action Committee and  
Joseph J. Harrison, as treasurer  
Medical and Chirurgical Faculty of Maryland**

**RELEVANT STATUTES: 2 U.S.C. § 441b(a)  
2 U.S.C. § 431(8)(A)(i)  
2 U.S.C. § 431(8)(B)(vii)  
11 C.F.R. § 100.7(a)(1)(i)(B)**

**INTERNAL REPORTS CHECKED: Statement of Organization and  
Amendments to Statement of  
Organization  
1990 Pre-Primary Report**

**FEDERAL AGENCIES CHECKED: None**

**I. GENERATION OF MATTER**

On February 12, 1991, the Reports Analysis Division referred the Maryland Medical Political Action Committee ("the Committee") for receiving a \$35,000 loan from its apparent connected organization, Medical and Chirurgical Faculty of Maryland.<sup>1</sup> See Attachment 1, page 2.

1. On October 15, 1976, the Committee filed an amendment to its Statement of Organization listing Medical and Chirurgical Faculty of Maryland as a connected organization. In a March 24, 1980 amendment to its Statement of Organization, the Committee listed Medical and Chirurgical Faculty of Maryland and American Medical Political Action Committee as connected organizations.

According to the Maryland Secretary of State's Office, Medical and Chirurgical Faculty of Maryland is a Maryland corporation incorporated on January 20, 1799.

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II. FACTUAL AND LEGAL ANALYSIS

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The Federal Election Campaign Act of 1971, as amended ("the Act"), makes it unlawful for a corporation to make a contribution or expenditure in connection with a Federal election or for any political committee knowingly to accept or receive a corporate contribution prohibited by 2 U.S.C. § 441b. 2 U.S.C. § 441b(a). The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for Federal office. 2 U.S.C. § 431(8)(A)(i). However, any loan of money which is made by a State bank, a federally chartered depository institution, or a depository institution which is insured by the FDIC, FSLIC, or NCUA and which is made in accordance with applicable law and in the ordinary course of business is not a contribution. 2 U.S.C. § 431(8)(B)(vii). A loan is a contribution when it is made and to the extent that it remains unpaid. 11 C.F.R. § 100.7(a)(1)(i)(B). The term "political committee" means any separate segregated fund established under the provisions of 2 U.S.C. § 441b(b). 2 U.S.C. § 431(4)(B). The term "person" includes an individual, partnership, committee, association, corporation, labor organization, or any other organization or group of persons, but does not include the Federal Government or any authority of the Federal Government. 2 U.S.C. § 431(11).

In its 1990 Pre-Primary Report, the Maryland Medical Political Action Committee reported the receipt of a \$35,000 loan. See Attachment 1, page 4. On October 24, 1990, the

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Commission sent the Committee a Request for Additional Information ("RFAI") which requested an itemization of the \$35,000 loan on a Schedule A. The Committee responded on November 5, 1990 and disclosed the receipt of a \$35,000 loan from its connected organization, Medical and Chirurgical Faculty of Maryland ("Medical and Chirurgical") on August 6, 1990. The Commission sent a second RFAI which noted the receipt of a loan from Medical and Chirurgical and indicated that 2 U.S.C. § 441b prohibits the receipt of funds from a corporation. This second RFAI indicated that the Committee should refund or transfer out the impermissible funds and provide the Commission with a copy of the transfer check. On December 24, 1990, the Committee filed a response which included a photocopy of the December 21, 1990 loan repayment to Medical and Chirurgical and a copy of the loan agreement.<sup>2</sup> The Committee also submitted documentation of the Committee's interest payments to Medical and Chirurgical on January 22, 1991.

Therefore, it appears that Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, violated 2 U.S.C. § 441b(a) by knowingly receiving a corporate contribution prohibited by 2 U.S.C. § 441b and that Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a) by

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2. This Office's review of the Committee's reports for the period during which the Committee retained the loan funds, August 6, 1990 through December 20, 1990, revealed that the Committee made no contributions to federal candidates or other political committees during this period. However, in its 1990 Pre-Primary Report, the Committee indicated that its calendar year-to-date contributions to federal candidates and other political committees totaled \$7,000.

making a contribution to a political committee in connection with a Federal election.

**III. RECOMMENDATIONS**

1. Open a MUR.
2. Find reason to believe that Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, violated 2 U.S.C. § 441b(a).
3. Find reason to believe that Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).
4. Approve the appropriate letters and the attached Factual and Legal Analyses.

Lawrence M. Noble  
General Counsel

Date

4/16/91

BY:

Lois G. Lerner  
Associate General Counsel

**Attachments:**

1. Referral Materials
2. Factual and Legal Analyses (2)

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BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
 )  
Maryland Medical Political Action )  
Committee and Joseph J. Harrison, )  
as treasurer; )  
Medical and Chirurgical Faculty )  
of Maryland. )

RAD Referral #91L-16

*MUR*  
*3260*

CORRECTED CERTIFICATION

I, Marjorie W. Emmons, Secretary of the Federal Election Commission, do hereby certify that on April 11, 1991, the Commission decided by a vote of 6-0 to take the following actions in RAD Referral #91L-16:

1. Open a MUR.
2. Find reason to believe that Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, violated 2 U.S.C. § 441b(a).
3. Find reason to believe that Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).
4. Approve the appropriate letters and the Factual and Legal Analyses, as recommended in the General Counsel's Report dated April 6, 1991.

Commissioners Aikens, Elliott, Josefiak, McDonald, McGarry, and Thomas voted affirmatively for the decision.

Attest:

4-25-91  
Date

*Marjorie W. Emmons*  
Marjorie W. Emmons  
Secretary of the Commission

Received in the Secretariat:	Mon.,	April 8, 1991	4:45 p.m.
Circulated to the Commission:	Tues.,	April 9, 1991	11:00 a.m.
Deadline for vote:	Thurs.,	April 11, 1991	11:00 a.m.

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FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

May 1, 1991

Medical and Chirurgical Faculty of Maryland  
1211 Cathedral Street  
Baltimore, MD 21201

RE: MUR 3260  
Medical and Chirurgical Faculty  
of Maryland

Dear Sir or Madam:

On April 11, 1991, the Federal Election Commission found that there is reason to believe Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a), a provision of the Federal Election Campaign Act of 1971, as amended ("the Act"). The Factual and Legal Analysis, which formed a basis for the Commission's finding, is attached for your information.

Under the Act, you have an opportunity to demonstrate that no action should be taken against Medical and Chirurgical Faculty of Maryland. You may submit any factual or legal materials that you believe are relevant to the Commission's consideration of this matter. Please submit such materials to the General Counsel's Office along with answers to the enclosed questions within 15 days of your receipt of this letter. Where appropriate, statements should be submitted under oath.

In the absence of any additional information demonstrating that no further action should be taken against Medical and Chirurgical Faculty of Maryland, the Commission may find probable cause to believe that a violation has occurred and proceed with conciliation.

If you are interested in pursuing pre-probable cause conciliation, you should so request in writing. See 11 C.F.R. § 111.18(d). Upon receipt of the request, the Office of the General Counsel will make recommendations to the Commission either proposing an agreement in settlement of the matter or recommending declining that pre-probable cause conciliation be pursued. The Office of the General Counsel may recommend that pre-probable cause conciliation not be entered into at this time so that it may complete its investigation of the matter. Further, the Commission will not entertain requests for pre-probable cause conciliation after briefs on probable cause have been mailed to the respondent.

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Medical and Chirurgical Faculty of Maryland  
MUR 3260  
Page 2

Requests for extensions of time will not be routinely granted. Requests must be made in writing at least five days prior to the due date of the response and specific good cause must be demonstrated. In addition, the Office of the General Counsel ordinarily will not give extensions beyond 20 days.

If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address, and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

This matter will remain confidential in accordance with 2 U.S.C. §§ 437g(a)(4)(B) and 437g(a)(12)(A), unless you notify the Commission in writing that you wish the investigation to be made public.

For your information, we have attached a brief description of the Commission's procedures for handling possible violations of the Act. If you have any questions, please contact Mary Taksar, the attorney assigned to this matter, at (202) 376-5690.

Sincerely,



John Warren McGarry  
Chairman

Enclosures

Factual and Legal Analysis  
Procedures  
Designation of Counsel Form  
Questions

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**FEDERAL ELECTION COMMISSION**

**FACTUAL AND LEGAL ANALYSIS**

**RESPONDENT:** Medical and Chirurgical  
Faculty of Maryland

**MUR:** 3260

This matter was generated based on information ascertained by the Federal Election Commission ("the Commission") in the normal course of carrying out its supervisory responsibilities. See 2 U.S.C. § 437(g)(a)(2).

The Federal Election Campaign Act of 1971, as amended ("the Act"), makes it unlawful for a corporation to make a contribution or expenditure in connection with a Federal election or for any political committee knowingly to accept or receive a corporate contribution. 2 U.S.C. § 441b(a). The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for Federal office. 2 U.S.C. § 431(8)(A)(i). However, any loan of money which is made by a State bank, a federally chartered depository institution, or a depository institution which is insured by the FDIC, FSLIC, or NCUA and which is made in accordance with applicable law and in the ordinary course of business is not a contribution. 2 U.S.C. § 431(8)(B)(vii). A loan is a contribution when it is made and to the extent that it remains unpaid. The term "political committee" means any separate segregated fund established under the provisions of 2 U.S.C. § 441b(b). 2 U.S.C. § 441b. The term "person" includes an individual, partnership, committee, association, corporation,

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labor organization, or any other organization or group of persons, but does not include the Federal Government or any authority of the Federal Government. 2 U.S.C. § 431(11).

On August 6, 1990 the Maryland Medical Political Action Committee ("the Committee") received a \$35,000 loan from its connected organization, Medical and Chirurgical Faculty of Maryland ("Medical and Chirurgical"), which is incorporated in the State of Maryland. On December 21, 1990, Maryland Medical Political Action Committee repaid the loan with a check made out to Medical and Chirurgical in the amount of \$35,000. The Committee made two interest payments to Medical and Chirurgical prior to the loan repayment and one interest payment subsequent to the repayment.<sup>1</sup>

Therefore, there is reason to believe that Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a) by making a contribution to a political committee in connection with a federal election.

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1. In its 1990 October Quarterly Report, the Committee reported a September 18, 1990 payment of \$320.82 to Medical and Chirurgical for interest on the loan. In its 1990 Year-End Report, the Committee reported two interest payments on the loan, a December 19, 1990 payment of \$962.49 and a December 27, 1990 payment of \$213.89.

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**BEFORE THE FEDERAL ELECTION COMMISSION**

In the Matter of

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MUR 3260

**INTERROGATORIES AND REQUEST  
FOR PRODUCTION OF DOCUMENTS**

TO: Medical and Chirurgical Faculty of Maryland  
1211 Cathedral Street  
Baltimore, MD 21201

In furtherance of its investigation in the above-captioned matter, the Federal Election Commission hereby requests that you submit answers in writing and under oath to the questions set forth below within 15 days of your receipt of this request. In addition, the Commission hereby requests that you produce the documents specified below, in their entirety, for inspection and copying at the Office of the General Counsel, Federal Election Commission, Room 659, 999 E Street, N.W., Washington, D.C. 20463, on or before the same deadline, and continue to produce those documents each day thereafter as may be necessary for counsel for the Commission to complete their examination and reproduction of those documents. Clear and legible copies or duplicates of the documents which, where applicable, show both sides of the documents may be submitted in lieu of the production of the originals.

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Medical and Chirurgical Faculty of Maryland  
MUR 3260  
Page 2

INSTRUCTIONS

In answering these interrogatories and request for production of documents, furnish all documents and other information, however obtained, including hearsay, that is in possession of, known by or otherwise available to you, including documents and information appearing in your records.

Each answer is to be given separately and independently, and unless specifically stated in the particular discovery request, no answer shall be given solely by reference either to another answer or to an exhibit attached to your response.

The response to each interrogatory propounded herein shall set forth separately the identification of each person capable of furnishing testimony concerning the response given, denoting separately those individuals who provided informational, documentary or other input, and those who assisted in drafting the interrogatory response.

If you cannot answer the following interrogatories in full after exercising due diligence to secure the full information to do so, answer to the extent possible and indicate your inability to answer the remainder, stating whatever information or knowledge you have concerning the unanswered portion and detailing what you did in attempting to secure the unknown information.

Should you claim a privilege with respect to any documents, communications, or other items about which information is requested by any of the following interrogatories and requests for production of documents, describe such items in sufficient detail to provide justification for the claim. Each claim of privilege must specify in detail all the grounds on which it rests.

Unless otherwise indicated, the discovery request shall refer to the time period from August 6, 1990 to December 31, 1990.

The following interrogatories and requests for production of documents are continuing in nature so as to require you to file supplementary responses or amendments during the course of this investigation if you obtain further or different information prior to or during the pendency of this matter. Include in any supplemental answers the date upon which and the manner in which such further or different information came to your attention.

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DEFINITIONS

For the purpose of these discovery requests, including the instructions thereto, the terms listed below are defined as follows:

"You" shall mean the named respondent in this action to whom these discovery requests are addressed, including all officers, employees, agents or attorneys thereof.

"Persons" shall be deemed to include both singular and plural, and shall mean any natural person, partnership, committee, association, corporation, or any other type of organization or entity.

"Document" shall mean the original and all non-identical copies, including drafts, of all papers and records of every type in your possession, custody, or control, or known by you to exist. The term document includes, but is not limited to books, letters, contracts, notes, diaries, log sheets, records of telephone communications, transcripts, vouchers, accounting statements, ledgers, checks, money orders or other commercial paper, telegrams, telexes, pamphlets, circulars, leaflets, reports, memoranda, correspondence, surveys, tabulations, audio and video recordings, drawings, photographs, graphs, charts, diagrams, lists, computer print-outs, and all other writings and other data compilations from which information can be obtained.

"Identify" with respect to a document shall mean state the nature or type of document (e.g., letter, memorandum), the date, if any, appearing thereon, the date on which the document was prepared, the title of the document, the general subject matter of the document, the location of the document, the number of pages comprising the document.

"Identify" with respect to a person shall mean state the full name, the most recent business and residence addresses and the telephone numbers, the present occupation or position of such person, the nature of the connection or association that person has to any party in this proceeding. If the person to be identified is not a natural person, provide the legal and trade names, the address and telephone number, and the full names of both the chief executive officer and the agent designated to receive service of process for such person.

"And" as well as "or" shall be construed disjunctively or conjunctively as necessary to bring within the scope of these interrogatories and requests for the production of documents any documents and materials which may otherwise be construed to be out of their scope.

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Medical and Chirurgical Faculty of Maryland  
MUR 3260  
Page 4

1. a. State your relation to the Maryland Medical Political Action Committee.

b. State whether Medical and Chirurgical Faculty of Maryland ("Medical and Chirurgical") is incorporated. If incorporated, state where and when and for what purpose Medical and Chirurgical was incorporated.

c. Provide a copy of the articles of incorporation for Medical and Chirurgical.

2. Identify the purpose for which Medical and Chirurgical made a \$35,000 loan to Maryland Medical Political Action Committee and provide any documents relating to the loan.

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

May 1, 1991

Mr. Joseph J. Harrison, Treasurer  
Maryland Medical Political Action Committee  
1211 Cathedral Street  
Baltimore, MD 21201

RE: MUR 3260  
Maryland Medical Political Action  
Committee and Joseph J. Harrison,  
as treasurer

Dear Mr. Harrison:

On April 11, 1991, the Federal Election Commission found that there is reason to believe Maryland Medical Political Action Committee and you, as treasurer, violated 2 U.S.C. § 441b(a), a provision of the Federal Election Campaign Act of 1971, as amended ("the Act"). The Factual and Legal Analysis, which formed a basis for the Commission's finding, is attached for your information.

Under the Act, you have an opportunity to demonstrate that no action should be taken against Maryland Medical Political Action Committee and you, as treasurer. You may submit any factual or legal materials that you believe are relevant to the Commission's consideration of this matter. Please submit such materials to the General Counsel's Office along with answers to the enclosed questions within 15 days of your receipt of this letter. Where appropriate, statements should be submitted under oath.

In the absence of any additional information demonstrating that no further action should be taken against Maryland Medical Political Action Committee and you, as treasurer, the Commission may find probable cause to believe that a violation has occurred and proceed with conciliation.

If you are interested in pursuing pre-probable cause conciliation, you should so request in writing. See 11 C.F.R. § 111.18(d). Upon receipt of the request, the Office of the General Counsel will make recommendations to the Commission either proposing an agreement in settlement of the matter or recommending declining that pre-probable cause conciliation be pursued. The Office of the General Counsel may recommend that pre-probable cause conciliation not be entered into at this time so that it may complete its investigation of the matter.

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Mr. Joseph J. Harrison, Treasurer  
MUR 3260  
Page 2

Further, the Commission will not entertain requests for pre-probable cause conciliation after briefs on probable cause have been mailed to the respondent.

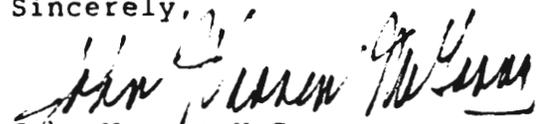
Requests for extensions of time will not be routinely granted. Requests must be made in writing at least five days prior to the due date of the response and specific good cause must be demonstrated. In addition, the Office of the General Counsel ordinarily will not give extensions beyond 20 days.

If you intend to be represented by counsel in this matter, please advise the Commission by completing the enclosed form stating the name, address, and telephone number of such counsel, and authorizing such counsel to receive any notifications and other communications from the Commission.

This matter will remain confidential in accordance with 2 U.S.C. §§ 437g(a)(4)(B) and 437g(a)(12)(A), unless you notify the Commission in writing that you wish the investigation to be made public.

For your information, we have attached a brief description of the Commission's procedures for handling possible violations of the Act. If you have any questions, please contact Mary Taksar, the attorney assigned to this matter, at (202) 376-5690.

Sincerely,

  
John Warren McGarry  
Chairman

Enclosures  
Factual and Legal Analysis  
Procedures  
Designation of Counsel Form  
Questions

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**FEDERAL ELECTION COMMISSION**

**FACTUAL AND LEGAL ANALYSIS**

**RESPONDENT:** Maryland Medical Political  
Action Committee and Joseph J.  
Harrison, as treasurer

**MUR:** 3260

This matter was generated based on information ascertained by the Federal Election Commission ("the Commission") in the normal course of carrying out its supervisory responsibilities. See 2 U.S.C. § 437(g)(a)(2).

The Federal Election Campaign Act of 1971, as amended ("the Act"), makes it unlawful for a corporation to make a contribution or expenditure in connection with a Federal election or for any political committee knowingly to accept or receive a corporate contribution. 2 U.S.C. § 441b(a). The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for Federal office. 2 U.S.C. § 431(8)(A)(i). However, any loan of money which is made by a State bank, a federally chartered depository institution, or a depository institution which is insured by the FDIC, FSLIC, or NCUA and which is made in accordance with applicable law and in the ordinary course of business is not a contribution. 2 U.S.C. § 431(8)(B)(vii). A loan is a contribution when it is made and to the extent that it remains unpaid. The term "political committee" means any separate segregated fund established under the provisions of 2 U.S.C. § 441b(b). 2 U.S.C. § 441b. The term "person" includes an individual, partnership, committee, association, corporation,

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labor organization, or any other organization or group of persons, but does not include the Federal Government or any authority of the Federal Government. 2 U.S.C. § 431(11).

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Therefore, there is reason to believe that Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, violated 2 U.S.C. § 441b(a) by knowingly receiving a corporate contribution prohibited by 2 U.S.C. § 441b.

1. In its 1990 October Quarterly Report, the Committee reported a September 18, 1990 payment of \$320.82 to Medical and Chirurgical for interest on the loan. In its 1990 Year-End Report, the Committee reported two interest payments on the loan, a December 19, 1990 payment of \$962.49 and a December 27, 1990 payment of \$213.89.

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**BEFORE THE FEDERAL ELECTION COMMISSION**

In the Matter of

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MUR 3260

**INTERROGATORIES AND REQUEST  
FOR PRODUCTION OF DOCUMENTS**

TO: Maryland Medical Political Action Committee  
1211 Cathedral Street  
Baltimore, MD 21201

In furtherance of its investigation in the above-captioned matter, the Federal Election Commission hereby requests that you submit answers in writing and under oath to the questions set forth below within 15 days of your receipt of this request. In addition, the Commission hereby requests that you produce the documents specified below, in their entirety, for inspection and copying at the Office of the General Counsel, Federal Election Commission, Room 659, 999 E Street, N.W., Washington, D.C. 20463, on or before the same deadline, and continue to produce those documents each day thereafter as may be necessary for counsel for the Commission to complete their examination and reproduction of those documents. Clear and legible copies or duplicates of the documents which, where applicable, show both sides of the documents may be submitted in lieu of the production of the originals.

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INSTRUCTIONS

In answering these interrogatories and request for production of documents, furnish all documents and other information, however obtained, including hearsay, that is in possession of, known by or otherwise available to you, including documents and information appearing in your records.

Each answer is to be given separately and independently, and unless specifically stated in the particular discovery request, no answer shall be given solely by reference either to another answer or to an exhibit attached to your response.

The response to each interrogatory propounded herein shall set forth separately the identification of each person capable of furnishing testimony concerning the response given, denoting separately those individuals who provided informational, documentary or other input, and those who assisted in drafting the interrogatory response.

If you cannot answer the following interrogatories in full after exercising due diligence to secure the full information to do so, answer to the extent possible and indicate your inability to answer the remainder, stating whatever information or knowledge you have concerning the unanswered portion and detailing what you did in attempting to secure the unknown information.

Should you claim a privilege with respect to any documents, communications, or other items about which information is requested by any of the following interrogatories and requests for production of documents, describe such items in sufficient detail to provide justification for the claim. Each claim of privilege must specify in detail all the grounds on which it rests.

Unless otherwise indicated, the discovery request shall refer to the time period from August 6, 1990 to December 31, 1990.

The following interrogatories and requests for production of documents are continuing in nature so as to require you to file supplementary responses or amendments during the course of this investigation if you obtain further or different information prior to or during the pendency of this matter. Include in any supplemental answers the date upon which and the manner in which such further or different information came to your attention.

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DEFINITIONS

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"Persons" shall be deemed to include both singular and plural, and shall mean any natural person, partnership, committee, association, corporation, or any other type of organization or entity.

"Document" shall mean the original and all non-identical copies, including drafts, of all papers and records of every type in your possession, custody, or control, or known by you to exist. The term document includes, but is not limited to books, letters, contracts, notes, diaries, log sheets, records of telephone communications, transcripts, vouchers, accounting statements, ledgers, checks, money orders or other commercial paper, telegrams, telexes, pamphlets, circulars, leaflets, reports, memoranda, correspondence, surveys, tabulations, audio and video recordings, drawings, photographs, graphs, charts, diagrams, lists, computer print-outs, and all other writings and other data compilations from which information can be obtained.

"Identify" with respect to a document shall mean state the nature or type of document (e.g., letter, memorandum), the date, if any, appearing thereon, the date on which the document was prepared, the title of the document, the general subject matter of the document, the location of the document, the number of pages comprising the document.

"Identify" with respect to a person shall mean state the full name, the most recent business and residence addresses and the telephone numbers, the present occupation or position of such person, the nature of the connection or association that person has to any party in this proceeding. If the person to be identified is not a natural person, provide the legal and trade names, the address and telephone number, and the full names of both the chief executive officer and the agent designated to receive service of process for such person.

"And" as well as "or" shall be construed disjunctively or conjunctively as necessary to bring within the scope of these interrogatories and requests for the production of documents any documents and materials which may otherwise be construed to be out of their scope.

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Maryland Medical Political Action Committee  
MUR 3260  
Page 4

1. State your relation to the Medical and Chirurgical Faculty of Maryland.

2. Identify the purpose for which Medical and Chirurgical Faculty of Maryland made a \$35,000 loan to Maryland Medical Political Action Committee ("Committee") and provide any documents relating to the loan or the repayment of the loan.

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OGC 1088

**RIFKIN, EVANS, SILVER & ROZNER**

ATTORNEYS AT LAW

HARBOR COURT • SUITE 200  
575 SOUTH CHARLES STREET  
BALTIMORE, MARYLAND 21201  
TELEPHONE: (301) 837-9700  
800-673-8855  
FAX: (301) 837-9716

91 MAY 10 AM 10:52

ALAN M. RIFKIN  
GERARD E. EVANS\*  
EDGAR P. SILVER\*\*  
JOEL D. ROZNER  
JEAN S. FUGETT, JR. \*\*  
STEPHEN C. BUCKINGHAM  
MICHAEL V. JOHANSEN  
\*MEMBER DISTRICT OF COLUMBIA  
AND PENNSYLVANIA BAR  
\*\*COUNSEL

6411 IVY LANE • SUITE 116  
GREENBELT, MARYLAND 20770  
TELEPHONE: (301) 441-3000  
FAX: (301) 441-3003

ANNAPOLIS OFFICE  
224 MAIN STREET  
ANNAPOLIS, MARYLAND 21401  
TELEPHONE: (301) 880-0804  
FROM BALTIMORE: (301) 974-8382  
FROM WASHINGTON: (301) 880-8303  
FAX: (301) 974-8386

May 7, 1991

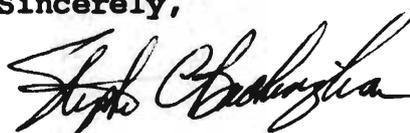
Federal Election Commission  
Office of the General Counsel  
Room 659  
999 E Street, N.W.  
Washington, D. C. 20463

Re: MUR 3260

Dear Sir/Madam:

Please find enclosed the responses to interrogatories on behalf of the Medical and Chirurgical Faculty of Maryland and on behalf Mr. Joseph Harrison, Treasurer, Maryland Medical Political Action Committee. We hope that this will answer the Commission's concerns regarding the transactions in question. Please advise if we can be of further assistance.

Sincerely,



Stephen C. Buckingham  
Legal Counsel

SCB/bml

91 MAY 10 PM 3:29

RECEIVED  
FEDERAL ELECTION COMMISSION  
OFFICE OF THE GENERAL COUNSEL

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BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of

) MUR 3260  
)  
)

ANSWERS TO INTERROGATORIES AND REQUEST  
FOR PRODUCTION OF DOCUMENTS

Medical and Chirurgical Faculty of Maryland, by its attorneys, Rifkin, Evans, Silver and Rozner, provides the following Answers to Interrogatories and Request for Production of Documents by the Federal Election Commission:

1. a. State your relation to the Maryland Medical Political Action Committee.

Answer: Some members of the Medical and Chirurgical Faculty of Maryland (Med Chi) are also members of MMPAC. Med Chi also collects the dues on behalf of MMPAC, and its Treasurer is a full time employee of Med Chi. The MMPAC reimburses Med Chi for all expenditures, both direct and indirect, including postage, supplies and personnel time.

b. State whether Medical and Chirurgical Faculty of Maryland ("Medical and Chirurgical") is incorporated. If incorporated, state where and when and for what purpose Medical and Chirurgical was incorporated.

Answer: The Medical and Chirurgical Faculty of Maryland was incorporated by an Act of the General Assembly of Maryland in 1799.

c. Provide a copy of the articles of incorporation for Medical and Chirurgical.

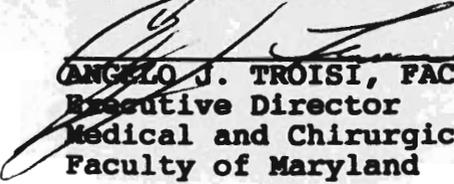
Answer: A copy of said Act is attached hereto.

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2. Identify the purpose for which Medical and Chirurgical made a \$35,000 loan to Maryland Medical Political Action Committee and provide any documents relating to the loan.

Answer: The sole purpose of the loan to Maryland Medical PAC was to allow the PAC to place monies in its account for contributions made to individuals seeking state and local office. At no time was any amount from the loan disbursed in connection with a federal election. A copy of the Reports of Receipts and Disbursements for the period in question is attached hereto.

I HEREBY CERTIFY that the foregoing is true and correct to the best of my knowledge, information and belief.

  
\_\_\_\_\_  
ANGELO J. TROISI, FACHE  
Executive Director  
Medical and Chirurgical  
Faculty of Maryland

91040373656

**STATEMENT OF DESIGNATION OF COUNSEL**

**MUR** 3260

**NAME OF COUNSEL:** Rifkin, Evans, Silver & Rozner

**ADDRESS:** 575 S. Charles Street

Suite 200

Baltimore, Maryland 21201

**TELEPHONE:** (301) 837-9700

The above-named individual is hereby designated as my  
counsel and is authorized to receive any notifications and other  
communications from the Commission and to act on my behalf before  
the Commission.

May 7, 1991  
Date

  
Signature

**RESPONDENT'S NAME:** The Medical and Chirurgical

**ADDRESS:** Faculty of Maryland

1211 Cathedral Street

Baltimore, Maryland 21201

**HOME PHONE:** \_\_\_\_\_

**BUSINESS PHONE:** (301) 539-0872

91040373657

**BEFORE THE FEDERAL ELECTION COMMISSION**

In the Matter of ) MUR 3260  
 )  
 )

**ANSWERS TO INTERROGATORIES AND REQUEST  
FOR PRODUCTION OF DOCUMENTS**

Joseph Harrison, Treasurer, Maryland Medical Political Action Committee by his attorneys, Rifkin, Evans, Silver and Rozner, provides the following Answers to Interrogatories and Request for Production of Documents by the Federal Election Commission:

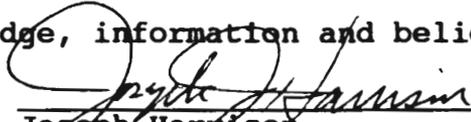
1. State your relation to the Medical and Chirurgical Faculty of Maryland.

Answer: Associate Executive Director.

2. Identify the purpose for which Medical and Chirurgical made a \$35,000 loan to Maryland Medical Political Action Committee ("Committee") and provide any documents relating to the loan or the repayment of the loan.

Answer: The sole purpose of the loan to Maryland Medical PAC was to allow the PAC to place monies in a separate account for contributions made to individuals seeking state and local office. At no time was any amount from the loan disbursed in connection with a federal election. A copy of the Reports of Receipts and Disbursements for the period in question is attached hereto.

I HEREBY CERTIFY that the foregoing is true and correct to the best of my knowledge, information and belief.

  
\_\_\_\_\_  
Joseph Harrison,  
Associate Executive Director,  
Medical and Chirurgical Faculty of  
Maryland

9 1 0 4 0 3 7 3 6 5 8

STATEMENT OF DESIGNATION OF COUNSEL

MUR 3260

NAME OF COUNSEL: Rifkin, Evans, Silver & Rozner

ADDRESS: 575 S. Charles Street

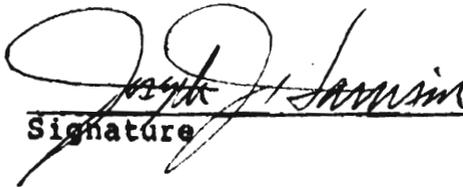
Suite 200

Baltimore, Maryland 21201

TELEPHONE: (301) 837-9700

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

5-7-91  
Date

  
Signature

RESPONDENT'S NAME: Mr. Joseph Harrison

ADDRESS: 1211 Cathedral Street

Baltimore, Maryland 21201

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: (301) 539-0872

91040373659

Medical and Chirurgical Faculty of the State of Maryland

ACT OF INCORPORATION

CHAP. CV.

An ACT to establish and incorporate a Medical and Chirurgical Faculty or Society in the State of Maryland.

WHEREAS it appears to the General Assembly of Maryland, That the establishment and incorporation of a Medical and Chirurgical Faculty, or Society of Physicians and Surgeons in the said State, will be attended with the most beneficial and salutary consequences, by promoting and disseminating Medical and Chirurgical knowledge throughout the State, and may in future prevent the citizens thereof from risking their lives in the hands of ignorant practitioners or pretenses to the healing art; Therefore

BE IT ENACTED, By the General Assembly of Maryland, That Gustavus Brown, William Lansdale, Barton Tabbe, Elijah Jackson and William H. Roach of Saint-Mary's county; James M. Anderson, junior, Morgan Browne, junior, Edward Scott, Robert Geddes, and Edward Warrell of Kent county; Charles Alexander Warfield, Richard Hopkins, Wilson Waters, Thomas Noble Stockett and William Murray of Anne-Arundel county; Thomas Bourne, Thomas Parran, Joseph Ireland, Daniel Rawlings, and James Gray of Calvert County; John Parnham, Gustavus Richard Brown, Daniel Jenifer and Gerard Wood of Charles county; Thomas Gradock, Thomas Love, John Crosswell, Philip Trapnell, and Christopher Todd of Baltimore county; Perry K. Noel, Stephen Theodore Johnson, Tristram Thomas and Ennalls Martin of Talbot county; Levin Irvin, Arnold Alzey, Ezekiel Haynie, John Woolford, and Matthias Jones of Somerset county; Edward White, James Sullivan, Dorsey Wyvill, William Hays and Moses Goldsborough of Dorchester county; Abraham Mitchell, William Miller, Alisha Harrison, John Grome and John King of Cecil county; Richard J. Duckett, William Beanes, junior, William Marshall, William Baker, and Robert Pottinger of Prince-Georges county; Upton Scott, James Murray, John Thomas Shaaff and Reverdy Chiffelin of the city of Annapolis; James Davidson, John Wells, Samuel Thompson, Robert Goldsborough, and John Thomas of Queen Annes county; John Neille, Thomas Fassitt, George Washington Funnell, John Funnell and John Huston of Worcester county; Philip Thomas, Francis Brown Sappington, William Hilleary, John Tyler, and Joseph Sim Smith of Frederick county; John Archer, Thomas H. Birkhead, Elijah Davis, and Thomas Archer of Harford county; Jesse Downes, John Young, junior, Benjamin Keene, Joseph Price and Henry Helm of Caroline county; George Brown, John Coulter, Miles Little John, George Buchanan, Lyde Goodwin, Ashton Alexander, Arthur Pae, Daniel Moores and Henry Stevenson of the city of Baltimore; Richard Pindell, Samuel Young, Peter Salts, Jacob Schnievley, and Zachariah Clagett of Washington county; Edward Gantt, Charles Worthington, Joseph Hall, Zadok Magruder, junior, James Anderson and Charles A. Beatty of Montgomery County, Benjamin Marrow, James Forbes and George Lynn of Allegany county; and such persons as they may from time to time elect, and their successors, are hereby declared to be one community, corporation and body politic, for ever, by and under the name ~~MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND~~ and title of the Medical and Chirurgical Faculty of the State of Maryland, and by and under the same name and title they shall be able and capable in Law to purchase, take, have and enjoy, to them and their successors, in fee, or

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Medical and Chirurgical Faculty of the State of Maryland

#2--Act of Incorporation, Chap. CV.

for lease estate or estates, any lands, tenements, rents, annuities, chattels, bank stock, registered debts, or other public securities within this State, by the gift, bargain, sale or devise, of any person or persons, bodies politic or corporate, capable to make the same, and the same at their pleasure to alien, sell, transfer or lease, and apply to such purposes as they may adjudge most conducive to the promoting and disseminating Medical and surgical knowledge, or to alleviating the calamities and miseries of their fellow citizens; Provided nevertheless, that the said Faculty or body politic shall not, at any one time, hold or possess property real, personal or mixed, exceeding in total value the sum of Ten thousand Dollars per annum.

AND BE IT ENACTED, That the members of the said Faculty above designated may and shall hold their first meeting at the city of Annapolis, on the first Monday in June next, or as soon thereafter as a number not less than fifteen of them can be convened, at which meeting they may appoint a President, a Secretary and Treasurer, make a common seal, and may elect into their body such Medical and Chirurgical practitioners within this State as they may think qualified to become members of the Faculty.

AND BE IT ENACTED, That it shall and may be lawful for the said Medical Faculty, or any number of them, then attending, (not less than fifteen,) to elect by Ballot, Twelve persons of the greatest Medical and Chirurgical abilities in the State, who shall be styled the Medical Board of Examiners for the State of Maryland, seven of whom shall be residents of the western and five of the Eastern Shore of Maryland, whose duty it shall be to grant Licenses to such Medical and Chirurgical gentlemen as they, either upon a full examination, or upon the production of Diplomas from some respectable College, may judge adequate to commence the practice of Medical and Chirurgical Arts, each person so obtaining a certificate to pay a sum not exceeding Ten Dollars, to be fixed on or ascertained by the Faculty.

AND BE IT ENACTED, That any five, of the Examiners appointed for the western, and any three of those appointed for the Eastern Shore, shall constitute a Board on their respective shores for examining such candidates as may apply on the said shores respectively, and shall subscribe their names to each certificate by them granted, which certificate shall be also countersigned by the President of the Faculty, and have the seal of the Faculty affixed thereto by the Secretary, upon the payment into the hands of the Treasurer of the sum of money to be ascertained as above by the Faculty; and anyone of said Examiners may grant a License to practice until a Board, in conformity to this act, can be held.

AND BE IT ENACTED, That after the appointment of the aforesaid Medical Board, no person, not already a practitioner of Medicine or Surgery, shall be allowed to practice in either of the said Branches and receive payment for his services, without having first obtained a License, certified as by this Law directed, under the penalty of Fifty Dollars for each offence, to be recovered in the county court where he may reside by Bill of Presentment and Indictment, one-half for the use of the Faculty and the other for that of the Informer.

AND BE IT ENACTED, That every person who, upon application, shall be elected a member of the Medical Faculty, shall pay a sum not exceeding Ten Dollars, to be ascertained by the Faculty.

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Medical and Surgical Faculty of the State of Maryland

Act of Incorporation, Chap. CV.

AND BE IT ENACTED, That the said Medical Faculty be and they are hereby empowered, from time to time, to make such By Laws, Rules and Regulations, as they may find requisite; to break or alter their common seal; to fix the times and places for their general meetings, for the meetings of the Board of Medical Examiners, the modes and times of electing Officers, filling up vacancies in the Medical Board, and to do and perform such other things as may be requisite for carrying this Act into execution, and which may not be repugnant to the Constitution and Laws of this State, or the United States.

By the House of Delegates

January 20th 1799

Read and assented to

By order

W<sup>m</sup> Harwood Cl.

By the Senate

January 20th 1799

Read and assented to

by order

A Van Horn Cl.

91040373662

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
MAY 10 1990

91 MAY 10 AM 10:52

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Maryland Medical Political Action Committee	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1211 Cathedral Street	<b>2. FEC IDENTIFICATION NUMBER</b> C00002501
<b>CITY, STATE and ZIP CODE</b> Baltimore, Maryland 21201	<b>3.</b> <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

### 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 Primary  
(Type of Election)  
election on 9/11/90 in the State of Md.
- 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>July 1, 1990</u> through <u>August 22, 1990</u>		
6.	(a) Cash on Hand January 1, 19 <u>90</u>		\$ 2,868.32
	(b) Cash on Hand at Beginning of Reporting Period	\$ 9,616.95	
	(c) Total Receipts (from Line 18)	\$ 35,008.99	\$ 161,529.52
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,625.94	\$ 164,397.84
7.	Total Disbursements (from Line 28)	\$ 37,645.84	\$ 157,417.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,900.10	\$ 6,980.10
9.	Debts and Obligations Owed TO 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 202-376-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Joseph J. Harrison

Signature of Treasurer:

Date

8/27/90

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 4/87)

91040373663

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
Maryland Medical Political Action Committee	From: 7/1/90	To: 8/22/90
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		125,665.00
(ii) Unitemized		
(iii) Total of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))		
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES		
13. ALL LOANS RECEIVED	35,000.00	35,000.00
14. LOAN REPAYMENTS RECEIVED		
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
17. OTHER RECEIPTS (Dividends, Interest, etc.)	8.99	864.52
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	35,008.99	161,529.52
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	(3,841.66)	23,830.24
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES		22,500.00
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		7,000.00
22. INDEPENDENT EXPENDITURES (use Schedule E)		
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		
24. LOAN REPAYMENTS MADE		
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS	41,487.50	104,087.50
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	37,645.84	157,417.74
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))		
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))		
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)		
32. TOTAL OPERATING EXPENDITURES (from Line 19)		
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)		
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)		

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11(a)(i)  
11(a)(ii)  
11(a)(iii)  
11(b)  
11(c)  
11(d)  
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26(a)  
26(b)  
26(c)  
26(d)  
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34

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)  
**Maryland medical Political Action Committee**

91040873665

<b>A. Full Name, Mailing Address and ZIP Code</b> Chase Bank of Maryland 10 East Baltimore Street Baltimore, Maryland 21201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer Interest</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year) 7/31/90	Amount of Each Receipt this Period \$ 8.99
<b>B. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	8.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)  
 Maryland Medical Political Action Committee

21040373666

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Med-chi Faculty 1211 Cathedral Street Baltimore, Maryland 21201	Checks Voided	8/9/90	\$ (2,593.07) (1,838.59)
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code R.E.T., Inc.	Purpose of Disbursement	8/6/90	Amount of Each Disbursement This Period 590.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	(3,841.66)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5  
FOR LINE NUMBER 27

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)

Maryland Medical Political Action Committee

91040373667

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Tom Hawkins	Thomas Hawkins State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/90	200.00
Friends of Sheila Hixson	Sheila Hixson State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/90	1,500.00
Friends of Jennie Forehand	Jennie Forehand State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/90	500.00
Friends of Carol Petzold	Carol Petzold State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/90	500.00
Friends of Pete Rawlings	Peter Rawlings State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/90	500.00
Friends of Sylvan Woods, Jr.	Sylvan Woods, Jr. State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/90	500.00
Friends of Gerald Curran	Gerald Curran State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/90	300.00
Friends of Hank Heller	Henry Heller State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/90	250.00
Friends of Carol Allen	Check Returned and Voided Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		(500.00)

SUBTOTAL of Disbursements This Page (optional) .....	3,750.00
TOTAL This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 5  
FOR LINE NUMBER 27

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)

Maryland Medical Political Action Committe

91040373668

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mike Gisrel	Micheal Gisrel State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/19/90	500.00
Friends of Ida Ruben 11 Schindler Court Silver Spring, Maryland 20903	Ida Ruben State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/23/90 8/7/90	1,000.00 500.00
Friends of Nat Exum 5611 Landover Road Hyattsville, Md. 20784	Nathan Exum State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/90	500.00
Friends of Buzz Ryan 131 House Office Building Annapolis, Maryland 21401	Charles Ryan State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/90	250.00
Fred & Harry's Resturant	Shiela Hixson State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/90	237.50
Friends of Vicky York	Victoria York State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/90	500.00
The O'Reilly, Johnson, & Healy Team 7219 Hanover Parkway Greenbelt, Md. 20770	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	5,500.00
Friends of Don Fry P.O. Box 55 Jarrettsville, Md. 21084	Donald Fry State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	3,000.00
Friends of Ron Smith P.O. Box 311 Frederick, Md. 21701	Ronald Smith State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00

SUBTOTAL of Disbursements This Page (optional) ..... 12,987.50

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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)

Maryland Medical Political Action Committee

91040373669

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Frank Komenda 1218 Kings Tree Drive Mitchellville, Md. 20716	Frank Komenda State Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00
Friends of Patty Sher 1916 Rockwood Road Silver Spring, Md. 20910	Pat Sher State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	2,500.00
Friends of Mary Boergers 4417 Puller Drive Kensington, Md. 20895	Mary Boergers State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,500.00
Friends of Farrell Maddox 418 Eastern Blvd. Baltimore, Md. 21221	Farrell Maddox State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00
41st District Team 4811 Liberty Heights Ave. Baltimore, Md. 21207	Clarence Blount State Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	2,500.00
Friends of Tony DiPietro 225 S. Clinton Street Baltimore, Md. 21224	Anthony DiPietro State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00
Friends of Decatur Trotter 1422 3rd Street Glenarden, Md. 20706	Decatur Trotter State Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	2,500.00
Friends of John Hurson 4912 Delray Ave. Bethesda, Md. 20814	John Hurson State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00
Friends of John Jefferies 3006 Hamilton Ave Baltimore, Md. 21214	John Jefferies State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00

SUBTOTAL of Disbursements This Page (optional) ..... 14,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

Maryland Medical Political Action Committee

91040373670

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Nancy Murphy 1330 Sulphur Spring Road Arbutus, Md. 21227	Nancy Murphy State Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	250.00
Friends of Bill Beven 349 Main Street Laurel, Md. 20707	William Beven State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	250.00
Maryland Democratic Party 141 Main Street Belair, Md. 21014	William Cox State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00
P. G. County PAC 4172 Suitland Road Suitland, Md. 20746	Kevin Jefferson State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/90	1,000.00
Friends of Terry Bohrer	Terry Bohrer State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/90	1,000.00
Maryland Democratic Party 141 N. Main Street Belair, Md. 21014	Terry Bohrer State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/9/90	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	4,000.00
TOTAL This Period (last page this line number only) .....	41,487.50

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)  
Maryland Medical Political Action Committee

21040373671

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Medical & Chirurgical Faculty of Maryland 1211 Cathedral Street Baltimore, Maryland 21201  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Loan  Occupation  Aggregate Year-to-Date > \$	8/6/90	\$35,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	  Occupation  Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	\$35,000.00

Name of Committee (in Full)  
Maryland Medical Political Action Committee

<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> Medical & Chirurgical Faculty of Maryland 1211 Cathedral Street Baltimore, Maryland 21201	<b>Original Amount of Loan</b>  \$35,000.00	<b>Cumulative Payment To Date</b>  0.00	<b>Balance Outstanding at Close of This Period</b>  \$35,000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>8/6/90</u> Date Due <u>8/1/91</u> Interest Rate <u>11</u> %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	\$35,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

21040373672

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
MAIL ROOM

91 MAY 10 AM 10: 52

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Maryland Medical Political Action Committee</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1211 Cathedral Street</b>	2. FEC IDENTIFICATION NUMBER <b>C00002501</b>
CITY, STATE and ZIP CODE <b>Baltimore, Maryland 21201</b>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

### 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>8/23/90</u> through <u>9/30/90</u>		
6. (a) Cash on Hand January 1, 19 <u>90</u>		\$ 2,868.32
(b) Cash on Hand at Beginning of Reporting Period	\$ 6,980.10	
(c) Total Receipts (from Line 18)	\$ 8.45	\$ 161,537.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 6,988.55	\$ 164,406.29
7. Total Disbursements (from Line 28)	\$ 1,545.50	\$ 158,963.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,443.05	\$ 5,443.05
9. Debts and Obligations Owed TO 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 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Joseph J. Harrison

Signature of Treasurer

Date

10/9/90

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 4-87)

91040373673

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
Maryland Medical Political Action Committee	From: 8/23/90	To: 9/30/90
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11 CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		125,665.00
(ii) Unitemized		125,665.00
(iii) Total of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))		125,665.00
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES		
13. ALL LOANS RECEIVED		35,000.00
14. LOAN REPAYMENTS RECEIVED		
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
17. OTHER RECEIPTS (Dividends, Interest, etc.)	8.45	872.97
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	8.45	161,537.97
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	1,545.50	25,375.74
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES		22,500.00
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		7,000.00
22. INDEPENDENT EXPENDITURES (use Schedule E)		
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		
24. LOAN REPAYMENTS MADE		
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS		104,087.50
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	1,545.50	158,963.24
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))		
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))		
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)		
32. TOTAL OPERATING EXPENDITURES (from Line 19)		
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)		
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)		

91040373674

11(a)  
11(a)  
11(a)  
11(b)  
11(c)  
11(d)  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26(a)  
26(b)  
26(c)  
26(d)  
27  
28  
29  
30  
31  
32  
33  
34

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)

Maryland Medical Political Action Committee

A. Full Name, Mailing Address and ZIP Code Chase Bank Of Maryland 10 East Baltimore Street Baltimore, Maryland 21201	Name of Employer  Interest  Occupation	Date (month, day, year)  8/31/90	Amount of Each Receipt this Period  \$ 8.45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

91040873675

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	8.45

# REPORT OF RECEIPTS AND DISBURSEMENTS

Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
MAIL ROOM

91 MAY 10 AM 10:52

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Maryland Medical Political Action Committee	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1211 Cathedral Street	<b>2. FEC IDENTIFICATION NUMBER</b>  C00002501
<b>CITY, STATE and ZIP CODE</b> Baltimore, Maryland 21201	<b>3.</b> <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

## 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 General  
(Type of Election)  
election on 11/6/90 in the State of Maryland
- 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>10/1/90</u> through <u>10/17/90</u>		
6. (a) Cash on Hand January 1, 19 <u>90</u>		\$ 2,868.32
(b) Cash on Hand at Beginning of Reporting Period	\$ 5,443.05	
(c) Total Receipts (from Line 18)	\$ 8.08	\$ 161,546.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,451.13	\$ 164,414.37
7. Total Disbursements (from Line 28)	\$ 5,043.85	\$ 164,007.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 407.28	\$ 407.28
9. Debts and Obligations Owed TO 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 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Joseph J. Harrison

Signature of Treasurer

Date

10/18/90

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 4:87)

91040373676

# TAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3X)

Name of Committee (in full) Maryland Medical Political Action Committee	Report Covering the Period From: 10/1/90 To: 10/17/90	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A)		
(ii) Unitemized		125,665.00
(iii) Total of contributions from individuals		125,665.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))		125,665.00
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES		
13. ALL LOANS RECEIVED		35,000.00
14. LOAN REPAYMENTS RECEIVED		
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
17. OTHER RECEIPTS (Dividends, Interest, etc.)	8.08	881.05
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	8.08	161,546.05
<b>II. DISBURSEMENTS</b>		
19. OPERATING EXPENDITURES	4,243.85	29,619.59
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES		22,500.00
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		7,000.00
22. INDEPENDENT EXPENDITURES (use Schedule E)		
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		
24. LOAN REPAYMENTS MADE		
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS	800.00	104,887.50
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	5,043.85	164,007.09
<b>III. NET CONTRIBUTIONS/OPERATING EXPENDITURES</b>		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))		
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))		
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)		
32. TOTAL OPERATING EXPENDITURES (from Line 19)		
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)		
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)		

2 1 0 4 0 3 7 3 6 7 7

11(a)(i)  
11(a)(ii)  
11(a)(iii)  
11(b)  
11(c)  
11(d)  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26(a)  
26(b)  
26(c)  
26(d)  
27  
28  
29  
30  
31  
32  
33  
34

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

Maryland Medical Political Action Committee

91040373678

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chase Bank of Maryland 10 East Baltimore Street Baltimore, Maryland 21201	Interest	9/30/90	8.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

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

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

8.08

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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)

Maryland Medical Political Action Committee

91040373679

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Med & Chi Faculty 1211 Cathedral Street Baltimore, Maryland 21201	Postage & Mailing Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/90	4,183.85
B. Full Name, Mailing Address and ZIP Code Postmaster of Baltimore 900 East Fayette Street Baltimore, Maryland 21233	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/90	60.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) .....

4,243.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 27

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)

Maryland Medical Political Action Committee

91040373630

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Rose Mary Bonsak 205 Hemlock Avenue Aberdeen, Maryland 21001	Rose Mary Bonsak State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/90	400.00
Friends of Aris Allen 1323 Magnolia Avenue Annapolis, Maryland 21403	Aris Allen State Delegate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/90	400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) .....	800.00

LOANS

10/1/90 - 10/17/90

Name of Committee (in Full)  
Maryland Medical Political Action Committee-

A. Full Name, Mailing Address and ZIP Code of Loan Source Medical & Chirurgical Faculty of Maryland 1211 Cathedral Street Baltimore, Maryland 21201	Original Amount of Loan \$35,000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period \$35,000.00
--	--	------------------------------------	--

Election:  Primary  General  Other (specify):

Terms: Date Incurred 8/6/90 Date Due 8/1/91 Interest Rate 11 %(apr)  Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ %(apr)  Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) . . . . .  
TOTALS This Period (last page in this line only) . . . . . \$35,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

91040373681

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
MAIL

91 MAY 10 AM 10: 52

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Maryland Medical Political Action Committee	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 1211 Cathedral Street	<b>2. FEC IDENTIFICATION NUMBER</b> C00002501
<b>CITY, STATE and ZIP CODE</b> Baltimore, Maryland 21201	<b>3.</b> <input type="checkbox"/> This committee qualified as a multicandidate committee <b>DURING THIS</b> Reporting Period on _____ (date).

### 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 11/6/90 in the State of Maryland

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>10/18/90</u> through <u>11/26/90</u>		
6.	(a) Cash on Hand January 1, 19 <u>90</u>		\$ 2,868.32
	(b) Cash on Hand at Beginning of Reporting Period	\$ 407.28	
	(c) Total Receipts (from Line 18)	\$ 150.00	\$ 161,696.05
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 557.28	\$ 164,564.37
7.	Total Disbursements (from Line 28)	\$ 300.00	\$ 164,307.09
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 257.28	\$ 257.28
9.	Debts and Obligations Owed <b>TO</b> 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 202-376-3120
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 35,000.00	

*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

Signature of Treasurer

Date

12/5/90

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 4/87)

91040373682

**DETAILED SUMMARY PAGE**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3X)

Name of Committee (in full) Maryland Medical Political Action Committee	Report Covering the Period From: 10/18/90 To: 11/26/90	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized	150.00	125,815.00
(iii) Total of contributions from individuals	150.00	125,815.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))	150.00	125,815.00
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES		
13. ALL LOANS RECEIVED		35,000.00
14. LOAN REPAYMENTS RECEIVED		
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
17. OTHER RECEIPTS (Dividends, Interest, etc.)		881.05
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	150.00	161,696.05
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES		29,619.59
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES	300.00	22,800.00
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		7,000.00
22. INDEPENDENT EXPENDITURES (use Schedule E)		
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		
24. LOAN REPAYMENTS MADE		
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS		104,887.50
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	300.00	164,307.09
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))		
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))		
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)		
32. TOTAL OPERATING EXPENDITURES (from Line 19)		
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)		
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)		

3  
3  
6  
3  
7  
3  
0  
4  
0  
4  
1  
0

11(a)(i)  
11(a)(ii)  
11(a)(iii)  
11(b)  
11(c)  
11(d)  
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22  
23  
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25  
26(a)  
26(b)  
26(c)  
26(d)  
27  
28  
29  
30  
31  
32  
33  
34

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)  
**Maryland Medical Political Action Committee**

21040373684

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 1100 Vermont Ave., NW Washington, DC @0005	Contributions to AMPAC for joint fundraising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/90	300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) .....	300.00

Name of Committee (in Full) <b>Maryland Medcial Political Action Committee</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Medical &amp; Chirurgical Faculty of Maryland 1211 Cathedral Street Baltimore, Maryland 21201</b>	Original Amount of Loan <b>35,000.00</b>	Cumulative Payment To Date	Balance Outstanding at Close of This Period <b>35,000.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>8/6/90</u> Date Due <u>8/1/91</u> Interest Rate <u>11</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) . . . . .			
TOTALS This Period (last page in this line only) . . . . .			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

91040373685

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
MAY 10 1991

91 MAY 10 AM 10:52

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Maryland Medical Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1211 Cathedral Street	2. FEC IDENTIFICATION NUMBER C00002501
CITY, STATE and ZIP CODE Baltimore, Maryland 21201	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

### 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 <u>11/27/90</u> through <u>12/31/90</u>		
6. (a) Cash on Hand January 1, 19 <u>90</u>		\$ 2,868.32
(b) Cash on Hand at Beginning of Reporting Period	\$ 257.28	
(c) Total Receipts (from Line 18)	\$ 59,603.01	\$ 221,299.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 59,860.29	\$ 224,167.38
7. Total Disbursements (from Line 28)	\$ 45,038.40	\$ 209,345.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,821.89	\$ 14,821.89
9. Debts and Obligations Owed TO 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 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Signature of Treasurer

Joseph J. Harrison

Date

1/29/91

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 4/87)

91040373686

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3X)

Name of Committee (in full)	Report Covering the Period	
Maryland Medical Political Action Committee	From: 11/27/90	To: 12/31/90
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized	59,565.00	185,380.00
(iii) Total of contributions from individuals	59,565.00	185,380.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTIONS (add 11(a)(iii), (b), and (c))	59,565.00	185,380.00
12. TRANSFERS FROM AFFILIATED/OTHER PARTY COMMITTEES		
13. ALL LOANS RECEIVED		35,000.00
14. LOAN REPAYMENTS RECEIVED		
15. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
16. REFUNDS OF CONTRIBUTIONS MADE TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		
17. OTHER RECEIPTS (Dividends, Interest, etc.)	38.01	919.06
18. TOTAL RECEIPTS (add 11(d), 12, 13, 14, 15, 16 and 17)	59,603.01	221,299.06
II. DISBURSEMENTS		
19. OPERATING EXPENDITURES	10,038.40	39,657.99
20. TRANSFERS TO AFFILIATED/OTHER PARTY COMMITTEES		22,800.00
21. CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES		7,000.00
22. INDEPENDENT EXPENDITURES (use Schedule E)		
23. COORDINATED EXPENDITURES MADE BY PARTY COMMITTEES (2 U.S.C. 441a(d)) (use Schedule F)		
24. LOAN REPAYMENTS MADE	35,000.00	35,000.00
25. LOANS MADE		
26. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 26(a), (b), and (c))		
27. OTHER DISBURSEMENTS		104,887.50
28. TOTAL DISBURSEMENTS (add 19, 20, 21, 22, 23, 24, 25, 26(d) and 27)	45,038.40	209,345.49
III. NET CONTRIBUTIONS/OPERATING EXPENDITURES		
29. TOTAL CONTRIBUTIONS (other than loans) (from Line 11(d))		
30. TOTAL CONTRIBUTION REFUNDS (from Line 26(d))		
31. NET CONTRIBUTIONS (other than loans) (subtract Line 30 from 29)		
32. TOTAL OPERATING EXPENDITURES (from Line 19)		
33. OFFSETS TO OPERATING EXPENDITURES (from Line 15)		
34. NET OPERATING EXPENDITURES (subtract Line 33 from 32)		

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11(a) 11(a) 11(a) 11(b) 11(c) 11(d) 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26(a) 26(b) 26(c) 26(d) 27 28 29 30 31 32 33 34

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

Maryland Medical Political Action Committee

9  
1  
0  
4  
0  
3  
7  
3  
6  
8  
8

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chase Bank of Maryland 10 East Baltimore Street Baltimore, Maryland 21201	Interest	12/31/90	38.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	38.01

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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)

Maryland Mecialc Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rifkin, Evans and Silver 575 S. Charles St., Ste 200 Baltimore, Maryland 21201	Meeting Expense	12/19/90	2,105.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code Medical & Chirurgical Faculty 1211 Cathedral Street Baltimore, Maryland 21201	Interest on Loan	12/19/90	962.49
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/90	213.89
C. Full Name, Mailing Address and ZIP Code Jay's Tavern, Inc. 1309-11 North Charles Street Baltimore, Maryland 21201	Meeting Expense	12/21/90	283.98
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/90	3,293.13
D. Full Name, Mailing Address and ZIP Code Rifken, Evans & Silver 575 S. Charles St., Ste 200 Baltimore, Maryland 21201	Legal Fees	12/31/90	3,179.06
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

10,038.40

91040373689

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)**  
**Maryland 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
Medical & Chirurgical Faculty 1211 Cathedral Street Baltimore, Maryland 21201	Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/21/90	35,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) .....	35,000.00

91040373690

Name of Committee (in Full) <b>Maryland Medical Political Action Committee</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>Medical &amp; Chirurgical Faculty 1211 Cathedral Street Baltimore, Maryland 21201</b>	Original Amount of Loan <b>35,000.00</b>	Cumulative Payment To Date <b>35,000.00</b>	Balance Outstanding at Close of This Period <b>-0-</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>8/6/90</u> Date Due <u>8/1/91</u> Interest Rate <u>11</u> %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) . . . . .			
TOTALS This Period (last page in this line only) . . . . .			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

91040373691



MARYLAND NATIONAL BANK

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MI-A 227

1 OF 2

4313532

07/31/90

08/31/90

35

MD MEDICAL POLITICAL ACTION  
COMMITTEE  
1211 CATHEDRAL ST  
BALTO MD 21201

—  
—  
—

COMMERCIAL CHECKING STATEMENT

BEGINNING BALANCE	7,302.12
2 DEPOSITS/CREDITS	37,500.00
INTEREST PAID	.00
35 CHECKS/DEBITS	38,300.00
0 SERVICE CHARGES/FEEs	.00
ENDING BALANCE	6,502.12

CHECKING TRANSACTIONS

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
08/01	CHECK 3056	1,000.00		6,302.12
08/02	DEPOSIT		2,500.00 ✓	8,302.12
08/02	CHECK 3053	300.00		8,502.12
08/06	CHECK 3019	500.00		8,002.12
08/07	DEPOSIT		35,000.00 ✓	43,002.12
08/10	CHECK 3063	3,000.00		40,002.12
08/10	CHECK 3064	1,000.00		39,002.12
08/13	CHECK 3070	2,500.00		36,502.12
08/13	CHECK 3073	1,000.00		35,502.12
08/13	CHECK 3082	1,000.00		34,502.12
08/13	CHECK 3086	1,000.00		33,502.12
08/14	CHECK 3072	2,500.00		31,002.12
08/14	CHECK 3065	1,000.00		30,002.12
08/14	CHECK 3084	250.00		29,752.12
08/15	CHECK 3074	1,000.00		28,752.12
08/16	CHECK 3067	2,500.00		26,252.12
08/16	CHECK 3069	1,000.00		25,252.12
08/16	CHECK 3075	1,000.00		24,252.12
08/16	CHECK 3076	1,000.00		23,252.12
08/16	CHECK 3077	1,000.00		22,252.12
08/16	CHECK 3043	500.00		21,752.12
08/16	CHECK 3060	500.00		21,252.12
08/16	CHECK 3078	500.00		20,752.12
08/16	CHECK 3083	500.00		20,252.12
08/17	CHECK 3081	1,000.00		19,252.12
08/17	CHECK 3089	1,000.00		18,252.12
08/17	CHECK 3054	250.00		18,002.12
08/17	CHECK 3085	250.00		17,752.12
08/20	CHECK 3079	500.00		17,252.12

REVIEW THIS STATEMENT CAREFULLY. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

PLEASE NOTIFY YOUR MARYLAND NATIONAL BANK BRANCH OF ANY DISCREPANCIES.

91040373692

9 1 0 4 0 8 7 3 6 9 3

ALL ITEMS RECEIVED SUBJECT TO TERMS AND CONDITIONS OF APPLICABLE LAW, REGULATIONS AND DEPOSIT AGREEMENT

FOR CREDIT TO THE ACCOUNT OF

DATE 8-7 19 70

CITY ADDRESS

DOLLARS CENTS

CURRENCY		
COIN		
LIST CHECKS SIMPLY BY BANK NUMBER		
1	35.00	
2		
3		
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19		
20		

*From Med. Chi.*

PLEASE ENTER TOTAL

25000 00

TOTAL ITEMS

00

MEMPHIS 1414 JCSB 030790 05 0157  
0004313582 CHECKS DEPOSIT \$35,000.00

AMERICAN BANK NOTE COMPANY

**RIFKIN, EVANS, SILVER & ROZNER**

ATTORNEYS AT LAW

HARBOR COURT • SUITE 200  
978 SOUTH CHARLES STREET  
BALTIMORE, MARYLAND 21201  
TELEPHONE: (301) 837-9700  
800-673-8888  
FAX: (301) 837-9716

6411 IVY LANE • SUITE 116  
GREENBELT, MARYLAND 20770  
TELEPHONE: (301) 441-3000  
FAX: (301) 441-3003

ANNAPOLIS OFFICE  
224 MAIN STREET  
ANNAPOLIS, MARYLAND 21401  
TELEPHONE: (301) 250-0804  
FROM BALTIMORE: (301) 974-8383  
FROM WASHINGTON: (301) 556-8303  
FAX: (301) 974-8386

ALAN M. RIFKIN  
GERARD E. EVANS\*\*  
EDGAR P. SILVER\*\*  
JOEL D. ROZNER  
JEAN S. FUGETT, JR. \*\*  
STEPHEN C. BUCKINGHAM  
MICHAEL V. JOHANSEN  
\*\*MEMBER DISTRICT OF COLUMBIA  
AND PENNSYLVANIA BAR  
\*\*COUNSEL

July 26, 1991

MUR 3260

Ms. Mary Takser  
Federal Elections Commission  
Office of the General Counsel  
Room 659  
999 E Street, N.W.  
Washington, D. C. 20463

Dear Ms. Takser:

Please find enclosed the documentation you requested to verify that the Maryland Medical Political Action Committee operated two separate bank accounts, one for federal elections and one for state and local elections. You will find enclosed copies of bank statements for the period requested as well as campaign fund report summaries for the State of Maryland.

I hope that this satisfies your need for information so that this matter can be finally resolved. Should there still be issues outstanding, we would like to retain the option of seeking conciliation. For your information, the Treasurer of the PAC was advised by the Commission to include state and local campaign contributions on the federal form even though they were made from a separate account.

Sincerely,

Stephen C. Buckingham  
Legal Counsel  
Medical and Chirurgical Faculty  
of Maryland

SCB/bml  
Enclosures

91 JUL 30 AM 9:57  
FEDERAL ELECTIONS COMMISSION  
MAIL ROOM

91 JUL 31 PM 12:01  
FEDERAL ELECTIONS COMMISSION

91040373694



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MI-A 227	1 OF 1	6116032
11/30/90	12/31/90	0

MD MEDICAL POLITICAL ACTION  
 COMMITTEE  
 JOSEPH J HARRISON TREAS  
 1211 CATHEDRAL ST  
 BALTO MD 21201

*PERSONAL CONTRIBUTION (NON CORPORATE)*  
**RECEIVED JAN 04 1991**

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	503.27
0 DEPOSITS/CREDITS	.00
INTEREST PAID	.00
0 CHECKS/DEBITS	.00
0 SERVICE CHARGES/FEES	.00
ENDING BALANCE	503.27

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
------	-------------------------	-------------------------	----------------------------	-----------------

**\*\* NO ACTIVITY THIS STATEMENT PERIOD \*\***

RECEIVED  
 POLITICAL ACTION COMMITTEE  
 91 JUL 31 PM 12:01

91040373695



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MEMBER FDIC

BRANCH	ACCOUNT NO.	6116032
MD 227	1 OF 1	
STATE	DATE	11/30/90
10/31/90	11/30/90	1

MD MEDICAL POLITICAL ACTION  
COMMITTEE  
JOSEPH J HARRISON TREAS  
1211 CATHEDRAL ST  
BALTO MD 21201

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	183.27
2 DEPOSITS/CREDITS	620.00
INTEREST PAID	.00
1 CHECKS/DEBITS	300.00
0 SERVICE CHARGES/FEES	.00
ENDING BALANCE	503.27

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
11/01	DEPOSIT		150.00	333.27
11/07	CHECK 1534	300.00		33.27
11/29	DEPOSIT		470.00	503.27

**CHECK SUMMARY**

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
1534	11/07	300.00						

91040873696

REVIEW THIS STATEMENT CAREFULLY. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

PLEASE NOTIFY YOUR MARYLAND NATIONAL BANK BRANCH OF ANY ADDRESS CHANGES OR ERRORS IN THIS ACCOUNT. OR CALL OUR RETAIL INFORMATION CENTER: IN BALTIMORE (244-6000). IN THE WASHINGTON SUBURBAN AREA (982-7111), OR IN MARYLAND (1-800-492-BANK)

**RECEIVED** NOV 06 1990

MD MEDICAL POLITICAL ACTION  
 COMMITTEE  
 JOSEPH J HARRISON TREAS  
 1211 CATHEDRAL ST  
 BALTO MD 21201

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	2,083.27
1 DEPOSITS/CREDITS	2,751.27
INTEREST PAID	.00
2 CHECKS/DEBITS	4,651.27
0 SERVICE CHARGES/FEES	.00
ENDING BALANCE	183.27

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
10/09	CHECK 1533	1,900.00		183.27
10/15	DEPOSIT		2,751.27	2,934.54
10/25	DEBIT MEMO	2,751.27		183.27

**CHECKING EFT (ELECTRONIC FUNDS TRANSFER) SUMMARY**

TRAN CODE	TRANSMITTAL DESCRIPTION	TRAN DATE	TRANSACTION DESCRIPTION	POST DATE	TRANSACTION AMOUNT
	EFT TRANSFER TO CHECKI NG	102590	\$GSN42270001	1025	2,751.2

**CHECK SUMMARY**

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
1533	10/09	1,900.00						

21040373697



**MARYLAND NATIONAL BANK** H

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MEMBER FDIC

MI-A 227	1 OF 1	6116032
08/31/90	09/28/90	0

MD MEDICAL POLITICAL ACTION  
COMMITTEE  
JOSEPH J HARRISON TREAS  
1211 CATHEDRAL ST  
BALTO MD 21201

**RECEIVED OCT 03 1990**

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	2,083.27
0 DEPOSITS/CREDITS	.00
INTEREST PAID	.00
0 CHECKS/DEBITS	.00
0 SERVICE CHARGES/FEES	.00
ENDING BALANCE	2,083.27

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
------	-------------------------	----------------------------	-------------------------------	--------------------

**\*\* NO ACTIVITY THIS STATEMENT PERIOD \*\***

91040373698

REVIEW THIS STATEMENT CAREFULLY. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

PLEASE NOTIFY YOUR MARYLAND NATIONAL BANK BRANCH OF ANY ADDRESS CHANGES OR ERRORS IN THIS ACCOUNT. OR CALL OUR RETAIL INFORMATION CENTER: IN BALTIMORE (244-6000) IN THE WASHINGTON SUBURBAN AREA (982-7111), OR IN MARYLAND (1-800-432-BANK).



**MARYLAND NATIONAL BANK** H

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MEMBER FDIC

MI-A 227

1 OF 1

6116032

07/31/90

08/31/90

0

MD MEDICAL POLITICAL ACTION  
COMMITTEE  
JOSEPH J HARRISON TREAS  
1211 CATHEDRAL ST  
BALTO MD 21201

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	2,083.27
0 DEPOSITS/CREDITS	.00
INTEREST PAID	.00
0 CHECKS/DEBITS	.00
0 SERVICE CHARGES/FEEES	.00
ENDING BALANCE	2,083.27

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
------	-------------------------	----------------------------	-------------------------------	--------------------

**\*\* NO ACTIVITY THIS STATEMENT PERIOD \*\***

21040373699

REVIEW THIS STATEMENT CAREFULLY. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

PLEASE NOTIFY YOUR MARYLAND NATIONAL BANK BRANCH OF ANY ADDRESS CHANGES OR ERRORS IN THIS ACCOUNT, OR CALL OUR RETAIL INFORMATION CENTER: IN BALTIMORE (214-6000), IN THE WASHINGTON SUBURBAN AREA (982-7111), OR IN MARYLAND (1-800-492-BANK).



Chase Bank of Maryland  
10 East Baltimore Street • Baltimore, MD 21202

Direct Inquiries To:

Customer Sales & Service: 1-800-242-7325  
24-Hour Rateline: 1-800-654-7283

**DELIVERED JAN 04 1991**

MARYLAND MEDICAL PAC HARD  
1211 CATHEDRAL ST  
BALTIMORE MD 21201

STATEMENT DATE: 12/31/90  
ACCOUNT NUMBER: 240101725  
TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240101725 \*\*\*\*\*

DATE	DESCRIPTION	AMOUNT	BALANCE
11/30	BALANCE FORWARD		74.66
12/17	DEPOSIT	29,400.00	29,474.66
12/21	WITHDRAWAL	17,000.00	12,474.66
12/28	INTEREST PAID	37.61	12,512.27
	SERVICE CHARGE	5.00	12,507.27

0873700

RATE SUMMARY

DATE	0 - \$222	\$1,000 AND UP
11/27	5.200%	5.350%
12/04	5.200%	5.350%
12/11	5.200%	5.350%
12/18	5.200%	5.350%

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	+ INTEREST PAID	- DEDUCTIONS	- SERVICE CHARGE	= ENDING BALANCE
11/30/90	74.66	29,400.00	37.61	17,000.00	5.00	12,507.27

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

AP SV	ACCOUNT	TAX-ID-NBR	BALANCE	RATE%	YTD-INT	YTD-PENALTY	MATURITY
	240101725	521233300	12,507.27	5.350	531.72		

IMPORTANT NOTICE  
TO ALL DEPOSITORS

THE ENCLOSED ADDITIONAL TERMS AND AGREEMENTS APPLICABLE TO WIRE TRANSFERS WILL BE EFFECTIVE JANUARY 1, 1991. PLEASE SEE THE ENCLOSED BROCHURE.



Chase Bank of Maryland  
10 East Baltimore Street • Baltimore, MD 21202

Direct Inquiries To:

Customer Sales & Service: 1-800-242-7325  
24-Hour Rateline: 1-800-654-7283

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MARYLAND MEDICAL PAC HARD  
1211 CATHEDRAL ST  
BALTIMORE MD 21201

STATEMENT DATE: 11/30/90

ACCOUNT NUMBER: 240101725

TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240101725 \*\*\*\*\*

DATE	DESCRIPTION	AMOUNT	BALANCE
10/31	BALANCE FORWARD		79.52
11/29	INTEREST PAID	.34	79.00
	SERVICE CHARGE	5.00-	74.00

RATE SUMMARY

DATE	RATE	MINIMUM	MAXIMUM
10/30	5.200%	5.350%	
11/05	5.200%	5.350%	
11/14	5.200%	5.350%	
11/20	5.200%	5.350%	
11/27	5.200%	5.350%	

9  
4  
0  
3  
7  
3  
7  
0  
1

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	+ INTEREST PAID	- DEDUCTIONS	- SERVICE CHARGE	= ENDING BALANCE
10/31/90	79.52	.00	.34	.00	5.00	74.86

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

ACCOUNT	TAX-ID-NBR	BALANCE	RATE%	YTD-INT	YTD-PENALTY	MATURITY
SV 240101725	521233300	74.86	5.200	494.11		

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RECEIVED NOV 05 1990

MARYLAND MEDICAL PAC HARD  
1211 CATHEDRAL ST  
BALTIMORE MD 21201

STATEMENT DATE: 10/31/90

ACCOUNT NUMBER: 240101725

TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240101725 \*\*\*\*\*

DATE	DESCRIPTION	AMOUNT	BALANCE
09/28	BALANCE FORWARD		2,980.55
10/09	WITHDRAWAL	2,900.00-	80.55
11/01	INTEREST PAID	5.77	84.32
	SERVICE CHARGE	5.00-	79.32

RATE SUMMARY

DATE	0 - 9999	\$1,000 AND UP
09/25	5.200%	5.350%
10/02	5.200%	5.350%
10/10	5.200%	5.350%
10/16	5.200%	5.350%
10/30	5.200%	5.350%

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	INTEREST PAID	- DEDUCTIONS	SERVICE CHARGE	= ENDING BALANCE
09/28/90	2,980.55	.00	5.77	2,900.00	5.00	79.32

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

AP	ACCOUNT	TAX-ID-NBR	BALANCE	RATEZ	YTD-INT	YTD-PENALTY	MATURITY
SV	240101725	521233300	79.32	5.200	495.77		

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\*CONVENIENT TO USE \*QUICK APPROVAL PROCESS  
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MARYLAND MEDICAL PAC HARD  
1211 CATHEDRAL ST  
BALTIMORE MD 21201

STATEMENT DATE: 09/28/90  
ACCOUNT NUMBER: 240101725  
TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240101725 \*\*\*\*\*

DATE	AMOUNT	DESCRIPTION	BALANCE
08/31		BALANCE FORWARD	2,967.47
09/28	13.08	INTEREST PAID	2,980.55

RATE SUMMARY

DATE	0 - 1999	\$1,000 AND UP
08/28	5.200%	5.350%
09/05	5.200%	5.350%
09/11	5.200%	5.350%
09/18	5.200%	5.350%
09/25	5.200%	5.350%

PREVIOUS STATEMENT

DATE	BALANCE	+ DEPOSITS	+ INTEREST PAID	- DEDUCTIONS	- SERVICE CHARGE	= ENDING BALANCE
08/31/90	2,967.47	.00	13.08	.00	.00	2,980.55

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

AP SV	ACCOUNT	TAX-ID-NBR	BALANCE	RATE%	YTD-INT	YTD-PENALTY	MATURIT
	240101725	521233300	2,980.55	5.350	490.00		

IMPORTANT NOTICE:

EFFECTIVE JULY 29, 1990, BANK AND SAVINGS ASSOCIATION INSURANCE WILL BE COMBINED UNDER THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC). (NEW REGULATIONS ARE ENCLOSED.) CHASE CUSTOMERS ARE FDIC-INSURED. YOUR FDIC BENEFITS WILL NOT CHANGE. YOU RETAIN THE FOLLOWING COVERAGE:

- UP TO \$100,000 FOR INDIVIDUAL ACCOUNTS
- UP TO AN ADDITIONAL \$100,000 FOR JOINT ACCOUNTS
- BACKED BY THE FULL FAITH AND CREDIT OF THE USA

QUESTIONS? SEE YOUR BRANCH MANAGER OR CALL 1-800-242-7325.



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Direct Inquiries To:

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24-Hour Rateline:

1-800-242-7325  
1-800-654-7283

RECEIVED SEP 13 1990

MARYLAND MEDICAL PAC HARD  
1211 CATHEDRAL ST  
BALTIMORE MD 21201

STATEMENT DATE: 08/31/90  
ACCOUNT NUMBER: 240101725  
TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240101725 \*\*\*\*\*

DATE	AMOUNT	DESCRIPTION	BALANCE
07/31		BALANCE FORWARD	2,954.02
08/30	13.45	INTEREST PAID	2,967.47

RATE SUMMARY

DATE	RATE	AMOUNT	TYPE
07/31	5.200%	5.350%	INT
08/07	5.200%	5.350%	INT
08/14	5.200%	5.350%	INT
08/21	5.200%	5.350%	INT
08/28	5.200%	5.350%	INT

PREVIOUS STATEMENT DATE	BALANCE	DEPOSITS	INTEREST PAID	DEDUCTIONS	SERVICE CHARGE	ENDING BALANCE
07/31/90	2,954.02	.00	13.45	.00	.00	2,967.47

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

ACCOUNT	TAX-ID-NBR	BALANCE	RATE	YTD-INT	YTD-PENALTY	MATURITY
SV	240101725 521233300	2,967.47	5.350	476.92		

IMPORTANT NOTICE:

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MI-A 227	1 OF 1	4313532
STATEMENT	STATEMENT CLOSING DATE	
11/30/90	12/31/90	3

PAY TO ORDER

MD MEDICAL POLITICAL ACTION  
COMMITTEE  
1211 CATHEDRAL ST  
BALTO MD 21201

*SOFT  
CORPORATE  
CONTRIBUTIONS*

**RECEIVED JAN 08 1991**

FOR

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	442.77
3 DEPOSITS/CREDITS	44,700.00
INTEREST PAID	.00
3 CHECKS/DEBITS	36,176.38
0 SERVICE CHARGES/FEES	.00
ENDING BALANCE	8,966.39

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
12/21	DEPOSIT		37,000.00	37,442.77
12/21	DEPOSIT		1,500.00	38,942.77
12/21	CHECK 3102	35,000.00		3,942.77
12/21	CHECK 3100	962.49		2,980.28
12/26	DEPOSIT		6,200.00	9,180.28
12/28	CHECK 3106	213.89		8,966.39

**CHECK SUMMARY**

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
3100	12/21	962.49	3102	12/21	35,000.00	3106	12/28	213.89
****			****					

91040373705

REVIEW THIS STATEMENT CAREFULLY. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

PLEASE NOTIFY YOUR MARYLAND NATIONAL BANK BRANCH OF ANY ADDRESS CHANGES OR ERRORS IN THIS ACCOUNT, OR CALL OUR RETAIL INFORMATION CENTER, IN BALT. MORE (244-6300) OR TOLL FREE (1-800-432-BANK).



BP	PAGE NUMBER	ACCOUNT NUMBER
MI-A 227	1 OF 1	4313532
DATE OF LAST STATEMENT	STATEMENT CLOSING DATE	ITEMS
10/31/90	11/30/90	0

MD MEDICAL POLITICAL ACTION  
 COMMITTEE  
 1211 CATHEDRAL ST  
 BALTO MD 21201

**RECEIVED DEC 0 4 1990**

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	442.77
0 DEPOSITS/CREDITS	.00
INTEREST PAID	.00
0 CHECKS/DEBITS	.00
0 SERVICE CHARGES/FEEs	.00
ENDING BALANCE	442.77

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
------	-------------------------	-------------------------	----------------------------	-----------------

**\*\* NO ACTIVITY THIS STATEMENT PERIOD \*\***

91040373706

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PLEASE NOTIFY YOUR MARYLAND NATIONAL BANK BRANCH OF ANY ADDRESS CHANGES OR ERRORS IN THIS ACCOUNT. OR CALL OUR RETAIL INFORMATION CENTER: IN BALTIMORE (244-6000). IN THE WASHINGTON SUBURBAN AREA (982-7111). OR IN MARYLAND (1-800-492-BANK)

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BRANCH	PAGE NUMBER	ACCOUNT NUMBER
MI-A 227	1 OF 1	4313532
DATE OF LAST STATEMENT	STATEMENT CLOSING DATE	ITEMS
09/28/90	10/31/90	7

MD MEDICAL POLITICAL ACTION  
COMMITTEE  
1211 CATHEDRAL ST  
BALTO MD 21201

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	4,956.62
2 DEPOSITS/CREDITS	7,651.27
INTEREST PAID	.00
7 CHECKS/DEBITS	12,140.12
1 SERVICE CHARGES/FEES	25.00
ENDING BALANCE	442.77

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
10/02	CHECK 3061	590.00		4,366.62
10/05	CHECK 3093	400.00		3,966.62
10/09	DEPOSIT		4,900.00	8,866.62
10/15	CHECK 3094	7,688.85		1,177.77
10/19	CHECK 3095	400.00		777.77
10/19	CHECK 3097	60.00		717.77
10/23	CHECK 3096	250.00		467.77
10/24	CHECK 3098	2,751.27		2,283.50-
10/24	CHECKING OVERDRAFT FEE	25.00		2,308.50-
10/25	CREDIT MEMO		2,751.27	442.77

**CHECKING EFT (ELECTRONIC FUNDS TRANSFER) SUMMARY**

TRAN CODE	TRANSMITTAL DESCRIPTION	TRAN DATE	TRANSACTION DESCRIPTION	POST DATE	TRANSACTION AMOUNT
EFT	TRANSFER FROM CHEC KING	102590	\$GSN42270002	1025	2,751.27

**CHECK SUMMARY**

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
3061	10/02	590.00	3094	10/15	7,688.85	3097	10/19	60.00
***			3095	10/19	400.00	3098	10/24	2,751.27
3093	10/05	400.00	3096	10/23	250.00			

REVIEW THIS STATEMENT CAREFULLY. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

PLEASE NOTIFY YOUR MARYLAND NATIONAL BANK BRANCH OF ANY ADDRESS CHANGES OR ERRORS IN THIS ACCOUNT. OR CALL OUR RETAIL INFORMATION CENTER. IN BALTIMORE (2-44-6000). IN THE WASHINGTON SUBURBAN AREA (982-7111). OR IN MARYLAND (1-800-492-BANK)

91040873707



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MI-A 227	1 OF 1	4315532
DATE OF LAST STATEMENT	STATEMENT CLOSING DATE	
08/31/90	09/28/90	2

MD MEDICAL POLITICAL ACTION  
 COMMITTEE  
 1211 CATHEDRAL ST  
 BALTO MD 21201

**RECEIVED OCT 03 1990**

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	6,502.12
0 DEPOSITS/CREDITS	.00
INTEREST PAID	.00
2 CHECKS/DEBITS	1,545.50
0 SERVICE CHARGES/FEEES	.00
ENDING BALANCE	4,956.62

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
09/21	CHECK 3091	1,224.67		5,277.45
09/21	CHECK 3092	320.83		4,956.62

**CHECK SUMMARY**

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
3091	09/21	1,224.67	3092	09/21	320.83			

91040373708

REVIEW THIS STATEMENT CAREFULLY. SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

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MI-A 227

1 OF 2

4313532

DATE OF LAST STATEMENT

STATEMENT CLOSING DATE

07/31/90

08/31/90

35

MD MEDICAL POLITICAL ACTION  
COMMITTEE  
1211 CATHEDRAL ST  
BALTO MD 21201

**COMMERCIAL CHECKING STATEMENT**

BEGINNING BALANCE	7,302.12
2 DEPOSITS/CREDITS	37,500.00
INTEREST PAID	.00
35 CHECKS/DEBITS	38,300.00
0 SERVICE CHARGES/FEES	.00
ENDING BALANCE	6,502.12

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
08/01	CHECK 3056	1,000.00		6,302.12
08/02	DEPOSIT		2,500.00 ✓	8,802.12
08/02	CHECK 3053	300.00		8,502.12
08/06	CHECK 3019	500.00		8,002.12
08/07	DEPOSIT		35,000.00 ✓	43,002.12
08/10	CHECK 3063	3,000.00		40,002.12
08/10	CHECK 3064	1,000.00		39,002.12
08/13	CHECK 3070	2,500.00		36,502.12
08/13	CHECK 3073	1,000.00		35,502.12
08/13	CHECK 3082	1,000.00		34,502.12
08/13	CHECK 3086	1,000.00		33,502.12
08/14	CHECK 3072	2,500.00		31,002.12
08/14	CHECK 3065	1,000.00		30,002.12
08/14	CHECK 3084	250.00		29,752.12
08/15	CHECK 3074	1,000.00		28,752.12
08/16	CHECK 3067	2,500.00		26,252.12
08/16	CHECK 3069	1,000.00		25,252.12
08/16	CHECK 3075	1,000.00		24,252.12
08/16	CHECK 3076	1,000.00		23,252.12
08/16	CHECK 3077	1,000.00		22,252.12
08/16	CHECK 3043	500.00		21,752.12
08/16	CHECK 3060	500.00		21,252.12
08/16	CHECK 3078	500.00		20,752.12
08/16	CHECK 3083	500.00		20,252.12
08/17	CHECK 3081	1,000.00		19,252.12
08/17	CHECK 3089	1,000.00		18,252.12
08/17	CHECK 3054	250.00		18,002.12
08/17	CHECK 3085	250.00		17,752.12
08/20	CHECK 3079	500.00		17,252.12

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21040373709

MD MEDICAL POLITICAL ACTION  
 COMMITTEE  
 1211 CATHEDRAL ST  
 BALTO MD 21201

91040873710

**CHECKING TRANSACTIONS**

DATE	TRANSACTION DESCRIPTION	CHECKS AND OTHER DEBITS	DEPOSITS AND OTHER CREDITS	ACCOUNT BALANCE
08/20	CHECK 3090	500.00		16,752.12
08/21	CHECK 3057	500.00		16,252.12
08/21	CHECK 3066	500.00		15,752.12
08/27	CHECK 3062	5,500.00		10,252.12
08/27	CHECK 3068	1,500.00		8,752.12
08/28	CHECK 3071	1,000.00		7,752.12
08/29	CHECK 3080	250.00		7,502.12
08/31	CHECK 3088	1,000.00		6,502.12

**CHECK SUMMARY**

NO.	DATE	AMOUNT	NO.	DATE	AMOUNT	NO.	DATE	AMOUNT
3019	08/06	500.00	3064	08/10	1,000.00	3078	08/16	500.00
****			3065	08/14	1,000.00	3079	08/20	500.00
3043	08/16	500.00	3066	08/21	500.00	3080	08/29	250.00
****			3067	08/16	2,500.00	3081	08/17	1,000.00
3053	08/02	300.00	3068	08/27	1,500.00	3082	08/13	1,000.00
3054	08/17	250.00	3069	08/16	1,000.00	3083	08/16	500.00
****			3070	08/13	2,500.00	3084	08/14	250.00
3056	08/01	1,000.00	3071	08/28	1,000.00	3085	08/17	250.00
3057	08/21	500.00	3072	08/14	2,500.00	3086	08/13	1,000.00
****			3073	08/13	1,000.00	****		
3060	08/16	500.00	3074	08/15	1,000.00	3088	08/31	1,000.00
****			3075	08/16	1,000.00	3089	08/17	1,000.00
3062	08/27	5,500.00	3076	08/16	1,000.00	3090	08/20	500.00
3063	08/10	3,000.00	3077	08/16	1,000.00			



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MARYLAND MEDICAL P.A.C SOFT  
1211 CATHEDRAL STREET  
BALTIMORE MD 21201

STATEMENT DATE: 12/31/90

ACCOUNT NUMBER: 240150979

TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240150979 \*\*\*\*\*

DATE	DESCRIPTION	AMOUNT	BALANCE
11/30	BALANCE FORWARD		12.09
12/17	DEPOSIT	29,625.00	29,637.09
12/20	WITHDRAWAL	1,500.00- ✓	28,137.09
12/21	WITHDRAWAL	20,000.00- ✓	8,137.09
12/26	WITHDRAWAL	6,200.00- ✓	1,937.09
12/28	INTEREST PAID	24.89	1,961.98
	SERVICE CHARGE	5.00-	1,956.98

RATE SUMMARY

DATE	0 - \$222	\$1,000 AND UP
11/27	5.200%	5.350%
12/04	5.200%	5.350%
12/11	5.200%	5.350%
12/18	5.200%	5.350%

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	+ INTEREST PAID	- DEDUCTIONS	- SERVICE CHARGE	= ENDING BALANCE
11/30/90	12.09	29,625.00	24.89	27,700.00	5.00	1,956.98

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

AP	ACCOUNT	TAX-ID-NBR	BALANCE	RATE%	YTD-INT	YTD-PENALTY	MATURIT
SV	240150979	521233300	1,956.98	5.350	442.34		

IMPORTANT NOTICE  
TO ALL DEPOSITORS

THE ENCLOSED ADDITIONAL TERMS AND AGREEMENTS APPLICABLE TO WIRE TRANSFERS WILL BE EFFECTIVE JANUARY 1, 1991. PLEASE SEE THE ENCLOSED BROCHURE.



Chase Bank of Maryland  
10 East Baltimore Street • Baltimore, MD 21202

2159

Direct Inquiries To:

Customer Sales & Service:  
24-Hour Rateline:

1-800-242-7325  
1-800-654-7283

MARYLAND MEDICAL P.A.C. SOFT  
1211 CATHEDRAL STREET  
BALTIMORE MD 21201

STATEMENT DATE: 11/30/90

ACCOUNT NUMBER: 240150979

TAX ID NUMBER: 52-1253500

\*\*\*\*\* SAVINGS ACCOUNT 240150979 \*\*\*\*\*

DATE	DESCRIPTION	AMOUNT	BALANCE
10/31	BALANCE FORWARD		17.02
11/29	INTEREST PAID	.07	17.09
	SERVICE CHARGE	5.00-	12.09

DATE SUMMARY

DATE	RATE	ENDING BALANCE
10/30	5.200%	5.3507
11/06	5.200%	5.3502
11/14	5.200%	5.3502
11/20	5.200%	5.3502
11/27	5.200%	5.3502

DATE	BALANCE	DEPOSITS	INTEREST PAID	DEDUCTIONS	SERVICE CHARGE	ENDING BALANCE
10/31/90	17.02	.00	.07	.00	5.00	12.09

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

ACCOUNT	TAX-ID-NBR	BALANCE	RATE	YTD-INT	YTD-PENALTY	MATURITY
SV	240150979 521253500	12.09	5.200	417.45		

CHASELINE PERSONAL LINE OF CREDIT:  
THE SMART WAY TO USE CREDIT TODAY!

CHASELINE FROM CHASE BANK OF MARYLAND GIVES YOU ADVANTAGES OTHER FORMS OF CREDIT DON'T! CHECK THESE FEATURES:

- \* \$10,000 - \$20,000 CREDIT LIMIT
- \* LOWER MONTHLY PAYMENTS
- \* CONVENIENT TO USE
- \* QUICK APPROVAL PROCESS
- \* A PREFERRED RATE JUST THREE POINTS OVER PRIME, WITH \$2,500 OR MORE IN ANY CHASE DEPOSIT ACCOUNT!

FOR YOUR CHASELINE APPLICATION AND FULL DETAILS,  
CALL 1-800-242-7325 TODAY!



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Direct Inquiries To:

Customer Sales & Service: 1-800-242-7325  
24-Hour Rateline: 1-800-654-7283

2253

RECEIVED NOV 05 1999

MARYLAND MEDICAL P.A.C SOFT  
1211 CATHEDRAL STREET  
BALTIMORE MD 21201

STATEMENT DATE: 10/31/90

ACCOUNT NUMBER: 240150979

TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240150979 \*\*\*\*\*

DATE	DESCRIPTION	AMOUNT	BALANCE
09/28	BALANCE FORWARD		121.81
10/09	WITHDRAWAL	100.00-	21.81
11/01	INTEREST PAID	.21	22.02
	SERVICE CHARGE	5.00-	17.02

RATE SUMMARY

DATE	U - 1992	12,000 AND UP
09/25	5.200%	5.350%
10/02	5.200%	5.350%
10/10	5.200%	5.350%
10/16	5.200%	5.350%
10/30	5.200%	5.350%

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	+ INTEREST PAID	- DEDUCTIONS	- SERVICE CHARGE	= ENDING BALANCE
09/28/90	121.81	.00	.21	100.00	5.00	17.02

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

AP SV	ACCOUNT	TAX-ID-NBR	BALANCE	RATE%	YTD-INT	YTD-PENALTY	MATURITY
	240150979	521233300	17.02	5.200	417.33		

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- \*QUICK APPROVAL PROCESS
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Customer Sales & Service: 1-800-242-7325  
24-Hour Rateline: 1-800-654-7283

RECEIVED OCT 19 1990

MARYLAND MEDICAL P.A.C SOFT  
1211 CATHEDRAL STREET  
BALTIMORE MD 21201

STATEMENT DATE: 09/23/90

ACCOUNT NUMBER: 240150979

TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240150979 \*\*\*\*\*

DATE	AMOUNT	DESCRIPTION	BALANCE
08/31		BALANCE FORWARD	126.27
09/23	.54	INTEREST PAID	
	5.00-	SERVICE CHARGE	121.81

RATE SUMMARY

DATE	0 - 1999	\$12,000 AND UP
08/28	5.200%	5.350%
09/05	5.200%	5.350%
09/11	5.200%	5.350%
09/18	5.200%	5.350%
09/25	5.200%	5.350%

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	INTEREST PAID	- DEDUCTIONS	SERVICE CHARGE	= ENDING BALANCE
08/31/90	126.27	.00	.54	.00	5.00	121.81

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

AP	ACCOUNT	TAX-ID-NSR	BALANCE	RATE%	YTD-INT	YTD-PENALTY	MATURITY
SV	240150979	521233300	121.81	5.200	417.17		

IMPORTANT NOTICE:

EFFECTIVE JULY 29, 1990, BANK AND SAVINGS ASSOCIATION INSURANCE WILL BE COMBINED UNDER THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC). (NEW REGULATIONS ARE ENCLOSED.) CHASE CUSTOMERS ARE FDIC-INSURED. YOUR FDIC BENEFITS WILL NOT CHANGE. YOU RETAIN THE FOLLOWING COVERAGE:

- UP TO \$100,000 FOR INDIVIDUAL ACCOUNTS
- UP TO AN ADDITIONAL \$100,000 FOR JOINT ACCOUNTS
- BACKED BY THE FULL FAITH AND CREDIT OF THE USA

QUESTIONS? SEE YOUR BRANCH MANAGER OR CALL 1-800-242-7325.



**CHASE**

Chase Bank of Maryland  
10 East Baltimore Street • Baltimore, MD 21201

Direct Inquiries To:

Customer Sales & Service:  
24-Hour Rateline:

1-800-242-7325  
1-800-654-7283

**RECEIVED SEP 1 8 1990**

MARYLAND MEDICAL P.A.C. SOFT  
1211 CATHEDRAL STREET  
BALTIMORE MD 21201

STATEMENT DATE: 08/31/90  
ACCOUNT NUMBER: 240150979  
TAX ID NUMBER: 52-1233300

MM \*\*\*\*\* SAVINGS ACCOUNT 240150979 \*\*\*\*\*

DATE	AMOUNT	DESCRIPTION	BALANCE
07/31		BALANCE FORWARD	130.69
08/01	.50	INTEREST PAID	
	5.00-	SERVICE CHARGE	125.69

5  
1  
7  
3  
7  
3  
7  
4  
0  
9

DATE SUMMARY

DATE	INTEREST	SERVICE CHARGE
07/31	5.200%	5.350%
08/07	5.200%	5.350%
08/14	5.200%	5.350%
08/21	5.200%	5.350%
08/28	5.200%	5.350%

PREVIOUS STATEMENT DATE	BALANCE	+ DEPOSITS	+ INTEREST PAID	- DEDUCTIONS	- SERVICE CHARGE	= BALANCE
07/31/90	130.69	.00	.50	.00	5.00	126.19

\*\*\*\*\* SUMMARY OF ACCOUNTS \*\*\*\*\*

AP	ACCOUNT	TAX-ID-NBR	BALANCE	RATE%	YTD-INT	YTD-PENALTY	MATURITY
13	240150979	521233300	125.27	5.200	416.63		

IMPORTANT NOTICE:

EFFECTIVE JULY 29, 1990, BANK AND SAVINGS ASSOCIATION INSURANCE WILL BE COMBINED UNDER THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC). (NEW REGULATIONS ARE ENCLOSED.) CHASE CUSTOMERS ARE FDIC-INSURED. YOUR FDIC BENEFITS WILL NOT CHANGE. YOU RETAIN THE FOLLOWING COVERAGE:

- UP TO \$100,000 FOR INDIVIDUAL ACCOUNTS
- UP TO AN ADDITIONAL \$100,000 FOR JOINT ACCOUNTS
- BACKED BY THE FULL FAITH AND CREDIT OF THE USA

QUESTIONS? SEE YOUR BRANCH MANAGER OR CALL 1-800-242-7325.

State of Maryland  
**Campaign Fund Report Summary Sheet**

9/14/91 12:02

**IMPORTANT:** Detailed Instructions Relating To All Entries On Reverse Side Of This Sheet

A. Name of Account (As Filed With Election Office)		B. Campaign Fund Account Number (As Assigned By Election Office)	
MARYLAND MEDICAL POLITICAL ACTION COMMITTEE		90-00-2115	
C. Elective Office	D. District Represented	E. BANK ACCOUNT INFORMATION	
		Bank Name	Account Number
		EI. Checking Account EII. Other Accounts	Maryland Nat'l Bank Chase Bank of Md.

Check Report Due Date:

<input checked="" type="checkbox"/> 08-14-90 (All transactions thru 08-07-90)	<input type="checkbox"/> 11-27-90 (Transactions from 10-22-90 thru 11-20-90)
<input type="checkbox"/> 08-31-90 (Transactions from 08-08-90 thru 08-26-90)	<input type="checkbox"/> 02-28-91 (Transactions from 11-21-90 thru 01-28-91)
<input type="checkbox"/> 10-31-90 (Transactions from 08-27-90 thru 10-21-90)	<input type="checkbox"/> 11-01-91 Annual Report (Transactions from last report thru 11-01-91)

terminated.  
 G.  Final  
 (All Transactions since last report)  
 Check H below if amendment to a previous report.  
 H.  Amendment to previous report  
 (Also check due date of report being amended)

**I. ITEMIZED TRANSACTIONS**

J. CONTRIBUTIONS, TRANSFERS IN AND OTHER RECEIPTS - SCHEDULES 1, 1A AND 1B	Column A	Column B	Column C
	TOTALS Current Period Enter Total Figures From Attached Schedules	TOTALS Prior Period Enter Figures From Column C of Previous Report	TOTALS to Date Add Columns A and B of this Summary Sheet
K. Contributions - Schedule 1, Column 4	121,525.00	288,784.78	410,309.78
L. Ticket Sales - Schedule 1, Column 5			
M. Out-of-State PACs and any Federal Committees - Schedule 1, Column 6			
N. Political Clubs - Schedule 1, Column 7			
O. Transfers In - Cash, Accounts, Cash, Comm. Accounts or State Accounts - Schedule 1A, Col. 10			
P. Transfers In - Political Party Central Committee Accounts, Schedule 1A, Column 11			
Q. Transfers In - Political Action Committee Accounts, Schedule 1A, Column 12			
R. Loans Received - Schedule 1B, Column 13	35,000.00		35,000.00
S. Other - Schedule 1B, Column 14	7,195.00	5,423.32	12,618.32
T. Total Money Receipts (Add lines K through S, Column A only)	163,720.00	294,208.10	457,928.10
U. Value of In-Kind Contributions Received - Schedule 1B, Column 17			
V. Total Receipts this Period (Add lines T and U above)	163,720.00	294,208.10	457,928.10
W. EXPENDITURES - SCHEDULE 2			
X. Salaries and Other Compensation - Column 23	34.00	1,650.00	1,684.00
Y. Rent and Other Office Expenses - Column 25	1,120.67	57,350.73	58,470.73
Z. Field Expenses - Column 24			
AA. Media - Column 26			
BB. Campaign Materials - Column 27			
CC. Direct Mail - Column 27	3,586.66		3,586.66
DD. Postage - Column 28	3,706.15	2,525.20	6,231.35
EE. Purchase of Equipment - Column 29			
FF. Fundraising Events - Column 30	5,602.95		5,602.95
GG. Transfers Out to Other In-State Treasurers - Column 31	111,287.50	139,494.00	250,781.50
HH. Loan Repayment - Column 32			
II. Other - Column 33	48,730.79	80,596.00	129,326.79
JJ. In-Kind Contributions Received (Enter same figure as line U above)			
KK. Total Expenditures (Add lines X through JJ above)	174,068.72	281,615.26	455,683.98
LL. Cash Balance (Subtract line KK, Column C from line V, Column C)			2,244.12
CASH BALANCE INFORMATION			
MM. Cash Balance in Checking Account End of Transaction Period			
NN. Cash Balance in Interest Bearing Accounts End of Transaction Period			
OUTSTANDING OBLIGATIONS - SCHEDULE 3			
OO. Balance of Loans End of Transaction Period - Column 39			
PP. Outstanding Bills Due End of Transaction Period - Column 40			
QQ. Total Obligations Outstanding (Add lines OO and PP)			

Under penalty of perjury, we declare that we have examined this report, including accompanying schedules and to the best of our knowledge and belief, they are complete and accurate.

RR. Signature of Candidate (Not required for Committee or State Reports)	Printed Name of Candidate	Date
<i>Joseph J. Harrison</i>	Joseph J. Harrison	8/14/90
SS. Signature of Treasurer (Required for All Reports)	Printed Name of Treasurer	Date
<i>Harold B. Bob</i>	Harold B. Bob, M.D.	8/14/90
TT. Signature of Chairman (Required for Committee or State Reports Only)	Printed Name of Chairman	Date

For Board Use Only

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE.  
 \* The 05-06-91 Report is not required for continuing committee accounts filed as such with the State Administrative Board of Election Laws.  
 SBL-Rev. 987-26-3

91040873716

State of Maryland  
**Campaign Fund Report Summary Sheet**

**IMPORTANT: Detailed Instructions Relating To All Entries On Reverse Side Of This Sheet**

A. Name of Account (As Filed With Election Office) <b>Maryland Medical Political Action Committee</b>		B. Campaign Fund Account Number (As Assigned By Election Office) <b>90-00-2115</b>	
C. Elective Office	D. District Represented	E. BANK ACCOUNT INFORMATION	
		Bank Name	Account Number
		E1. Checking Account: <b>Md. Nat'l Bank</b> E2. Other Accounts: <b>Chase Bank of Md.</b>	<b>431-353-2, 611-603-2</b> <b>24-0101725, 24-0150974</b>

Check Report Due Date:

08-14-90 (All transactions thru 08-07-90)  
 08-31-90 (Transactions from 08-08-90 thru 08-26-90)  
 10-26-90 (Transactions from 08-27-90 thru 10-21-90)

11-27-90 (Transactions from 10-22-90 thru 11-20-90)  
 05-06-91 (Transactions from 11-21-90 thru 04-29-91)  
 11-09-91 Annual Report (Transactions from last report thru 11-01-91)

G.  Final (All Transactions since last report)  
 Check H below if amendment to a previous report.  
 H.  Amendment to previous report (Also check due date of report being amended)

**I. ITEMIZED TRANSACTIONS**

	Column A TOTALS Current Period Enter Total Figures From Attached Schedule	Column B TOTALS Prior Period Enter Figures From Column C of Previous Report	Column C TOTALS to Date Add Columns A and B of this Summary Sheet
<b>J. CONTRIBUTIONS, TRANSFERS IN AND OTHER RECEIPTS - SCHEDULES 1, 1A AND 1B</b>			
K. Contributions - Schedule 1, Column 4		410,309.78	410,309.78
L. Ticket Sales - Schedule 1, Column 5			
M. Out-of-State PACs and any Political Committee - Schedule 1, Column 6			
N. Political Clubs - Schedule 1, Column 7			
O. Transfer In - Cash, Accounts, Cash, Comm. Accounts or State Accounts - Schedule 1A, Col. 10			
P. Transfer In - Political Party Central Committee Accounts, Schedule 1A, Column 11			
Q. Transfer In - Political Action Committee Accounts, Schedule 1A, Column 12			
R. Loans Received - Schedule 1B, Column 13		35,000.00	35,000.00
S. Other - Schedule 1B, Column 14		12,618.32	12,618.32
T. Total Money Receipts (Add lines K through S, Column A only)	457,928.10		457,928.10
U. Value of In-Kind Contributions Received - Schedule 1B, Column 17			
V. Total Receipts this Period (Add lines T and U above)		457,928.10	457,928.10
<b>W. EXPENDITURES - SCHEDULE 3</b>			
X. Salaries and Other Compensation - Column 23		1,684.00	1,684.00
Y. Rent and Other Office Expenses - Column 24		58,470.73	58,470.73
Z. Field Expenses - Column 25			
AA. Media - Column 25			
BB. Campaign Materials - Column 26			
CC. Direct Mail - Column 27		3,586.66	3,586.66
DD. Postage - Column 28		6,231.35	6,231.35
EE. Purchase of Equipment - Column 29			
FF. Fundraising Events - Column 30	(4,431.66)	5,602.95	1,171.29
GG. Transfer Out to Other In-State Treasurer - Column 31	1,500.00	250,781.50	252,281.50
HH. Loan Repayment - Column 32			
II. Other - Column 33		129,326.79	129,326.79
JJ. In-Kind Contributions Received (Enter same figure as line U above)			
KK. Total Expenditures (Add lines X through JJ above)	(2,931.66)	455,683.98	452,752.32
LL. Cash Balance (Subtract line KK, Column C, from line V, Column C)			5,175.78
<b>CASH BALANCE INFORMATION</b>			
MM. Cash Balance in Checking Account End of Transaction Period			
NN. Cash Balance in Interest Bearing Accounts End of Transaction Period			
<b>OUTSTANDING OBLIGATIONS - SCHEDULE 3</b>			
OO. Balance of Loans End of Transaction Period - Column 39			
PP. Outstanding Bills Due End of Transaction Period - Column 40			
QQ. Total Obligations Outstanding (Add lines OO and PP)			

Under penalty of perjury, we declare that we have examined this report, including accompanying schedules and to the best of our knowledge and belief, they are complete and accurate.

RR. Signature of Candidate (Not required for Committee or State Reports) 	Printed Name of Candidate Date Joseph J. Harrison 8/28/90
SS. Signature of Treasurer (Required for All Reports) 	Printed Name of Treasurer Date Harold B. Bob, M.D. 8/28/90
TT. Signature of Chairman (Required for Committee or State Reports Only)	Printed Name of Chairman Date

For Board Use Only

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE.  
 \* The 05-08-91 Report is not required for continuing committee accounts filed as such with the State Administrative Board of Election Laws.  
 SBL-Rev. 987-26-3

91040873717

State of Maryland  
**Campaign Fund Report Summary Sheet**

91 JUL 31 PM 12:02

**IMPORTANT: Detailed Instructions Relating To All Entries On Reverse Side Of This Sheet**

<b>A. Name of Account</b> (As Filed With Election Office) <b>Maryland Medical Political Action Committee</b>		<b>B. Campaign Fund Account Number</b> (As Assigned By Election Office) <b>90-00-2115</b>	
<b>C. Elective Office</b>	<b>D. District Represented</b>	<b>E. BANK ACCOUNT INFORMATION</b>	
		<b>Bank Name</b>	<b>Account Number</b>
		<b>HL. Checking Account</b>	<b>MD, National Bank</b> 431-353-2, 611-603-2
		<b>HL. Other Accounts</b>	<b>Chase Bank of Md.</b> 24-0101725, 24-0150974

**Check Report Due Date:**

05-01-90  
 (All transactions thru 05-01-90)

11-30-90  
 (Transactions from 10-01-90 thru 11-30-90)

05-01-91  
 (Transactions from 05-01-90 thru 05-31-90)

05-01-91  
 (Transactions from 05-01-90 thru 05-31-90)

10-31-90  
 (Transactions from 05-01-90 thru 10-31-90)

11-30-90  
 (Transactions from 11-01-90 thru 01-31-91)

11-30-90  
 (Transactions from 11-01-90 thru 11-30-90)

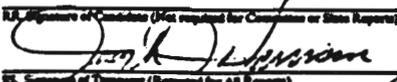
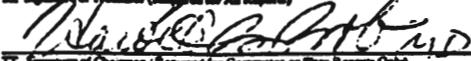
11-30-90  
 (Transactions from 11-01-90 thru 11-30-90)

Leave C blank if report is final and account is to be terminated.  
**G. Final**  
 (All Transactions since last report)  
 Check H below if amendment to a previous report.  
**H. Amendment to previous report**  
 (Also check due date of report being amended)

**I. ITEMIZED TRANSACTIONS**

<b>J. CONTRIBUTIONS, TRANSFERS IN AND OTHER RECEIPTS - SCHEDULES 1, 1A AND 1B</b>	<b>Column A</b> <b>TOTALS</b> <b>Current Period</b>	<b>Column B</b> <b>TOTALS</b> <b>Prior Period</b>	<b>Column C</b> <b>TOTALS</b> <b>In Date</b>
	Enter Total Figures From Attached Schedules	Enter Figures From Column C of Previous Report	Add Columns A and B of this Summary Sheet
<b>K. Contributions - Schedule 1, Column 4</b>	150.00	410,309.78	410,459.78
<b>L. Ticket Sales - Schedule 1, Column 5</b>			
<b>M. Out-of-State PACs and any Federal Committees - Schedule 1, Column 6</b>			
<b>N. Political Clubs - Schedule 1, Column 7</b>			
<b>O. Transfers In - Cash, Accounts, Cont. Comm. Accounts or State Accounts - Schedule 1A, Col. 10</b>			
<b>P. Transfers In - Political Party Central Committee Accounts, Schedule 1A, Column 11</b>			
<b>Q. Transfers In - Political Action Committee Accounts, Schedule 1A, Column 12</b>			
<b>R. Loans Received - Schedule 1B, Column 13</b>		35,000.00	35,000.00
<b>S. Other - Schedule 1B, Column 14</b>		12,634.85	12,634.85
<b>T. Total Money Received (Add lines K through S, Column A only)</b>	150.00	457,944.63	458,094.63
<b>U. Value of In-Kind Contributions Received - Schedule 1B, Column 15</b>			
<b>V. Total Received this Period (Add lines T and U above)</b>	150.00	457,944.63	458,094.63
<b>W. EXPENDITURES - SCHEDULE 2</b>			
<b>X. Stationed Other Campaign Expenses - Column 23</b>		1,684.00	1,684.00
<b>Y. Rent and Other Office Expenses - Column 23</b>		58,791.56	58,791.56
<b>Z. Field Expenses - Column 23</b>			
<b>AA. Media - Column 25</b>			
<b>BB. Campaign Materials - Column 25</b>			
<b>CC. Direct Mail - Column 25</b>		4,811.33	4,811.33
<b>DD. Postage - Column 25</b>		8,670.88	8,670.88
<b>EE. Purchase of Equipment - Column 29</b>			
<b>FF. Fundraising Events - Column 29</b>		1,171.29	1,171.29
<b>GG. Transfers Out to Other In-State Transfers - Column 30</b>		253,081.50	253,081.50
<b>HH. Loan Repayment - Column 31</b>			
<b>II. Other - Column 30</b>	300.00	129,326.79	129,626.79
<b>JJ. In-Kind Contributions Received (Enter same figure as line U above)</b>			
<b>KK. Total Expenditures (Add lines X through JJ above)</b>	300.00	457,537.35	457,837.35
<b>LL. Cash Balance (Subtract line KK, Column C from line V, Column C)</b>			257.28
<b>CASH BALANCE INFORMATION</b>			
<b>MM. Cash Balance in Checking Account End of Transaction Period</b>			
<b>NN. Cash Balance in Interest Bearing Accounts End of Transaction Period</b>			
<b>OUTSTANDING OBLIGATIONS - SCHEDULE 3</b>			
<b>OO. Balances of Loans End of Transaction Period - Column 39</b>			
<b>PP. Outstanding Bills Due End of Transaction Period - Column 40</b>			
<b>QQ. Total Obligations Outstanding (Add lines OO and PP)</b>			

Under penalty of perjury, we declare that we have examined this report, including accompanying schedules and to the best of our knowledge and belief, they are complete and accurate.

<b>RA. Signature of Candidate (Not required for Committee or State Reports)</b> 	<b>Printed Name of Candidate</b> <b>Date</b> Joseph J. Harrison 11/26/90
<b>RB. Signature of Treasurer (Required for All Reports)</b> 	<b>Printed Name of Treasurer</b> <b>Date</b> Harold B. Bob, M.D. 11/26/90
<b>TC. Signature of Chairman (Required for Committee or State Reports Only)</b>	<b>Printed Name of Chairman</b> <b>Date</b>

**For Board Use Only**

91040373718

ATTACHMENT 2  
 of 43

State of Maryland  
**Campaign Fund Report Summary Sheet**

**IMPORTANT: Detailed Instructions Relating To All Entries On Reverse Side Of This Sheet**

A. Name of Account (As Filed With Election Office)		B. Campaign Fund Account Number (As Assigned By Election Office)	
Maryland Medical Political Action Committee		90-00-2115	
C. Elective Office	D. District Represented	E. BANK ACCOUNT INFORMATION	
		Bank Name	Account Number
		BL. Checking Account: Md. National Bank BR. Other Accounts: Chase Bank of Md.	631-353-2 611-603-2 2A-0101725 2A-015097A

Check Report Due Date:

To: Reporting of this report must be accompanied by a return

09-14-90 (All transactions thru 08-07-90)  
 09-31-90 (Transactions from 08-08-90 thru 08-26-90)  
 10-31-90 (Transactions from 08-27-90 thru 10-21-90)

11-27-90 (Transactions from 10-22-90 thru 11-20-90)  
 09-01-91 on file (Transactions from 11-21-90 thru 04-30-91)  
 11-01-91 Annual Report (Transactions from last report thru 11-01-91)

Level of report to report to must also include to be terminated.

G.  Final (All Transactions since last report)  
 Check H below if amendment to a previous report.  
 H.  Amendment to previous report (Also check due date of report being amended)

**I. ITEMIZED TRANSACTIONS**

	Column A TOTALS Current Period Enter Total Figures From Attached Schedules	Column B TOTALS Prior Period Enter Figures From Column C of Previous Report	Column C TOTALS to Date Add Columns A and B of this Summary Sheet
<b>J. CONTRIBUTIONS, TRANSFERS IN AND OTHER RECEIPTS - SCHEDULES 1, 1A AND 1B</b>			
K. Contributions - Schedule 1, Column 4		410,309.78	410,309.78
L. Ticket Sales - Schedule 1, Column 5			
M. Out-of-State PACs and any Political Committees - Schedule 1, Column 6			
N. Political Clubs - Schedule 1, Column 7			
O. Transfers In - Cash Accounts, Cash, Comm. Accounts or Bank Accounts - Schedule 1A, Col. 10			
P. Transfers In - Political Party Central Committee Accounts, Schedule 1A, Column 11			
Q. Transfers In - Political Action Committee Accounts, Schedule 1A, Column 12			
R. Loans Received - Schedule 1B, Column 15		35,000.00	35,000.00
S. Other - Schedule 1B, Column 16	16.53	12,618.32	12,634.85
T. Total Money Receipts (Add lines K through S, Column A only)	16.53	457,928.10	457,944.63
U. Value of In-Kind Contributions Received - Schedule 1B, Column 17			
V. Total Receipts this Period (Add lines T and U above)	16.53	457,928.10	457,944.63
<b>W. EXPENDITURES - SCHEDULE 2</b>			
X. Salaries and Other Compensation - Column 22		1,684.00	1,684.00
Y. Rent and Other Office Expenses - Column 23	320.83	58,470.73	58,791.56
Z. Field Expenses - Column 24			
AA. Media - Column 25			
BB. Campaign Materials - Column 26			
CC. Direct Mail - Column 27	1,224.67	3,586.66	4,811.33
DD. Postage - Column 28	2,439.53	6,231.35	8,670.88
EE. Purchase of Equipment - Column 29			
FF. Fundraising Events - Column 30		1,171.29	1,171.29
GG. Transfers Out to Other In-State Transactions - Column 31	800.00	252,281.50	253,081.50
HH. Loan Repayment - Column 32			
I. Other - Column 33		129,326.79	129,326.79
JJ. In-Kind Contributions Received (Enter same figure as line U above)			
KK. Total Expenditures (Add lines X through JJ above)	4,785.03	452,752.32	457,537.35
LL. Cash Balance (Subtract line KK, Column C from line V, Column C)			407.28
<b>CASH BALANCE INFORMATION</b>			
MM. Cash Balance in Checking Account End of Transaction Period			
NN. Cash Balance in Interest Bearing Accounts End of Transaction Period			
<b>OUTSTANDING OBLIGATIONS - SCHEDULE 3</b>			
OO. Balance of Loans End of Transaction Period - Column 34			
PP. Outstanding Bills Due End of Transaction Period - Column 35			
QQ. Total Obligations Outstanding (Add lines OO and PP)			

Under penalty of perjury, we declare that we have examined this report, including accompanying schedules and to the best of our knowledge and belief, they are complete and accurate.

RR. Signature of Candidate (Required for Committee or State Reports)  SS. Signature of Treasurer (Required for All Reports)  TT. Signature of Chairman (Required for Committee or State Reports Only)	Printed Name of Candidate Date Joseph J. Harrison 10/25/90 Printed Name of Treasurer Date Harold B. Bob, M.D. 10/25/90 Printed Name of Chairman Date
---	--

For Board Use Only

21040873719  
 ATTACHMENT 2  
 Page 26 of 63

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column : )	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
8/9/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, Maryland 21201	3046									(1,838.59)					Check Returned and Voided
8/9/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, Maryland 21201	1530									(2,593.07)					Check Returned and Voided
8/9/90	Friends of Terry Bohrer	3089										1,000.00				
8/9/90	Maryland Democratic Party 141 N. Main Street Belair, Maryland 21014	3090										500.00				
<b>TOTALS THIS PAGE</b>											(4,431.66)	1,500.00				
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

9 1 0 4 0 3 7 3 7 2 0

ATTACHMENT  
Page 27 of 63

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Pand- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
11/19/90	American Medical Political Action Committee 1101 Vermont Ave., NW Washington, DC 20005	1534												300.00		Joint Fund Raising
<b>TOTALS THIS PAGE</b>														301.00		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

ATTACHED  
 Page 28 of 63

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**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
10/17/90	Postmaster of Baltimore 900 E. Fayette Street Baltimore, Maryland 21233	3097							60.00							
<b>TOTALS THIS PAGE</b>																
			(22)	(23)	(24)	(25)	(26)	(27)	60.00 (28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a **FAILURE TO FILE**

SBL-Rev. 987-26-5

9 1 0 4 0 3 7 3 7 2 2

Page 29 of 103

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurer)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
9/18/90	See Sherwood 114 Summer's Run Annapolis, Maryland 21401	3091						1,224.67								
9/18/90	Medical & Chirurgical Faculty 1211 Cathedral Street Baltimore, Maryland 21201	3092		320.83												
10/1/90	Friends of Rose Mary Bonsack 205 Hemlock Lane Aberdeen, Maryland 21001	3093										400.00				
10/2/90	Medical & Chirurgical Faculty 1211 Cathedral Street Baltimore, Maryland 21201	3094							2,379.53							
10/2/90	Friends of Aris Allen 1323 Magnolia Ave Annapolis, Md. 21403	3095										400.00				
10/2/90	Friends of George Littrell 5209 Reels Mill Road Frederick, Maryland 21701	3096												( 25(.00) 25(.00)		Replaces Ck#2995 Lost
<b>TOTALS THIS PAGE</b>				320.83				1,224.67	2,379.53			800.00		-0-		
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

MDL-Rev. 987-26-5

9 1 0 4 0 3 7 3 7 2 3

ATTACHMENT  
Page 30 of 43

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
11/1/89	Friends of Tom McMillan Crofton Depot Crofton, Maryland 21114	1506												1,000.00		Federal Candidate
11/1/89	Friends of Ben Cardin 5920 York Road Baltimore 21204	1507												2,500.00		Federal Candidate
11/6/89	Friends of Roy Dyson 518 N. Paradise Road Aberdeen, Maryland 21001	1508												1,000.00		Federal Candidate
11/6/89	Friends of Richard Colburn P.O. Box 918 Cambridge, Md 21613	1509												500.00		Federal Candidate
11/6/89	Friends of Larry LaMotte 2929 Barnwood Road Woodstock, Md. 21163	1510										100.00				
	VOID	1511														
<b>TOTALS THIS PAGE</b>												100.00		5,000.00		
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

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SNL-Rev. 987-26-5

ATTACHMENT 2  
Page 31 of 103

91040873724

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
11/6/89	Friends of Roy Smith P.O. Box 331 Frederick, Md. 21701	1512										100.00				
	VOID	1513														
1/20/89	Friends of Marsha Perry 1605 Edgerton Place Crofton, Md. 21114	1515										500.00				
1/20/89	G.O.P. House Cte	1516										2,500.00				
2/8/89	Sue Sherwood 114 Summer's Run Annapolis, Md. 21401	1517						1,552.00								
	VOID	1518														
<b>TOTALS THIS PAGE</b>								1,552.00				3,100.00				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SNL-Rev. 987-26-5

ATTACHMENT 2  
 Page 32 of 63

9 1 0 4 0 8 7 3 7 2 5

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (1st name of entity for disbursements to other treasurer)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/4/90	Elliott For Delegate	1519										100.00				
1/5/90	Chase Bank of Maryland 10 East Baltimore Street Baltimore, Md. 21201														20,500.00	
2/28/90	American Medical Political Action Committee 1101 Vermont Ave., NW Washington, D.C. 20005	1521												22,400.00		Joint Fund Raising
2/28/90	Friends of Connie Morella	1522										1,000.00				
3/2/90	Moyer for Congress	1523										1,500.00				
4/23/90	Cardin For Congress 5920 York Road Baltimore, Maryland 21204	1524										500.00				
<b>TOTALS THIS PAGE</b>												3,100.00		22,400.00		

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SBL-Rev. 987-26-5

ATTACHMENT  
Page 33 of 43

9 1 0 4 0 8 7 3 7 2 6

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rest and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Pend- ing Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
4/7/90	Friends of Marilyn Goldwater 10401 Old Georgetown Road Bethesda, Md. 00814	1525										500.00				
4/26/90	Friends of Barbara Mikulak P.O. Box 13147 Baltimore, Md. 21203													2,500.00		
4/26/90	M.N.P.A.C. 1211 Cathedral Street Baltimore, Maryland 21201														1,000.00	
5/16/90	Republican Caucus Fund	1528										2,500.00				
6/25/90	American Medical Political Action Committee 1101 Vermont Ave., N.W. Washington, D.C. 20005	1529												100.00		
6/25/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, Maryland 21201	1530									2,593.07					
<b>TOTALS THIS PAGE</b>											2,593.07	3,000.00		2,600.00		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

ATTACHMENT  
Page 34 of 43

91040873727

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medicine Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
6/28/90	Nikulski For Senate P.O. Box 13147 Baltimore, Md. 21203	1531												500.00		Federal Candidate
7/12/90	Friends of Tom Hawkins	1532										200.00				
	VOID	2924														
	VOID	2925														
12/19/90	Federal Express P.O. Box 1140, Dept. A Memphis, TN 38101-1140	2926							15.00							
	VOID	2927														
	Friends of Ida Ruben 11 Schindler Court Silver Spring, Md. 20903	2928										1,000.00				
<b>TOTALS THIS PAGE</b>									15.00			1,000.00		500.00		

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SBL-Rev. 987-26-5

ATTACHMENT  
 Page 35 of 63  
 2 of 63

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**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/4/90	Friends of Tony Fulton	2929										1,000.00				
1/4/90	Friends of Gerry Curran	2930										200.00				
1/4/90	Friends of Thomas O'Reilly 7525 Greenway Center Drive Green belt, Md. 20770	2931										1,000.00				
1/4/90	Friends of Pete Rawlings	2931										500.00				
1/5/90	Chase Bank of Md. 10 East Baltimore Street Baltimore, Maryland 21201	2933													30,000.00	
1/5/90	Med-Cl. Faculty 1211 Cathedral Street Baltimore, Maryland 21201	2934						282.98	907.31							
<b>TOTALS THIS PAGE</b>								282.98	907.31			2,700.00				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBIL-Rev. 987-26-5

9 1 0 4 0 3 7 3 7 2 9

ATTACHMENT  
Page 36 of 103

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/8/90	Friends of Bill Beven 349 Main Street Jessup, Md. 20707	2935										250.00				
1/8/90	Friends of Virginia Thomas	2936										750.00				
1/8/90	Friends of Eileen Rehrmann	2937										250.00				
1/8/90	Friends of Bill Clark	2938										500.00				
1/8/90	Friends of Joseph Bartenfelder 8410 Belair Road Baltimore, Maryland 21236	2939										500.00				
	Friends of Walter Baker	2940										350.00				
<b>TOTALS THIS PAGE</b>												2,600.00				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

Page 37 of 103

91040873730

SCHEDULE 2  
EXPENDITURES

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

EXPENDITURE CLASSIFICATION

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/8/90	Friends of Ruth Kirk	2941										100.00				
1/8/90	Friends of Elijah Cummings	2942										100.00				
1/8/90	Friends of Frank Komanda 1218 Kings tree Drive Mitchellville, Md. 20716	2943										1,000.00				
1/8/90	Friends of John Jefferies 516 N. Charles Street Baltimore, Md. 21201	2944										500.00				
1/8/90	Friends of Michael Gisriel P.O. Box 20298 Baltimore, Md. 21284	2045										250.00				
1/8/90	Rifkin, Evans, Silver & La one 375 South Charles Street Baltimore, Md. 21201	2946												10,000.00		Legal Retainer
<b>TOTALS THIS PAGE</b>												1,850.00		10,000.00		

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SBL-Rev. 987-26-5

ATTACHMENT  
Page 38 of 103

91040873731

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (1st name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/10/90	Friends of Tony Fulton	2947										500.00				
1/10/90	Rosalie Rielly Fellowship	2948										750.00				
1/26/90	Richard Frysbowski 7007 Greenbank Road Baltimore, Maryland 21220	2949									371.29					Golf Tournament
1/29/90	Turf Valley Country Club 2700 Turf Valley Road Ellicott City, Md. 21043	2950									500.00					Golf Tournament
2/9/90	Chase Bank of Md. 10 E. Baltimore Street Baltimore, Maryland 21201	2951													6,500.00	
2/7/90	Penny's Against Drugs	2952												500.00		
<b>TOTALS THIS PAGE</b>											871.29	1,250.00		500.00		
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

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SBL Rev. 987-26-5

ATTACHMENT  
Page 39 of 43

9 1 0 4 0 8 7 3 7 3 2

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medic 1 Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/23/90	Friends of Susan Hoffman	2953										500.00				
1/23/90	C & L Limousine Service 8355 Brookwood Road Millersville, Md. 21108	2954												1,900.00		Rally Transport
1/9/90	Internal Revenue Service Philadelphia, Pa. 19255	2955		548.69												
1/12/90	Chuck Austion Limousine Service 8355 Brookwood Road Millersville, Md. 21108	2956												828.00		Reception Transport
1/16/90	Friends of Sid Kramer 101 Monroe Street Rockville, Md. 20850	2957										2,000.00				
	Void	2958														
<b>TOTALS THIS PAGE</b>				548.69								2,500.00		2,728.00		
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

ATTACHMENT  
Page 40 of 113

9 1 0 4 0 8 7 3 7 3 3

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medic. Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
3/16/90	Friends of Rosemary Bous. ck 205 Hemlock Lane Aberdeen, MD 21001	2959										2,000.				
3/16/90	Friends of Frederick J. atea 600 S. Union Ave. Havre de Grace, MD 2107	2960										2,500.				
3/16/90	Friends of Aris Allen 1323 Magnolia Ave. Annapolis, MD 21403	2961										2,000.				
3/23/90	Jay's Tavern Inn 1309-11 N. Charles Stree Baltimore, MD 21201	2962		292.98												
3/23/90	Rifkin, Evans, Silver & Law one 575 S. Charles Street Baltimore, MD 21201	2963												1,873.26		Legal Fees
3/23/90	Mad-Chi Faculty 1211 Cathedral Street Baltimore, MD 21201	2964		275.00					903.14							
<b>TOTALS THIS PAGE</b>				567.98					903.14			6,900.		1,873.26		
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

ATTACHMENT  
Page 41 of 113

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**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Medic	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
3/26/90	Jay's Tavern Inn 1301-11 N. Charles Street Baltimore, MD 21201	2965												390.00		Rally
3/26/90	Lucas Bros. 7700 Fort Capital Drive Baltimore, MD 21227	2966									300.00					
4/2/90	Baltimore City Medical Society 819 Park Avenue Baltimore, MD 21201	2967												149.53		Rally
4/2/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, MD 21201	2968	34.00													
4/18/90	Friends of Tom McMillan Crofton Depot Crofton, MD 21114	2969												1,000		Federal Candidate
4/23/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, MD 21201	2970		4.00												
<b>TOTALS THIS PAGE</b>				34.00 (22)	4.00 (23)						300.00 (30)			1,539.53 (33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

ATTACHMENT  
Page 42 of 63

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Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE  
SBL-Rev. 987-5

REQUIRED AS NEEDED

**SCHEDULE 2  
EXPENDITURES**

(B) Page 111 of 131 Pages

(A) Name: Maryland Medic 1 Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
4/23/90	Friends of Sid Kramer 101 Monroq Street Rockville, MD 20850	2971														
4/25/90	Sue Sherwood 114 Sumner's Run Annapolis, MD 21401	2972						1,552.								
4/25/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, MD 21201	2973							948.00							
4/26/90	R.E. Michel, Jr., Treasurer	2974										1,000.				
4/26/90	Friends of Shiela Hixon 1008 Broadmore Circle Silver Spring, MD 20901	2975										1,000.				
4/26/90	Committee to Elect Don Fr P.O. Box 55 Jarrottville, MD 21084	2976										1,000.				
<b>TOTALS THIS PAGE</b>								1,552.	948.00			3,000.				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

ATTACHMENT 2  
Page 43 of 43

9 1 0 4 0 8 7 3 7 3 6

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INDICATED AS NEEDED

**SCHEDULE 2  
EXPENDITURES**

(U) Page 112 of 131 Pages

(A) Name of Joint Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
4/26/90	Friends of Jack Derr 13 West Second Street Frederick, MD 21701	2977										1,000.				
4/26/90	Citizens for Alex Williams	2978										500.00				
4/26/90	Friends of Michael Gordo	2979										1,000.				
4/26/90	Friends of F. Vernon Boozer 614 Bosley Avenue Towson, MD 21204	2980										1,000.				
4/26/90	Friends of Martha Kline	2981										250.00				
4/26/90	Friends of Bob Ehrlich P.O. Box 932 Hunt Valley, MD 21030	2982										500.00				
<b>TOTALS THIS PAGE</b>												4,250.				

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SBL-Rev. 987-26-5

Page 44 of 63

91040873737

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medic: 1 Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
4/26/90	Friends of Jean Roesser	2983										250.00				
4/26/90	Friends of Mary Hoergers 4417 Puller Drive Kensington, MD 20895	2984										1,000.				
4/26/90	Friends of Leon Albin	2985										250.00				
4/26/90	Friends of Mike Busch	2986										1,000.				
4/26/90	Friends of Michael Glorie P.O. Box 20298 Baltimore, MD 21284	2987										500.00				
	VOID	2988														
	VOID	2989														
<b>TOTALS THIS PAGE</b>												3,000.				
		(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

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ATTACHED  
Page 45 of 63

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
	VOID	2990														
5/10/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, MD 21201	2991						199.68	932.70							
5/10/90	Friends of Samuel Linton Rt. 2, Box 24 White Plains, MD 20716	2992										200.00				
5/10/90	Friends of Mike Wagner	2993										1,000.				
5/10/90	Friends of Larry Young P.O. Box 13003 Baltimore, MD 21203	2994										500.00				
5/10/90	Friends of George Littrell 5209 Reels Mill Road Frederick, MD 21701	2995										250.00				
<b>TOTALS THIS PAGE</b>								199.68	932.70			1,950.00				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

ATTACHMENT 2  
Page 46 of 103

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SBL-Rev. 987-26-5

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**SCHEDULE 2  
EXPENDITURES**

(B) Page 115 of 131 Pages

(A) Name of

Medic. 1 Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
5/10/90	Friends of Frank Komenda 1218 Kings Tree Drive Mitchellville, MD 20716	2996										1,250.				
5/10/90	Friends of Al Wya	2997										500.00				
5/10/90	Friends of Bob Neall Governor Calvert House Annapolis, MD 21401	2998										1,000.				
5/10/90	Friends of Charles Kolodziejki 168 Carvel Beach Road Baltimore, MD 21226	2999										200.00				
5/10/90	Friends of Richard Colburn P.O. Box 918 Cambridge, MD 21613	3000												500.00		Federal Candidate
5/10/90	Friends of Larry LaMotte 2929 Hernwood Road Woodstock, MD 21163	3001										1,000.				
<b>TOTALS THIS PAGE</b>												3,950.		500.00		
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

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ATTACHMENT  
Page 47 of 63

**SCHEDULE 2  
EXPENDITURES**

(B) Page 116 of 131 Pages

(A) Name of Medic 1 Political Action Committee  
Failure to provide  
SBL-Rev. 987-26-5

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (Last name of entity for disbursements to other taxpayers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasures Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
5/10/90	Friends of Tom Yeager 6122 Tulane Drive Clarksville, MD 21029	3002										500.00				
5/10/90	Friends of Tony Fulton 3501 Denny Road Baltimore, MD 21217	3003										1,250.				
5/10/90	Friends of Louis Morsberg 19102 Lismore Lane Catoonsville, MD 21228	3004										200.00				
5/10/90	Friends of Miller, Alexander, Proctor & Vallario # 107 State House, State Circle Annapolis, MD 21401	3005										1,000.				
5/10/90	Friends of Clayton Mitchell	3006										500.00				
5/10/90	Friends of John Pica 6305 York Road, Suite 40 Baltimore, MD 21212	3007										1,000.				
<b>TOTALS THIS PAGE</b>												4,450.				

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SBL-Rev. 987-26-5

Page 48 of 103

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Failure to provide  
SBL-Rev. 987-26-5

DECLARED

**SCHEDULE 2  
EXPENDITURES**  
(See Instructions on Reverse Side)

(B) Page 117 of 131 Pages

(A) Name of and Medic. 1 Political Action Committee

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
5/10/90	Friends of Brian McHale 1604 E. Fqrt Avenue Baltimore, MD 21230	3008										500.00				
5/10/90	Friends of Carolyn Nowarc 5611 Landover Road Hyattsville, MD 20789	3009										500.00				
5/10/90	Friends of Paula Hollinge: 10451 Mill Run Circle Owings Mills, MD 21117	3010										2,500.				
5/10/90	Friends of Bronwell 7519 Belair Road Baltimore, MD 21236	3011										1,000.				
5/10/90	Friends of Tom O'Reilly 7219 Hanover Parkway Greenbelt, MD 20770	3012										1,000.				
5/10/90	Friends of Kevin Kelly 201 Washington Street Cumberland, MD 21502	3013										1,000.				
<b>TOTALS THIS PAGE</b>												6,500.				

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SBL-Rev. 987-26-5

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ATTACHMENT  
Page 49 of 103

(A) Nat. Failure to provide SBL-Rev. 987-26-5

Medic. 1 Political Action Committee

SCHEDULE 2 EXPENDITURES (See Instructions on Reverse Side)

(B) Page 118 of 131 Pages (C) Campaign Fund Account Number 90-00-2115

EXPENDITURE CLASSIFICATION

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensation	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equipment (Identify in Column 35)	Fund-raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
5/10/90	Friends of Sharon Horner;er 58 1/2 West Main Street Westminster, MD 21161	3014										1,000.				
5/10/90	Friends of Nancy Murphy 1330 Sulphur Spring Road Baltimore, MD 21227	3015										1,000.				
5/10/90	Friends of Bob Ehrlich P.O. Box 932 Hunt Valley, MD 21030	3016										500.00				
5/10/90	Friends of Michael Gudis 1112 Wayne Avenue Silver Spring, MD 20910	3017										500.00				
5/10/90	Friends of Michael Subin 61 Midline Court Gaithersburg, MD 20878	3018										500.00				
5/10/90	Friends of Pete Beilinger 4503 Underwood Road Baltimore, MD 21212	3019										500.00				
<b>TOTALS THIS PAGE</b>												4,000.				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE SBL-Rev. 987-26-5

ATTACHMENT Page 50 of 63

91040873743

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
5/10/90	Friends of Donna Felling 2416 Joppa Road Baltimore, MD 21234	3020										500.00				
5/10/90	Friends of Nat Exum 5611 Landover Road Hyattsville, MD 20784	3021										500.00				
5/10/90	Friends of Connie Galiazzi 1952 Sunberry Road Dundalk, MD 21222	3022										600.00				
5/15/90	I am An American Parade Anthony DiPietro, Treasurer	3023												500.00		
5/15/90	Friends of Joe Vallario H 107 State House, State Circle Annapolis, MD 21401	3024										500.00				
5/15/90	Friends of Gary Alexander H 107 State House, State Circle Annapolis, MD 21401	3025										500.00				
<b>TOTALS THIS PAGE</b>												2,600.		500.00		
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

ATTACHMENT 2 of 103  
 Page 51 of 103

91040873744

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medicine Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
5/15/90	Friends of James Proctor H 107 State House, State Circle Annapolis, MD 21401	3026										500.00				
5/15/90	Advocates for Addie	3027										500.00				
5/15/90	Friends of Dol Elliott 260 Union Bridge Road Union Bridge, MD 21721	3028										1,000.				
5/16/90	Marvin Moore M & K Productions	3029										450.00				
5/16/90	Friends of Parris Glending Harvey Machen, Treasurer	3030										250.00				
	VOID	3031														
<b>TOTALS THIS PAGE</b>												2,700.				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SHL-Rev. 987-26-5

ATTACHMENT 2  
Page 52 of 103

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SCHEDULE 2  
EXPENDITURES

(A) Name of Account Maryland Medic: Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

EXPENDITURE CLASSIFICATION

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
5/25/90	Friends of John Bishop 1520 Doxbury Road Towson, MD 21204	3032										250.00				
5/25/90	Friends of Mike Weir	3033										250.00				
5/24/90	Friends of Ryan, Pitkin & Conroy 8507 Red Wing Lane Lanham, MD 20706	3034										1,000.				
5/24/90	Friends of Arthur Dorman 3517 Marlborough Way College Park, MD 20740	3035										500.00				
6/5/90	Friends of McCarthy	3036										100.00				
6/5/90	Friends of Vicky York	3037										500.00				
<b>TOTALS THIS PAGE</b>												2,600.				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

ATTACHMENT 2  
P. 53 of 63

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**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
	VOID	3038														
6/20/90	Friends of Gene Counihan 9901 Delicastle Road Gaithersburg, MD 20879	3039										500.00				
6/20/90	Friends of Howard Denis	3040										500.00				
6/20/90	Friends of Philip Jimeno	3041										1,000.				
6/20/90	Friends of Michael Collin	3042										500.00				
6/20/90	Friends of Robert DiPietr	3043										500.00				
<b>TOTALS THIS PAGE</b>												3,000.				
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

SBL-Rev. 987-26-5

ATTACHMENT  
 Page 54 of 103

91040873747

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
6/22/90	Friends of Arthur Dorman	3044										500.00				
6/22/90	21st District Team	3045										500.00				
6/25/90	Med-Chi Faculty 1211 Cathedral Street Baltimore, MD 21201	3046									1,838.59					
7/12/90	Friends of Sheila Hixson	3047										1,500.				
7/12/90	Friends of Jennie Forehand	3048										500.00				
7/12/90	Friends of Carol Petzold	3049										500.00				
<b>TOTALS THIS PAGE</b>											1,838.59	3,500.				

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

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ATTACHMENT  
PAGE 55 of 63

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
7/12/90	Friends of Pete Rawlings	3050										500.00				
	VOID	3051														
7/12/90	Friends of Sylvan Woods, Jr.	3052										500.00				
7/19/90	Friends of Gerald Curran	3053										300.00				
7/19/90	Friends of Hank Heller	3054										250.00				
7/19/90	Friends of Mike Gisriel	3055										500.00				
<b>TOTALS THIS PAGE</b>												2,050.				

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ATTACHMENT  
Page 56 of 63

**SCHEDULE 2  
EXPENDITURES**

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurer)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
7/23/90	Friends of Ida Ruben 11 Schindler Court Silver Spring, MD 20903	3056										1,000.				
7/24/90	Friends of Nat. Estab. 5611 Landover Road Hyattsville, MD 20784	3057										500.00				
7/24/90	Friends of Buzz Ryan 131 House Office Building Annapolis, MD 21401	3058										250.00				
7/24/90	Fred & Harry's Resturant Sheila Nixon's Breakfast	3059										237.50				
7/30/90	Friends of Vicky York	3060										500.00				
8/1/90	R.E.T., Inc.	3061												590.00		
<b>TOTALS THIS PAGE</b>												2,487.50		590.00		
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Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

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ATTACHMENT 2  
Page 57 of 63

SCHEDULE 2  
EXPENDITURES

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

EXPENDITURE CLASSIFICATION

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/7/90	The O'Reilly, Johnson & Haly 7219 Hanover Parkway Greenbelt, MD 20770	Team 3062										5,500.				
1/7/90	Friends of Don Fry P.O. Box 55 Jarrettsville, MD 21084	3063										3,000.				
1/7/90	Friends of Royd Smith P.O. Box 311 Frederick, MD 21701	3064										1,000.				
1/7/90	Friends of Frank Komenda 1218 Kings Tree Drive Mitchellville, MD 20716	3065										1,000.				
1/7/90	Friends of Ida Ruben 11 Schindler Court Silver Spring, MD 20903	3066										500.00				
1/7/90	Friends of Patty Sher 1916 Rockwood Road Silver Spring, MD 20910	3067										2,500.				
<b>TOTALS THIS PAGE</b>												<b>13,500.</b>				
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APPENDIX  
Page 58  
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**SCHEDULE 2  
EXPENDITURES**

(B) Page 127 of 131 Pages

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
1/7/90	Friends of Mary Boergers 4417 Puller Drive Kensington, MD 20895	3068										1,500.				
1/7/90	Friends of Farrell Maddox 418 Eastern Blvd. Baltimore, MD 21221	3069										1,000.				
1/7/90	41st District Team 4811 Liberty Heights Avenue Baltimore, MD 21207	3070										2,500.				
1/7/90	Friends of Tony DiPietro 225 S. Clinton Street Baltimore, MD 21224	3071										1,000.				
1/7/90	Friends of Decatur Trotte 1422 3rd Street Glenarden, MD 20706	3072										2,500.				
1/7/90	Friends of John Hurson 4912 Del Ray Avenue Bethesda, MD 20814	3073										1,000.				
<b>TOTALS THIS PAGE</b>												9,500.				

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ATTACHMENT  
Page 59 of 63

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 2/21/90  
 2/21/90

INTENDED SPECIFICATION

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
To Whom Paid Name & Address (If Name is in list of contributors, list the name of the organization)	City	State and Zip Code	Real and Other Gifts Expenses	Media	Camp Date		Travel	Purchase of Equipment (Identify in Column 35)	Fund raising Events (Identify in Column 35)	Transfers sent to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Identify Account Number in Column 35)	Remarks
8/7/90 Friends of John Jefferies 3006 Hamilton Avenue Baltimore, MD 21214	3074									1,000.				
8/7/90 Friends of Ed Kasemeyer 12400 Clarksville Pike Clarksville, MD 21029	3075									1,000.				
8/7/90 Friends of Bob Flanagan 12400 Clarksville Pike Clarksville, MD 21029	3076									1,000.				
8/7/90 Friends of Bob Kittleman 12400 Clarksville Pike Clarksville, MD 21029	3077									1,000.				
8/7/90 Friends of Ron Gums 107 Railroad Avenue Elkton, MD 21921	3078									500.00				
8/7/90 Friends of Gene Counihan 9901 Dellicastle Road Gaithersburg, MD 20879	3079									500.00				
<b>TOTALS THIS PAGE</b>										5,000.				
		(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	

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 Page 60 of 63

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**SCHEDULE 2  
EXPENDITURES**

(B) Page 129 of 131 Pages

(A) Name of Account Maryland Medical Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
8/7/90	Friends of Larry Wiser 3210 Wake Drive Kensington, MD 20895	3080										250.00				
8/7/90	Friends of Marsha Perry 1605 Edgerton Place Crofton, MD 21114	3081										1,000.				
8/7/90	Friends of Pat Cushwa P.O. Box 608 Hagerstown, MD 21741	3082										1,000.				
8/7/90	Friends of Aris Allen 1323 Magnolia Avenue Annapolis, MD 21403	3083										500.00				
8/7/90	Friends of Nancy Murphy 1330 Sulphur Spring Road Arbutus, MD 21227	3084										250.00				
8/7/90	Friends of Bill Bevan 349 Main Street Laurel, MD 20707	3085										250.00				
<b>TOTALS THIS PAGE</b>												3,250.				
			(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)		

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**SCHEDULE 2  
EXPENDITURES**

(B) Page 130 of 131 Pa

(A) Name of Account Maryland Medic 1 Political Action Committee

(See Instructions on Reverse Side)

(C) Campaign Fund Account Number 90-00-2115

**EXPENDITURE CLASSIFICATION**

(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)
Date	To Whom Paid Name & Address (List name of entity for disbursements to other treasurers)	Check Number	Salaries and Other Compensa- tion	Rent and Other Office Expenses	Field Expenses	Media	Campaign Materials	Direct Mail	Postage	Purchase of Equip- ment (Identify in Column 35)	Fund- raising Events (Describe in Column 35)	Transfers Out to Other In-State Treasurers Includes Ticket Purchases	Loan Repayment	Other (Describe in Column 35)	Transfer to Interest Bearing Account (Enter Account Number in Column 35)	Remarks
8/7/90	Maryland Democratic Part 141 N. Main Street Belair, MD 21014	3086										1,000.				
	VOID	3087														
8/7/90	P.G. County P.A.C. 4172 Suitland Road Suitland, MD 20746	3088										1,000.				
<b>TOTALS THIS PAGE</b>												2,000.				

ATTACHED  
 Page 62 of 63

Failure to provide all the information required by this form will be regarded as a FAILURE TO FILE

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**SCHEDULE 4**  
**REPORT ON LOAN TO CAMPAIGN FUND ACCOUNT**

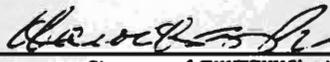
**I. CONSENT OF RECIPIENT\***  
Please Print

I, (MMPAC), hereby acknowledge receipt on August 7, 1990  
*Name of Candidate* *Date*

of a loan in the amount of \$ 33,000.00 from Medical and Chirurgical Faculty of Maryland  
*Name of Lender*

to Maryland Medical Political Action Committee 90-00-2115  
*Name of Campaign Fund Account* *Campaign Fund Account Number*

A copy of this consent has been supplied to the lender.

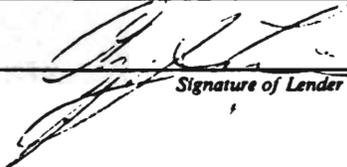
  
\_\_\_\_\_  
Signature of ~~Chairman~~ Chairman  
MMPAC

**II. TERMS OF LOAN\*\***  
Please Print

Lender: Medical and Chirurgical Faculty of Maryland  
*Name of Lender*

1211 Cathedral Street  
*Address*

Baltimore, Maryland 21201

  
\_\_\_\_\_  
Signature of Lender

Schedule for repayment:

Interest only on the loan for twelve months. Payable on the first of each month,  
beginning 9/1/90. Balance of loan due 8/1/91. Full or partial prepayment at anytime  
without penalty.

Interest rate: 11% Annual Rate

This schedule must be filed for each loan and attached to the Campaign Fund Report for the transaction period in which the loan was made.

\* Article 33, Section 26-8 (b)(1)  
\*\* Article 33, Section 26-8 (b)(2)

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BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
 )  
Maryland Medical Political Action )  
Committee and Joseph J. Harrison, )  
as treasurer )  
 )  
Medical and Chirurgical Faculty )  
of Maryland )

**SENSITIVE**

MUR 3260

COMPREHENSIVE INVESTIGATIVE REPORT

On February 12, 1991, the Reports Analysis Division referred the Maryland Medical Political Action Committee ("the Committee") for receiving a \$35,000 loan from its connected organization, Medical and Chirurgical Faculty of Maryland ("Med-Chi").<sup>1</sup> On April 11, 1991, the Commission found reason to believe that the Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).

On May 1, 1991 interrogatories were sent to the Committee and Med-Chi. On May 10, 1991, we received a response to the interrogatories. See Attachment 1. In a telephone conversation with staff from this Office, counsel for the Committee and Med-Chi provided additional information regarding bank accounts which should have been provided earlier. This Office requested that counsel provide this information to us in writing. We received this additional information on July 26, 1991. See Attachment 2.

According to the July 26, 1991 correspondence from counsel,

1. Med-Chi is a Maryland corporation incorporated on January 20, 1799.

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the Maryland Medical Political Action Committee (MMPAC) operates separate bank accounts for federal and state election activities.<sup>2</sup> From the documentation submitted, it appears that MMPAC has a savings account and checking account for federal activity and a savings account and checking account for state activity. See Attachment 2. MMPAC has a savings account, "Maryland Medical P.A.C. Soft," with the account number 240150979 at the Chase Bank of Maryland. MMPAC also has a checking account with the account number 4313532 at Maryland National Bank. Both of these accounts appear to be used for state election activity. MMPAC has a second savings account, "Maryland Medical PAC Hard," with the account number 240101725 at Chase Bank and a second checking account, account number 6166032, at Maryland National. It appears that both of these accounts are used for federal election activity.

The July statement for checking account number 4313532 indicates that a \$35,000 check was deposited into this account on August 7, 1990.<sup>3</sup> See Attachment 2, page 16. After reviewing the bank documentation submitted by counsel, this Office concludes that the \$35,000 loan check was deposited into MMPAC's checking account for state activity. This Office notes that when we compared the state disbursement activity disclosed in the reports

---

2. According to Maryland's State Administrative Board of Election Laws, the Maryland Medical Political Action Committee is registered with the state of Maryland.

3. In reports filed with the Commission, the Committee reported a \$35,000 loan as having been received on August 6, 1990 from its connected organization, Med-Chi.

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which MMPAC filed with the Commission with the check disbursements for checking account 4313532, the activities matched.<sup>4</sup>

After being notified by the Reports Analysis Division that MMPAC's receipt of the \$35,000 loan from a corporation was prohibited,<sup>5</sup> the Committee paid the loan back with a check in the amount of \$35,000 made payable to Med-Chi. This check was dated December 21, 1990. The December statement for checking account 4313532 revealed a debit of \$35,000 on December 21, 1990.

Based on the foregoing, it appears that the \$35,000 which MMPAC received from Med-Chi was deposited into MMPAC's checking account for state activity and that these funds were used solely for state election activity. It also appears that when MMPAC was questioned by RAD about the reported transfer of funds, the \$35,000 loan was paid back to Med-Chi from the checking account designated for state activity.

Accordingly, this Office will be preparing a General Counsel's brief which will recommend that the Commission find no probable cause to believe that Maryland Medical Political Action

---

4. This Office notes that MMPAC should not have reported disbursements for state election activity or the \$35,000 loan to the Commission. In previous situations where a committee reports state activity in its reports to the Commission, the Commission has not pursued a reporting violation. See MUR 1733. This Office understands that when instances of a federal committee including activity from its non federal account in its reports filed with the Commission have come to RAD's attention, RAD has requested the committee to file amended reports to delete such activity.

5. Because the loan was reported in the reports which MMPAC filed with the Commission, it was assumed that the funds were deposited into a federal account.

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Committee and Joseph J. Harrison, as treasurer, and Medical and  
Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).

Lawrence M. Noble  
General Counsel

8-19-91  
Date

BY: Lois G. Lerner  
Lois G. Lerner  
Associate General Counsel

Attachments

1. MMPAC response to interrogatories
2. MMPAC bank statements

Staff Assigned: Mary Taksar

91040373760



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

MEMORANDUM

TO: LAWRENCE NOBLE  
GENERAL COUNSEL

FROM: *MWS* MARJORIE W. EMMONS /DONNA ROACH *DR*  
SECRETARY OF THE COMMISSION

DATE: AUGUST 21, 1991

SUBJECT: MUR 3260 - COMPREHENSIVE INVESTIGATIVE REPORT  
DATED AUGUST 19, 1991.

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The above-captioned matter was received in the Commission Secretariat at 4:07 p.m. on Monday, August 19, 1991 and circulated on a 24-hour no-objection basis at 11:00 a.m. Tuesday, August 20, 1991.

There were no objections to the above-captioned matter.

RECEIVED  
F.E.C.  
SECRETARIAT

**CLOSED**

BEFORE THE FEDERAL ELECTION COMMISSION

**SENSITIVE**

In the Matter of  
Maryland Medical Political Action  
Committee and Joseph J. Harrison,  
as treasurer  
Medical and Chirurgical Faculty  
of Maryland

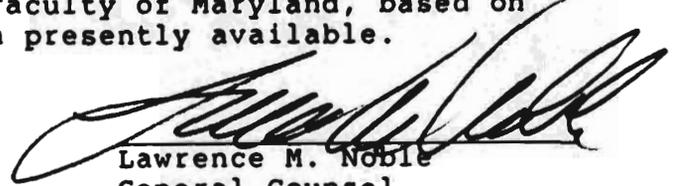
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MUR 3260

**GENERAL COUNSEL'S REPORT**

The Office of the General Counsel is prepared to close the investigation in this matter as to the Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland, based on the assessment of the information presently available.

9/3/91  
Date

  
Lawrence M. Noble  
General Counsel

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F.E.C.  
SECRETARIAT



FEDERAL ELECTION COMMISSION 91 SEP -3 AM 11: 12  
WASHINGTON, D.C. 20463

September 3, 1991

MEMORANDUM

**SENSITIVE**

TO: The Commission  
FROM: Lawrence M. Noble  
General Counsel *[Signature]*  
SUBJECT: MUR 3260

Attached for the Commission's review is a brief stating the position of the General Counsel on the legal and factual issues of the above-captioned matter. A copy of this brief and a letter notifying the respondent of the General Counsel's intent to recommend to the Commission a finding of no probable cause to believe were mailed on September 3, 1991. Following receipt of the respondent's reply to this notice, this Office will make a further report to the Commission.

Attachments

1. Brief
2. Letter to respondent

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FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

September 3, 1991

Stephen C. Buckingham, Esq.  
Rifkin, Evans and Silver  
575 S. Charles Street  
Harbor Court, Suite 200  
Baltimore, MD 21201

RE: MUR 3260  
Maryland Medical Political  
Action Committee and Joseph J.  
Harrison, as treasurer

Medical and Chirurgical Faculty  
of Maryland

Dear Mr. Buckingham:

Based on information ascertained in the normal course of carrying out its supervisory responsibilities, on April 11, 1991, the Federal Election Commission found reason to believe that your clients, the Maryland Medical Political Action Committee ("Committee") and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a) and instituted an investigation in this matter.

After considering all the evidence available to the Commission, the Office of the General Counsel is prepared to recommend that the Commission find no probable cause to believe that violations have occurred.

The Commission may or may not approve the General Counsel's recommendation. Submitted for your review is a brief stating the position of the General Counsel on the legal and factual issues of the case. Within 15 days of your receipt of this notice, you may file with the Secretary of the Commission a brief (ten copies if possible) stating your position on the issues and replying to the brief of the General Counsel. (Three copies of such brief should also be forwarded to the Office of the General Counsel, if possible.) The General Counsel's brief and any brief which you may submit will be considered by the Commission before proceeding to a vote of whether there is probable cause to believe a violation has occurred.

If you are unable to file a responsive brief within 15 days, you may submit a written request for an extension of time. All requests for extensions of time must be submitted in writing

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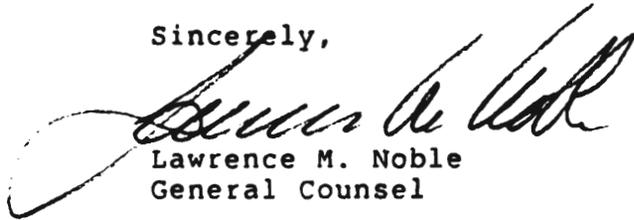
Stephen C. Buckingham, Esq.  
MUR 3260  
Page 2

five days prior to the due date, and good cause must be demonstrated. In addition, the Office of the General Counsel ordinarily will not give extensions beyond 20 days.

A finding of probable cause to believe requires that the Office of the General Counsel attempt for a period of not less than 30, but not more than 90 days, to settle this matter through a conciliation agreement.

Should you have any questions, please contact Mary Taksar, the attorney assigned to this matter, at (202) 376-5690.

Sincerely,



Lawrence M. Noble  
General Counsel

Enclosure  
Brief

91040373765

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )
Maryland Medical Political Action )
Committee and Joseph J. Harrison, ) MUR 3260
as treasurer )
Medical and Chirurgical Faculty )
of Maryland )

GENERAL COUNSEL'S BRIEF

I. STATEMENT OF THE CASE

On April 11, 1991, the Commission found reason to believe that the Maryland Medical Political Action Committee ("the Committee") and Joseph J. Harrison, as treasurer, violated 2 U.S.C. § 441b(a). The Commission also found reason to believe that the Medical and Chirurgical Faculty of Maryland ("Med-Chi") violated 2 U.S.C. § 441b(a).<sup>1</sup>

On May 1, 1991 interrogatories were sent to the Committee and Med-Chi. The Commission received a response to the interrogatories on May 10, 1991. Subsequent to the Commission's receipt of the response and during a telephone conversation with staff from the Office of the General Counsel, counsel for the Committee and Med-Chi provided information regarding bank accounts which had not previously been provided. The Office of the General Counsel requested that counsel provide this information to us in writing. We received this information on July 26, 1991.

II. ANALYSIS

The Federal Election Campaign Act of 1971, as amended ("the

1. Med-Chi is the Committee's connected organization and is incorporated in the State of Maryland.

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Act"), makes it unlawful for a corporation to make a contribution or expenditure in connection with a Federal election or for any political committee knowingly to accept or receive a corporate contribution. 2 U.S.C. § 441b(a). The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purposes of influencing a Federal election. 2 U.S.C. § 431(8)(A)(i). A loan is a contribution when it is made and to the extent that it remains unpaid.

The term "political committee" means any separate segregated fund established under the provisions of 2 U.S.C. § 441b(b). 2 U.S.C. § 441b. The term "person" includes an individual, partnership, committee, association, corporation, labor organization, or any other organization or group of persons, but does not include the Federal Government or any authority of the Federal Government. 2 U.S.C. § 431(11).

According to counsel, the Maryland Medical Political Action Committee operates separate bank accounts for federal and state election activities. Counsel stated that the \$35,000 loan from Med-Chi was deposited into an account designated for state election activity. The Committee supplied bank records which indicate that the Committee has four bank accounts, two checking accounts and two savings accounts. It appears that the Committee has a savings and checking account for federal activity and a savings and checking account for state activity.

The Committee has a savings account with the account number 240150979 at the Chase Bank of Maryland. The name for this

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savings account is "Maryland Medical P.A.C. Soft." The Committee also has a checking account with account number 4313532 at the Maryland National Bank. It appears that these two accounts are used for state election activity.

The Committee has a second savings account with the account number 240101725 at the Chase Bank of Maryland. The name for this account is "Maryland Medical PAC Hard." The Committee also has a second checking account with account number 6166032 at the Maryland National Bank. It appears that these two accounts are used for federal election activity.

In reports filed with the Commission, the Committee reported a \$35,000 loan as having been received from Med-Chi on August 6, 1990. The July statement for checking account number 4313532 indicates that a \$35,000 check was deposited into this account on August 7, 1990. When the Office of the General Counsel compared the disbursement activity for checking account 4313532 with the state election disbursement activity which the Committee included in its reports to the Commission, we determined that the activities matched.<sup>2</sup>

After the Reports Analysis Division notified the Committee that its receipt of the \$35,000 loan from a corporation was prohibited, the Committee paid the loan back with a check in the amount of \$35,000 made payable to Med-Chi. This check was dated

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2. The Committee's reports for the period during which the Committee retained the loan funds, August 6, 1990 through December 20, 1990, revealed that the Committee made no contributions to candidates or political committees in relation to a Federal election.

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December 21, 1990 and was written on checking account 4313532. The December monthly statement for checking account 4313532 revealed a debit of \$35,000 on December 21, 1990.

Based on the foregoing, it appears that the \$35,000 which the Committee received as a loan from Med-Chi was deposited into the Committee's checking account for state election activity and that these funds were used solely for state election activity. It also appears that when the Committee was questioned by the Reports Analysis Division about the reported transfer of funds, the \$35,000 loan was paid back to Med-Chi from the checking account designated for state activity.

Accordingly, it appears that the \$35,000 loan was neither deposited into a Federal account nor used for Federal election activity. Based on the foregoing, there is no probable cause to believe that the Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).

**III. GENERAL COUNSEL'S RECOMMENDATION**

Find no probable cause to believe that Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).

Date 9/3/91

  
Lawrence M. Noble  
General Counsel

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Obc 2427

RECEIVED  
FEDERAL ELECTION COMMISSION  
MAIN OFFICE

**RIFKIN, EVANS, SILVER & ROZNER**

ATTORNEYS AT LAW

91 SEP -9 AM 9:53

HARBOR COURT • SUITE 200  
575 SOUTH CHARLES STREET  
BALTIMORE, MARYLAND 21201  
TELEPHONE: (301) 837-9700  
800-673-8868  
FAX: (301) 837-9716

6411 IVY LANE • SUITE 116  
GREENBELT, MARYLAND 20770  
TELEPHONE: (301) 441-3000  
FAX: (301) 441-3003  
ANNAPOLIS OFFICE  
224 MAIN STREET  
ANNAPOLIS, MARYLAND 21401  
TELEPHONE: (301) 280-0804  
FROM BALTIMORE: (301) 974-8382  
FROM WASHINGTON: (301) 888-8303  
FAX: (301) 974-8386

ALAN M. RIFKIN  
GERARD E. EVANS\*  
EDGAR P. SILVER\*\*  
JOEL D. ROZNER  
JEAN S. FUGETT, JR.\*\*  
STEPHEN C. BUCKINGHAM  
MICHAEL V. JOHANSEN  
\*MEMBER DISTRICT OF COLUMBIA  
AND PENNSYLVANIA BAR  
\*\*COUNSEL

September 5, 1991

Lawrence M. Noble, Esquire  
General Counsel  
Federal Election Commission  
Washington, D. C. 20463

Re: MUR 3260  
Maryland Medical Political Action Committee  
and Joseph J. Harrison, as treasurer

Dear Mr. Noble:

Thank you for your letter of September 3, 1991 providing me with the General Counsel's brief in the above captioned matter. On behalf of Joseph J. Harrison and the Medical and Chirurgical Faculty of Maryland, I wish to express our appreciation for the careful consideration your office has given to this matter and the cooperation and assistance we have received from Mary Taksar in resolving this matter.

Needless to say, this has been a learning experience for us, and we will be exercising a heightened degree of diligence to assure that our activities continue to comply with the federal law. We hope that the Commission will adopt your recommendation, but we will make ourselves available to respond to any further inquiries the Commission may wish to make to satisfy itself that we have fully complied with the law.

Again, thank you for your assistance in this matter. We look forward to receiving the Commission's final decision when it is made.

Sincerely,

Stephen C. Buckingham  
Legal Counsel  
Medical and Chirurgical Faculty  
of Maryland

SCB/bml

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RECEIVED  
FEDERAL ELECTION COMMISSION  
MAIN OFFICE

RECEIVED  
F.E.C.  
SECRETARIAT

SEP 13 AM 9:13

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
 )  
Maryland Medical Political Action )  
Committee and Joseph J. Harrison, ) MUR 3260  
as treasurer )  
 )  
Medical and Chirurgical Faculty )  
of Maryland )

**SENSITIVE**

SEP 26 1991

**EXECUTIVE SESSION**

**GENERAL COUNSEL'S REPORT**

**I. BACKGROUND**

On February 12, 1991, the Reports Analysis Division referred the Maryland Medical Political Action Committee ("the Committee") for receiving a \$35,000 loan from its connected organization, Medical and Chirurgical Faculty of Maryland ("Med-Chi").<sup>1</sup> On April 11, 1991, the Commission found reason to believe that the Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland ("Respondents") violated 2 U.S.C. § 441b(a).

On August 19, 1991, this Office circulated a Comprehensive Investigative Report describing the factual development in this matter and attaching the information provided by the Respondents. On September 3, 1991, this Office sent a brief to the Respondents informing them that the General Counsel would recommend that the Commission find no probable cause to believe the Respondents violated 2 U.S.C. § 441b. On September 9, 1991, we received a letter from counsel for the Respondents concurring in the recommendation.

1. Med-Chi is a Maryland corporation incorporated on January 20, 1799.

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## II. DISCUSSION

The General Counsel's Brief, signed September 3, 1991, is incorporated by reference. The Respondents' letter is attached. The brief detailed the evidence provided by the Respondents that they had maintained separate federal and nonfederal accounts, had deposited the \$35,000 loan into the nonfederal account, and had mistakenly included the activity of both their federal and nonfederal accounts on the reports filed with the Commission. Because the loan had not been deposited into the federal account or used for federal purposes, the General Counsel recommended that the Commission find no probable cause to believe the Respondents had violated 2 U.S.C. § 441b(a). The proposed letter will ask the Committee to amend its reports filed with the Commission for 1990 to delete the activity of its nonfederal account and to refrain from including such activity in its reports in the future. This treatment is consistent with prior enforcement matters, i.e. MUR 1733, and the practices of the Reports Analysis Division. See Footnote 4, Page 3, of the Comprehensive Investigative Report, dated August 19, 1991.

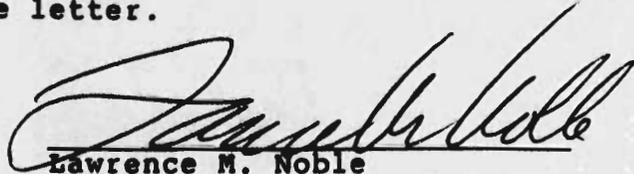
## III. RECOMMENDATIONS

1. Find no probable cause to believe that Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).
2. Close the file.

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3. Approve the appropriate letter.

4/12/91  
Date

  
Lawrence M. Noble  
General Counsel

Attachment  
Response Letter

91040873773

BEFORE THE FEDERAL ELECTION COMMISSION

In the Matter of )  
 ) MUR 3260  
Maryland Medical Political Action )  
Committee and Joseph J. Harrison, )  
as treasurer; )  
Medical and Chirurgical Faculty )  
of Maryland. )

CERTIFICATION

I, Marjorie W. Emmons, recording secretary for the Federal Election Commission executive session on September 26, 1991, do hereby certify that the Commission decided by a vote of 5-0 to take the following actions in MUR 3260:

1. Find no probable cause to believe that Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a).
2. Close the file.
3. Approve the appropriate letter as recommended in the General Counsel's report dated September 12, 1991.

Commissioners Aikens, Elliott, Josefiak, McGarry, and Thomas voted affirmatively for the decision; Commissioner McDonald was not present.

Attest:

9-27-91  
Date

Marjorie W. Emmons  
Marjorie W. Emmons  
Secretary of the Commission

91040373774



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

October 1, 1991

**CLOSED**

Stephen C. Buckingham, Esq.  
Rifkin, Evans and Silver  
575 S. Charles Street  
Harbor Court, Suite 200  
Baltimore, Maryland 21201

RE: MUR 3260  
Maryland Medical Political Action  
Committee and Joseph J. Harrison, as  
treasurer

Medical and Chirurgical Faculty of  
Maryland

Dear Mr. Buckingham:

This is to advise you that on September 26, 1991, the Federal Election Commission found that there is no probable cause to believe your clients, the Maryland Medical Political Action Committee and Joseph J. Harrison, as treasurer, and the Medical and Chirurgical Faculty of Maryland violated 2 U.S.C. § 441b(a). Accordingly, the file in this matter has been closed.

The file will be made part of the public record within 30 days. Should you wish to submit any factual or legal materials to appear on the public record, please do so within ten days. Such materials should be sent to the Office of the General Counsel.

If you have any questions, please contact Jeffrey Long, the staff member assigned to this matter, at (202) 219-3690.

Sincerely,

Lawrence M. Noble  
General Counsel

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FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

THIS IS THE END OF MUR # 3260

DATE FILMED 11/5/91 CAMERA NO. 2

CAMERAMAN AS

91040873776



**FEDERAL ELECTION COMMISSION**

WASHINGTON, D.C. 20463

Date: 9/21/94

           Microfilm  
            Public Records  
            Press

THE ATTACHED MATERIAL IS BEING ADDED TO CLOSED NUR 3260

94043585059

Nevada State Democratic Party  
c/o Piercy, Bowler, Taylor & Kern  
6100 Elton, Suite 1000  
Las Vegas, Nevada 89105

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE DIVISION  
SEP 19 12 00 PM '94

**CERTIFIED/RETURN RECEIPT**

September 14, 1994

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Gentlemen:

Enclosed please find check no. 3260 for the sixth installment payment for the Nevada State Democratic Party.

Yours truly,

Richard Segerblom  
President  
Nevada State Democratic Party

24043585060

NEVADA STATE DEMOCRATIC  
CENTRAL COMMITTEE

4 0 4 3 5 8 5 0 6 1

3260

702/468-3448

3538 S. VILLA KNOLLS DR.  
LAS VEGAS, NV 89120

94-72/1224

SEPTEMBER 10, 1994

Pay to the  
order of

FEDERAL ELECTION COMMISSION

\$ 1,000.00\*

ONE THOUSAND & NO/100-----

Dollars



**Valley Bank of Nevada**

MEMBER FDIC  
P.O. BOX 96800 • LAS VEGAS, NEVADA 89163-8000

TWO SIGNATURES REQUIRED

For PMT 6/15

⑈003260⑈ ⑆122400724⑆

260021201⑈



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

9/19/94

SEP 20 12 31 PM '94

FEDERAL ELECTION COMMISSION  
OFFICE OF GENERAL COUNSEL

TWO WAY MEMORANDUM

TO: OGC, Docket  
FROM: Rosa E. Swinton  
Accounting Technician  
SUBJECT: Account Determination for Funds Received

We recently received a check from Nevada State Democratic Central Com., check number 3260, dated 9/10/94, and in the amount of \$ 1000.00. Attached is a copy of the check and any correspondence that was forwarded. Please indicate below the account into which it should be deposited, and the MUR number and name.

-----

TO: Rosa E. Swinton  
Accounting Technician  
FROM: OGC, Docket By OA

In reference to the above check in the amount of \$ 1,000.00, the MUR number is 9728 and in the name of Nevada State Democratic Party. The account into which it should be deposited is indicated below:

- Budget Clearing Account (OGC), 95F3875.16
- Civil Penalties Account, 95-1099.160
- Other: \_\_\_\_\_

Anita Alexander  
Signature

9-20-94  
Date

24043585062