p. 5

How big should the Board of Directors be?

Big enough to do the job. Small enough to work efficiently. The actual size depends on a number of factors and these factors should be weighed carefully.

Geographic areas of the state should be represented on the Board. It must be bi-partisan. It should include members of the Woman's Auxiliary. All points of view should be represented on the Board in approximate proportion to the varying views of physicians in the state.

Many state PACs have one representative from each congressional district plus several members at large. This does not work well in states with very few congressional districts or states with large numbers of congressional districts. It does work for a vast number of states, however.

As a general rule the number on the Board should range from 10 to 25.

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How long should a state political action committee Board member serve?

A state PAC Board member should be appointed annually.

PAC Board members who serve actively and effectively should be reappointed for several terms. Unless unusual circumstances exist, no Board member should serve for more than ten years.

The members of the Board should be rotated from time to time so that new and fresh ideas come to the Board and at the same time continuity and experience is maintained on the Board.

Board members who do not attend PAC Board meetings or do not participate and support the PAC programs through membership solicitation and other assignments should not be reappointed.

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p. 17

What are the responsibilities of state political action committee Board members?

Every PAC Board member should be a member of AMPAC and the state PAC. Support for the political action movement is greatly enhanced when every state PAC Board member becomes a sustaining member. All AMPAC Board members become sustaining members every year.

In addition to their own membership obligations, state PAC Board members should recruit PAC contributions at every available opportunity. Although it is recommended that state PAC Boards have a membership and sustaining membership committee, the success of these committees depends on every PAC Board member.

Each PAC Board member is asked to attend all PAC Board meetings and functions; and to participate vigorously in all activities sponsored by the state PAC.

It is also the responsibility of every PAC Board member to be informed on the political situation in his state and congressional district. Not only should PAC Board members be informed themselves, but they should be able to advise other members of the profession intelligently and objectively.

p. 17

How often should a state political action committee Board of Directors meet?

A state political action committee Board of Directors should meet from four to eight times a year. !

The annual meeting of the state PAC Board is usually held in January to elect officers, appoint committees, and establish goals and programs for the year.

Other meetings are held to plan political education workshops, PAC luncheons or dinners and other PAC sponsored functions. They also meet to review membership and plan political strategy.

State PAC Boards meet during the annual and clinical meetings of the state medical association since members of the state PAC Board are usually medical activists and attend these meetings for other reasons.

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Should a state political action committee be incorporated?

No! Corporations are specifically and clearly prohibited from political action.

The political action movement was begun because state medical associations are prohibited from political action, since they are corporations.

State medical associations and other corporations can engage in political education but they cannot support candidates or contribute to the election of candidates for federal office.

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p. 20

How are state political action committees staffed?

State PACs can be staffed either by employees of the PAC or by volunteers.

It is obvious that more will be accomplished when state PACs are staffed by employees who work at the job every day. There is no question that full time staff relieves the officers of the Board from some of the time-consuming duties which they would have to perform if staff were not available. Staff also provides continuity to the PAC in the state.

State PACs that do not have employed staff must rely on volunteers to do the routine work of the PAC. Sometimes members of the Board, members of the medical association staff, or wives or employees of the Board members volunteer for staff functions.

Under current federal election laws, corporations such as state medical associations are expressly allowed to "establish, administer, and solicit contributions to a separate, segregated fund to be used for political purposes"(such as PACs).

State associations should consult their legal counsel for an opinion as to whether they might provide in-house staff assistance at the state association level for the bookkeeping and other administrative functions of the PAC as necessitated by the federal elections laws.

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p-1

What is the role of physicians' wives in the political action movement?

Women may be full members of state political action committees and of AMPAC. They should be a part of the decision making process.

Women serve on PAC Boards in almost every state. In many cases, these women serve as liaison members between the political action movement and the Woman's Auxiliary of the state medical association.

Women have organizational skills and creative talents which are in demand by candidate support committees, and state political action committees. In most cases, a committee is successful in direct proportion to the activity of women in the effort.

Physicians' wives are well equipped for political activity. In addition to being active in the Woman's Auxiliary, physicians' wives are involved in many civic activities. Political activity demands of physicians' wives the same type of skill which makes them successful in their work in the community. They also have a built-in potential volunteer force from the contacts they have made in other organizations.

Political activism through the PAC movement gives physicians' wives an opportunity to fulfill their own needs as responsible citizens, while participating in the political needs of the community.

Women can be depended upon to do a variety of jobs in the political action movement. In addition to serving on the state PAC Board, women PAC members can coordinate membership drives (especially in the Auxiliary); direct volunteer activity in candidate support committees; engineer social functions to raise political dollars and to promote PAC activity; and perform many other valuable tasks in order to broaden the base of support for the medical political action movement.

SECTION III

OFFICERS

What officers should be elected on a state political action committee Board of Directors?

State PAC Boards of Directors must elect a Chairman and Secretary-Treasurer at the very minimum. Some state PACs also elect a Vice Chairman or Chairman-elect.

The officers of the state PAC plus other members of the Board should serve on the Executive Committee. Three to five members is recommended as the optimum size of the Executive Committee.

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What are the duties of the state political action committee Chairman?

The Chairman of the state political action committee is the spokesman for the state PAC. As the chief executive officer, he should preside at the meetings of the Board of Directors of the state PAC and appoint all chairmen and committee members subject to the approval of the Board of Directors.

In addition to these functions, the Chairman should travel his state on behalf of the state PAC. Speaking ability is a valuable talent in this job.

The Chairman should be innovative and should plan stimulating and interesting programs as part of PAC functions.

He should have administrative and supervisory talents so that he can keep the committees of the Board working effectively and constructively. Diplomatic attributes are also valuable talents.

p.25

What are the duties of the Secretary/Treasurer?

The Secretary/Treasurer is often the same person in state political action committees. In some states, however, the duties of the Secretary and the duties of the Treasurer are performed by two persons.

The Secretary should perform the customary duties of a Committee Secretary, but it is essential that the Secretary sees to it that an accurate copy of the minutes of state PAC Board meetings are kept on file. The Secretary should also see that the correspondence of the Board is handled promptly.

The Treasurer is custodian of the funds of the committee. He is responsible for collecting all membership contributions and other funds of the committee. He must maintain accurate records of the names and addresses of the members and should forward these names and addresses to AMPAC, along with the AMPAC membership contributions as they are collected.

The Treasurer has the responsibility to see to it that the educational account and the political accounts of the state PAC are kept separate at all times. He should be alert to the fact that corporate funds cannot be used for political purposes and should never deposit corporate money in the political fund.

The Treasurer should keep full and accurate accounts and should present financial statements to the Board.

He should write all the checks on behalf of the state PAC in accordance with the instructions of the Board of Directors. He should also prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors.

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Certain reports and statements must be filed with the person the Federal Elections Campaign Act of 1971 (Pl 92-225) calls the "supervisory officer". The supervisory officer in races involving the U.S. House of Representatives would be the Clerk of the House; the supervisory officer in races involving the U.S. Senate would be the Secretary of the Senate; the supervisory officer in races involving the President or Vice-President of the United States would be the Comptroller.

The Secretary/Treasurer must file a statement of organization with the supervisory officer at least ten days after the PAC is organized on the forms provided by the supervisory officer. The Secretary/Treasurer is responsible for reporting any changes in this original statement to the supervisory officer.

The Secretary/Treasurer is required to file reports of contributions and expenditures with the supervisory officer by March 10, June 10, September 10, and fifteen and five days preceding the election (primaries and general elections included) and on January 31.

The Secretary/Treasurer must see that the following legend appears on all solicitations of funds by the PAC; "A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402."

The Secretary/Treasurer must keep all records which the supervisory officer requires political committees to keep.

A copy of an analysis of the Federal Elections Campaign Act appears as an appendix in this manual and should be carefully studied by every Secretary/Treasurer of a political committee.

p 27

How long should officers of a state political action committee serve?

The terms of office for state PAC officers should be limited to two terms of one year each. Preferably, the first term should begin in January of an odd-numbered year and continue through December of an even-numbered year. The reason for this, of course, is so the officers will be able to serve over a complete campaign period.

The number of terms an officer should serve depends on many factors. State PACs are reluctant to not re-elect effective officers who have done their jobs well It must be remembered, however, that holding a PAC office is very time consuming and places a real professional and financial burden on the officer. Further, the state PAC will be strengthened when new leadership is developed and new ideas are brought to the Board.

SECTION IV

COMMITTEES

p 29

What committees should a state political action committee have?

There is no set number of committees which a state PAC should have. Committees should be established to accomplish the priority projects of the state PAC, of course.

Membership is the responsibility of every member of the state PAC Board but a membership committee is still desirable. This committee should keep careful track of the membership status of the medical leadership in the state and make extra efforts to see that these leaders are members in good standing every year. This Committee should also follow and keep records by county or medical society so that recruiting efforts can be directed toward those counties with the greatest potential. They may also plan for and staff exhibits at medical association meetings.

In addition to the membership committee, many states also have a sustaining membership committee, which recruits sustaining members from the previous year's sustaining rolls, as well as encouraging active members to become sustaining members.

The political education committee or communications committee of the state PAC should plan and execute the educational program of the state PAC. Part of this program may include a workshop or seminar for members and a periodic newsletter.

The finance committee has the responsibility of preparing a budget for the educational activities of the state PAC and may need to raise funds for the support of the PAC from corporate sources, including the medical association.

The candidate selection committee should follow all the political races in the state of interest to the state PAC. Their research will determine to a large extent which candidates should be supported.

p 30

How often should committees of the Board meet?

With few exceptions, committees of the Board should meet more frequently than the Board meets as a whole.

Each committee should establish goals for the year and develop a program of activity to accomplish these goals.

Each committee of the Board should give a progress report to the Board at every meeting.

The more effective the committees of the Board are in their work, the more will be accomplished by the Board as a whole.

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SECTION V

EDUCATIONAL FUNDS

p 32

What is the "educational fund" of a state political action committee?

The educational fund of a state political action committee is the fund from which operating expenses are paid along with political education and membership solicitation programs.

The educational funds are often contributed by corporations such as the state medical association and others, and should be carefully handled to make sure that none of these funds are used for purposes which could possibly be construed as political.

It is suggested that the educational fund be kept in a separate bank from the political fund so that there can be no confusion of accounts in making deposits or withdrawals.

If there is ever any doubt as to whether an expenditure is political or educational, the expenditure should be made from the political account.

Can a medical association and other corporations contribute to a state political action committee?

Yes. Medical associations and other corporations can contribute to the educational aspects of the state PAC. These funds can be used for membership promotion pamphlets, workshops, newsletters, staff and other organizational and educational activities. Every precaution should be taken to assure that these funds are kept separate from political funds and that they are used exclusively for educational purposes.

p 31

What is meant by "hard" and "soft" dollars?

Hard dollars refer to political dollars or the membership contributions which should be used solely for political purposes. Membership is the only source for the political account; and these dollars should be jealously guarded since they are always in short supply for candidate-supporting activities.

Soft dollars are corporate funds which can be used for political education purposes but which can never be used for political action purposes.

Soft dollars and hard dollars should be kept separately --- even in separate accounts in different banks. Confusion of these accounts is a federal offense and great care should be taken to see that these funds are expended in accordance with both the spirit and the letter of the law.

SECTION VI

POLITICAL FUNDS

p 36

How much should a state political action committee's membership contributions be?

State PAC membership contributions should be set at a level to encourage membership and at the same time build a political fund that will be adequate to finance the political goals and objectives of the state PAC. An active membership in AMPAC is at least $10 and is collected by the state PAC.

Most state PACs have set their active membership contribution at $15 and others have set $10. A few others have set $20 and $25 as membership contributions.

A state PAC membership schedule should always provide for larger contributions through sustaining membership. Sustaining membership can be more successfully solicited if state PAC Board members are sustaining members. This display of confidence by PAC leadership will encourage other members of the profession to give just as generously of their time and money.

p 37

What should membership contributions be used for?

Membership contributions should be jealously guarded for use during a political campaign. These individual membership contributions are the only funds available to support candidates.

These political funds are always in short supply and should be conserved for direct contributions to candidates. They should not be used for political education purposes unless absolutely necessary.

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Why should a state political action committee have a sustaining membership category?

Many physicians are sophisticated enough to know that a campaign for the election to any office is expensive. These physicians truly care about the election outcome and are willing to support the effort.

One of the functions of a state political action committee is to support candidates and the larger the political fund the more effective this effort can be. It is just as easy to collect $100 as it is to collect $25 or $35 and this membership classification permits physicians to make a larger contribution.

Physicians who contribute at least $50 to their state PAC and $50 to AMPAC are considered sustaining members of both political committees. Those who become sustaining members of their state PAC and contribute over $100 to AMPAC are recorded on AMPAC's record of honor and their names are included in AMPAC's report to the Clerk of the House of Representatives and the Secretary of the Senate. (See Page X2).

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What is "joint billing"?

Joint billing is an opportunity for all physicians to join the state PAC and AMPAC at the same time that they join their professional associations. Both of these amounts are put on the same bill with county, state and national medical association dues and sent to physicians at the usual billing time in the state.

Even though joint billing is used, it is still necessary for the membership committee of the state PAC to follow up, and personally solicit those members that do not join.

It is also necessary for the state PAC to give physicians' wives an opportunity to join. Special mailings and follow up programs should include physicians wives.

Joint billings constitute a "solicitation of funds" under the election laws. Therefore, they must bear on the front of the billing the following legend:

"A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402."

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Why do state political action committees collect AMPAC membership contributions?

From the very outset of the formation of political action committees, it was felt that physicians should consider dual membership in their state PAC and in AMPAC. The eyeball-to-eyeball approach is an effective method of promoting membership and is more effective than national mailings.

Most state PACs feel that they prefer to contact physicians on behalf of the movement and do not want AMPAC to contact physicians directly in this regard. The differing time schedule in the various states would make national solicitations arrive at inopportune times in some states.

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When should membership contributions be remitted to AMPAC?

Membership contributions should be remitted to AMPAC just as soon as they are received, even if this means every week during several months out of the year.

When memberships are coming in slowly, memberships should be remitted at least once a month. They should never be held for a period longer than one month.

When AMPAC receives the membership, it is processed for the computer system and is submitted weekly until the month closes on the 22nd day of the month. The computer process takes about two weeks and the membership reports are run after this processing.

Only after the membership report has been run and balanced are membership cards and pins sent to members as an acknowledgement of AMPAC membership. If memberships are delayed at the state level, an undue amount of time elapses before the member receives his card, pin, Political Stethoscope, and other educational mailings.

Are contributions to state political action committees and/or AMPAC eligible for favorable tax treatment?

No. Contributions to state PACs and AMPAC are not eligible for favorable tax treatment; contributions to candidate support committees are eligible for the favorable tax treatment.

According to the Revenue Act of 1971 (PL 92-178) (see Appendix) enacted December 10, 1971, eligible contributions are those given to a committee "organized and operated exclusively for the purpose of influencing the nomination or election" of an announced candidate.

Contributions will not qualify for deduction or credit if made to political action committees which engage in general political, educational, or legislative activities. A campaign committee may be run in conjunction with such a political action committee (ie. a candidate support committee), but contributions to the campaign committee will be eligible only if received directly from individual taxpayers and not from the political action committee. Contributions made by individual taxpayers to a political action committee will not be eligible even if such contributions are later contributed by the political action committee to a campaign committee.

Eligible contributions are explained in detail in this manual in the chapter on candidate support committees.

The fact that state PAC and AMPAC membership contributions are not eligible for favorable tax treatment should not inhibit membership in these two professional political committees. Membership creates the double identification of both individual and professional involvement which strengthens the PAC movement.

Continued

and makes it possible for physicians to make maximum use of these voluntary contributions.

Most sophisticated physicians and their wives will surpass the $100 maximum eligible for favorable tax treatment in their contributions to candidate support committees, state and local candidates, and for regular party membership and activities; thus, their PAC membership would not be eligible, in any case.

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What is the best fiscal year for a state political action committee?

The best fiscal year for a state PAC is the calendar year. The Federal Election Campaign Act of 1971 requires cumulative reports to be filed by AMPAC and state PACs four times a year for off election years and six or eight times a year for an election year.

In addition, AMPAC computes membership awards for state PACs on a calendar year basis.

AMPAC can count as members only those memberships received during a calendar year. Membership records are sent to state PACs every month which show the cumulative membership since January 1 of the year.

SECTION VII

POLITICAL EDUCATION

p. 46

What is the first function of the political education program of the state political action committee?

The first function of the political education program of the state PAC is to acquaint each physician and his family with the purposes and functions of the state political action committee.

Almost every political action committee has a promotional brochure which is used for this educational purpose.

p.47

How can the state political action committee be promoted?

The ways a state PAC can be promoted are endless and are limited only by the imagination and energies of the state PAC Board. Some of the successful ways that have been used thus far are:

1) Messages included in the President's Page of the state or county medical journal

2) Messages from the state PAC chairmen included in the medical journals

3) Regular reports of the state PAC before the House of Delegates of the state medical association

4) Membership identification programs at medical meetings

5) Newsletters to the profession at large informing them of political situations of interest

6) Exhibits at medical association meetings by the PAC including an opportunity to join

7) Luncheons and dinners sponsored at the time of medical meetings

8) Regular and interesting reports to Auxiliary groups

9) Workshops which are devoted to political education subjects.

10) Articles in state Auxiliary newsletters

p 47

What are state political action committee membership identification programs?

State PAC membership identification programs have been used most successfully in many states to promote membership in state PACs and AMPAC. They are held in connection with state medical association or county medical society meetings.

A ribbon or sticker is put on the name identification badge to identify those who are members of the state PAC. This shows the meeting participants that the leadership of the medical association and others are supporting the PAC. It also shows which participants are not yet members so that they can be solicited by members of the state PAC Board.

What materials are available for political education programs?

Many public affairs programs throughout the nation have produced excellent films, slide-sound presentations, and brochures which would be valuable additions to political education programs.

Many types of materials on diverse subjects have been produced for AMPAC and are available at no charge from AMPAC. The political education committee of a state PAC should carefully screen these materials for their programs and become familiar with them so that they can recommend the most appropriate film for a group sponsoring a program.

A "Catalog of AMPAC Materials" is available from the AMPAC office.

Members of the AMPAC Board and staff will be glad to help with the development of a political education program. Members of the Board and staff are also available as speakers at these functions.

p50

Are workshops effective educational forums for state political action committees?

All state political action committees which have sponsored workshops report good results.

Some workshops are held for an hour or two in connection with some other large medical meeting in the state.

Others last as long as three days and are well attended even though there is no other medical meeting held in conjunction with them.

Workshops should stress political education. Their main goals should be toward making each member more politically astute and toward making the political action committee stronger and more effective. If the program fails to stress such items as these, it has missed its mark.

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SECTION VIII

POLITICAL ACTION

p 52

What candidates should a state political action committee support?

State political action committees should support friendly candidates who are in need or jeopardy.

First consideration should be given to the candidates for the U.S. House of Representatives. One piece of federal legislation can be more helpful -- or harmful -- to the profession at large than one measure passed by a state legislature. Further, the contributions that can be raised by candidate support committees, state PACs and AMPAC can make a greater impact on House races than in more expensive races.

Second priority should be given to races for the United States Senate. Again, federal legislation is the most helpful or most damaging to the greatest number and it is essential to have medicine's friends in the Senate. Senate races are run more infrequently and yet often have a great impact on the House races.

Many state political action committees support candidates for the state legislature. The more successful PACs do get involved in state races after they have done the best they can in races for federal office.

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How should candidates be selected?

The candidate selection committee of the state PAC usually recommends to the state PAC Board those candidates that should receive support. It is more efficient for a small committee of the Board to review each race and make recommendations than for the full Board to discuss candidates.

The candidate selection committee must be absolutely political and leave all their wishful thinking and philosophical hang-ups at home.

In most cases the candidate selection committee must make a choice between two candidates and not a great number of candidates with a wide spectrum of philosophies. Sometimes it is better to support a candidate that votes with you half of the time than to stay out of a race where the winning candidate would vote against you all of the time.

Philosophy of the candidate is just one factor that should be considered. The candidate's chances of winning are very important. This can be estimated by a look at the campaign organization, budget, voting statistics and other guides. Whether or not the candidate has a full time, paid, professional campaign manager or a campaign consultant is an important factor. Also important is whether or not the campaign has included research in the budget.

A candidate that spends for fingernail files, plastic rain coats, and other campaign frills is seldom spending his campaign budget wisely.

The attitude of important opinion makers in the community and in the political parties is often important.

The one factor that should not be taken into consideration in deciding upon candidates is the party label.

Continued

Conducting interviews and mailing questionnaires to candidates alienates candidates who do not receive support by the PAC and seriously troubles those candidates who do receive support. Every candidate has a track-record somewhere, such as a state legislative record, that is a better guide to his philosophy than a series of Yes and No questions.

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What should state political action committees expect of candidates they support?

Physicians should expect a full and respectful hearing from the candidates they support on legislative issues which involve the medical profession and the health of the nation.

To support a candidate for office in no way means that the candidate will vote the way physicians want in every case.

Sophisticated political action committees know that the legislation in Congress at campaign time seldom reaches the next Congress in the same form, if at all. Asking a candidate to express himself on a specific issue before the current Congress is of little value. It is much more important to determine the candidate's general philosophy and his application of this philosophy to current problems.

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Should a state political action committee become involved in a primary?

There is no yes or no answer to this question.

In some states winning the primary is tantamount to election. To avoid participation in such a primary would mean the state PAC would not be making a real and lasting contribution to the race.

In a few other states, the filing date and the primary dates are so late that waiting until after the primary avoids where the real decisions are made.

As a general rule, however, most state PACs do not become involved in primaries. Very few get involved for any reason before the filing date. There is no reason to become involved in a primary unless there is a real philosophical difference between the candidates. Neither is there a real need to become involved in primaries that involve incumbent office-holders.

If a PAC does become involved in a primary, it is required to make additional contributions and expenditures reports to the Supervisory officer on the fifteenth and fifth day preceding the primary. (The federal election laws regard primaries as elections for reporting purposes.)

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p.57

Should a state political action committee become involved in state legislative races?

Yes, if they have already done the best they can for candidates for the U.S. House of Representatives and for the Senate of the United States.

While there are often state legislative problems which are very difficult for physicians in some states, there is no doubt that neglect of federal races could quickly produce legislation in the Congress that would be extremely harmful to physicians in every state.

In the long run and on balance, federal legislation is more helpful -- or harmful -- to a greater number, and for a longer period of time than state legislation in almost every state.

State PACs that feel the necessity of becoming involved in state legislative races should set membership goals high enough to construct a budget which will allow them to participate fully in congressional races and still have enough political funds to participate in state legislative races. Occasionally, state legislators do move up and run for Congress.

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How much should be contributed to a candidate by a state political action committee?

The amount contributed to a candidate from a state PAC depends on two main factors:

1) the need of the candidate

2) the amount available for allocation from the political fund.

Obviously, a state PAC with low membership cannot do as good a job as a state political action committee that has a high membership.

Some candidates for office just want to be loved and are more than content when a candidate support committee is established on their behalf.

Many politically astute incumbent friends in the Congress have told state PACs that they do not need contributions and would hope that they would send their contributions into target districts so that other candidates could win who would vote with the incumbent.

Some candidates will not win without large amounts of help from many groups, including the state PAC.

As a general rule, a state PAC should contribute between one and ten percent of a campaign budget. The need to contribute more is usually an indication that the candidate does not have broad-based support and may not win. Extenuating circumstances do prevail occasionally, however.

State PACs are encouraged to title-shot their contributions where real need exists rather than to get involved in "bidding contests" with token contributions.

p57

How should money be delivered to candidates?

Political funds from AMPAC, the state political action committee or the candidate support committee should be presented to the candidate or his campaign manager at a small meeting with a few members of the candidate support committee. There should be a series of these meetings with these two persons throughout the campaign to report to the campaign the progress made by the candidate support committee.

Candidates often appear and speak at meetings and leave after an exchange of views. The campaign manager will sometimes remain for a short time to discuss specifics of the campaign and will gladly accept the contribution on the candidate's behalf.

Contributions should always be made in check form. A cancelled check is necessary to comply with the federal election laws.

Checks should never be mailed, but should be delivered in person to maximize identification of the medical profession as stated earlier. The purpose of the contribution is to ensure for the PAC a receptive hearing by the candidate and is never intended to influence his vote on a particular issue.

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Should a state political action committee support both candidates in the same race?

PAC effectiveness is decreased if the PAC makes a financial contribution to opposing candidates. Some state PACs feel that they have hedged a bet when they take this action. Presumably, there may be circumstances where this might seem to be the wisest action.

Remember that this "double support" will not stay a secret. Both candidates will know what has happened. This may reflect on the political sophistication of the PAC and could possibly alienate both candidates.

There are often occasions where candidate support committees are organized for both candidates in the same race. It is, in fact, an ideal situation when physicians find both candidates acceptable. There is usually little need for the state PAC to become involved financially in this ideal case.

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How can money for a candidate be requested from AMPAC?

A candidate support committee which feels that its candidate needs supplemental help in a financial way should immediately contact the state political action committee, making a full disclosure of the political situation in the district and the activities of physicians and their wives on behalf of the candidate. Included in this report should be an estimate of a specific dollar amount of the additional funds that are needed and can reasonably be expected.

In most cases, the state political action committee will be able to respond to the request, at least in large measure, and it is not necessary to get supplemental help from AMPAC.

If the state political action committee feels that the race needs AMPAC assistance, then the state PAC chairman contacts AMPAC.

The AMPAC Congressional Review Committee responds only to requests from state PAC chairmen. One of the main criteria for AMPAC support is the amount of help that is being given to the candidate by the physicians and their wives in the district and by the state PAC.

SECTION IX

CANDIDATE SUPPORT COMMITTEES

What is a candidate support committee?

A candidate support committee is the basic unit of the political action movement.

It is a voluntary, bi-partisan group of members of the healing arts professions and their wives and friends, who band together temporarily to elect a candidate to Congress.

It should be integrated into the candidate's campaign and work under the direction and with the permission of the campaign manager.

A committee is more successful if it is organized under the leadership of the state political action committee. Its chairman and organizers should be members of the medical community and should be both respected and well liked.

This committee must obtain written permission from the candidate in order to raise funds and actively support the candidate's campaign.

Any political committee would have to include the following notice on the face or front page of all literature and advertisements soliciting funds:

"A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402."

What are the functions of the candidate support committee?

The main functions of the candidate support committee are to raise funds and encourage workers and votes for the candidate. It can be the source of an untapped reservoir of volunteer help of all types.

The establishment of a candidate support committee permits Democrats, Republicans and Independents to work together under a bi-partisan banner for the election of a candidate admired by the medical profession.

When should the activities of a candidate support committee begin?

The activities of a candidate support committee should begin just as soon as the PAC decides whom it will support, and as soon as the campaign manager sees a need for such a committee.

In most cases, candidate support committees get down to business immediately after the primary. In those districts where the primary is tantamount to election, candidate support committees begin their activities after the filing dates.

In most cases, activities of candidate support committees should begin about six to eight months before the election and should continue throughout the campaign.

As soon as the candidate support committee is organized, it must file a "statement of organization" with the proper supervisory officer in Washington, D.C. and a copy should go to the Secretary of State.

Political committees must file reports of expenditures and contributions by March 10, June 10, September 10, and on the fifteenth and fifth days preceding the election (including primaries and general elections) and January 31st.

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What is the single biggest mistake a candidate support committee can make?

The single biggest mistake a candidate support committee can make is to promise something -- financial support or volunteer activity -- to a candidate or his campaign manager and fail to produce.

The second biggest mistake is to not deliver promised activity at the time that it was promised.

A candidate support committee should never promise what it cannot deliver. It is most important to set realistic goals and then surpass them to everyone's pleasure.

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Are contributions to candidate support committees eligible for favorable tax treatment?

Yes. Contributions to candidate support committees are eligible for favorable tax treatment; contributions to state PACs and AMPAC are not eligible.

According to the Revenue Act of 1971 (PL92-178) (see Appendix), enacted December 10, 1971, an individual taxpayer, filing a joint return, who donates to the candidate support committee is allowed to take a tax credit (reduce his liability) equal to one-half of his total contributions up to a maximum of $25 ($12.50 on a separate return). As an alternative, an individual taxpayer filing a joint return who donates to the candidate support committee is allowed to take a tax deduction (reduces his taxable income) for his total contributions up to a maximum of $100 ($50 on a separate return.

Contributions may be made any time during the calendar year (after 1971) as long as the candidate being supported by the committee has announced his candidacy by the end of the year.

A candidate support committee should keep accurate and adequate records of the amounts of contributions which are and are not eligible for the deduction or the credit. As a general rule, a candidate support committee which receives a contribution from an individual of $100 or less should account for it as an eligible contribution; any portion of any contribution to a candidate support committee from an individual which exceeds $100 will be accounted for by the candidate support committee as ineligible. It is not necessary to maintain separate bank accounts for eligible and ineligible funds.

For proper verification, the candidate support committee should use the special receipt, authorized by the IRS.

Continued

The candidate support committee must file IRS Form 4909 with the IRS before the end of the calendar year in which the contribution was made.

Candidates or campaign committees should be careful to refrain from misleading donors by stating categorically that the contributions to them will give rise to a credit or a deduction. Prior contributions to other candidates or committees may have exhausted the credit or deduction which a contributor may claim.

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SECTION X

LEGAL AND RELATED MATTERS

p 75

Should a state political action committee retain legal counsel?

Definitely yes.

The Board should rely on legal counsel to make sure that the activities of the state PAC are in strict accord with both the spirit and the letter of the law.

Some states have no laws at all relating to state political action committees while others have laws which are very directive and which require reports at specific times of the year.

Are state political action committees required to file reports with the Federal Government?

Yes. The state PAC must file reports with the Clerk of the House of Representatives concerning contributions made to candidates for the House. Likewise, reports must be filed with the Secretary of the Senate concerning support of Senate candidates. Copies of both of these reports must be filed with the Secretary of State of the individual state.

Rules and regulations concerning these reports are published by both supervisory officers and forms to be submitted are furnished.

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p 72

Should the financial records of the state political action committee be audited?

It is very important that they should and that a clear and concise statement on the stewardship of the funds be obtained from the outside auditor that is retained.

Confidence in the state PAC will be enhanced if such an audit is made on a yearly basis.

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p 73

What records must be maintained by a state political action committee?

What records a state political action committee must keep are prescribed by the Federal Election Campaign Act which became effective on April 7, 1972.

In addition to these federal requirements, some states have laws which require additional records.

Legal counsel should advise the state political action committee of the laws that apply to the committee.

SECTION XI

MISCELLANEOUS

Should state political action committee Board members be active members of the party of their choice?

Of course. It is helpful to the state PAC and to the profession at large when physicians and their wives are active party workers.

It must be understood, however, that when such activists sit on the state PAC Board of Directors that they do not represent their party but must make decisions from a professional point of view. The more active a person is and the more he knows about political realities, the easier it is for him to make wise political decisions leaving party labels out of the considerations.

A strong state PAC has activists of both parties on the Board.

What should the press policy of the state political action committee be?

Remember who your audience is -- physicians and their families and the members of the Congress.

It is usually best to leave publicity concerning candidate support to the campaign manager who has his announcements timed into the campaign so that they add substantially to the campaign. Disclosures other than those required by the federal election laws which have not been cleared with the campaign manager may seriously throw off the timing of the campaign.

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APPENDIX

The Federal Election Campaign Act of 1971
Conference Report

This bill contains four titles relating to: campaign communications, amendments to the United States criminal code, procedures to provide for the disclosure of federal campaign funds, and general provisions.

Title I - Campaign Communications

Definitions

Communications media.

The bill defines the term "communications media" to mean broadcasting stations, newspapers, magazines, outdoor advertising facilities, and telephones. With respect to telephones, an expenditure would be deemed to be spending or an expenditure for the use of communications media only if it is for the costs of telephones, paid telephonists, and automatic telephone equipment used by a candidate for a federal elective office to communicate with potential voters. It would exclude any telephone costs incurred by a volunteer for his use of telephones.

Broadcasting station.

The term "broadcasting station" would have the same meaning it has under the Communications Act of 1934.

Federal elective office.

The term "federal elective office" would mean the office of President of the United States, or of Senator or Representative in, or Resident Commissioner or Delegate to, the Congress of the United States, and would include the office of Vice President for certain purposes.

Legally qualified candidate.

The term "legally qualified candidate" would mean any person who meets the qualifications prescribed by the applicable laws to hold the federal elective office for which he is a candidate and is eligible under applicable state law to be voted for by the electorate directly or by means of delegates or electors.

Voting age population.

The term "voting age population" would mean the resident population eighteen years of age or older.

Media Rate

The bill would amend the Communications Act of 1934 to provide that the charges made for the use of any broadcasting station by any person who is a legally qualified candidate for any public office in connection with his campaign for nomination for election, or election to this

office could not exceed (1) during the 45 days preceding the date of a primary or primary runoff election, and during the 60 days preceding the date of a general or special election in which the person is a candidate, the lowest unit charge of the station for the same class and amount of time for the same period, and (2) at any other time, the charges made for comparable use of the station by other users. *Limits.*

The Communications Act of 1934 would further be amended to provide that a station license could be revoked for willful or repeated failure to allow reasonable access to or to permit purchase of reasonable amounts of time for the use of a broadcasting station by a legally qualified candidate for federal elective office on behalf of his candidacy. *Penalties.*

The bill would provide that to the extent that any person sells space in any newspaper or magazine to a legally qualified candidate for federal elective office or for nomination to a federal elective office in connection with the candidate's campaign, the charges made for the use of this space in connection with this campaign could not exceed the charges made for comparable use of this space for other purposes. *Newspaper and magazine rates.*

Expenditures for Communications Media

Subject to provisions below, no legally qualified candidate in any election, including a primary or primary runoff election for a federal elective office other than President, for a federal elective office could (a) spend for the use of communications media on behalf of his candidacy in the election, a total amount in excess of the greater of (1) ten cents multiplied by the voting age population of the geographical area in which the election for this office is held, or (2) $50,000, or (b) spend for the use of broadcast stations on behalf of his candidacy in this election a total amount in excess of 60% of the amount above determined with respect to that election. For purposes of this provision, a primary runoff election would be treated as a separate primary election. *Limits.*

No person who is a candidate for Presidential nomination could spend (1) for the use of communications media in a state, or (2) for the use of broadcast stations in a state, on behalf of his candidacy for this nomination, a total amount in excess of the amounts which would have been determined above had he been a candidate for election for the office of Senator, Delegate, or Resident Commissioner in that state. *Presidential limits.*

Definition of Presidential candidate.

A person would be deemed to be a candidate for Presidential nomination if he makes, or any other person makes on his behalf, an expenditure for the use of any communications medium on behalf of his candidacy for any political party's nomination for election to the office of President. He would be considered to be such a candidate during the period (1) beginning on the date on which he or some other person first makes an expenditure or, if later, January 1 of the year in which the election for the office of President is held, and (2) ending on the date on which the political party nominates a candidate for the office of President. For the purposes of these provisions, a candidate for Presidential nomination would be considered a legally qualified candidate for public office.

Apportionment.

The Comptroller General would prescribe regulations under which any expenditure by a candidate for Presidential nomination for the use of a communication medium in two or more states would be attributed to the candidate's expenditure limitation in each state. These regulations would be based on the number of persons in the state who could reasonably be expected to be reached by the communications medium.

Price index and base period defined.

The term "price index" would mean the average over a calendar year of the consumer price index (all items - United States city average) published monthly by the Bureau of Labor Statistics. The term "base period" would mean the calendar year 1970.

Limits adjusted.

At the beginning of each calendar year, commencing in 1972, as the necessary data becomes available from the Bureau of Labor Statistics, the Secretary of Labor would certify to the Comptroller General and publish in the Federal Register the percentage difference between the price index for the 12 months preceding the beginning of that calendar year and the price index for the base period. Each amount determined to be an allowable amount to be spent for use of communications media in general and for the use of broadcast stations as provided above, would be increased by this percentage difference. Each amount as increased would be the amount in effect for that calendar year.

Voting age population estimate.

Within 60 days after the date of enactment of this bill, and during the first week of January in each year, the Secretary of Commerce would certify to the Comptroller General and publish in the Federal Register an estimate of the voting age population of each state and congressional district for the last calendar year ending before the date of certification

Funds attributed to candidates.

Amounts spent for the use of communications media on behalf of any legally qualified candidate for federal elective office, or for nomination to this office, would be deemed to have been spent by the candidate. Amounts spent for the use of communications media by or on behalf of any legally qualified candidate for the office of Vice President of the United would be deemed to have been spent by the candidate for the office of President of the United States with whom he is running.

For purposes of the bill, spending and charges for the use of communications media would include not only the direct charges of the media, but also agent's commissions. Any expenditure for the use of any communication medium by or on behalf of the candidacy of a candidate for federal elective office or nomination to this office would be charged against the expenditure limitation applicable to the election in which the medium is used.

Approval of Expenditures

Written approval of expenses required.

No person could make any charge for the use by or on behalf of any legally qualified candidate for federal elective office or for nomination to this office of any newspaper, magazine, or outdoor advertising facility unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies in writing to the person making the charge that the payment of the charge would not violate the expenditure limitations provided above.

The bill would provide that no station licensee could make any charge for the use of the station by or on behalf of any legally qualified candidate for federal elective office or nomination to this office unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies to the licensee in writing that the payment of the charge would not violate any of the provisions relating to limits on expenditures for communications media.

If a state by law expressly (1) has provided that a primary or other election for any office of the state or a political subdivision is subject to this provision, (2) has specified a limitation upon total expenditures for the use of broadcasting stations on behalf of the candidacy of each locally qualified candidate in the election, (3) has provided in any such law an unequivical expression of intent to be bound by this provision, and (4) has stipulated that the amount of the limitation could not exceed the amount which would be determined for the election under the

provisions of this bill if the election had been for a federal elective office or for nomination to this federal elective office, then no station licensee could make any charge for the use of the station by or on behalf of any legally qualified candidate in that election unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies to the licensee in writing that the payment of the charge would not violate the state limitations.

Penalties.

Whoever willfully and knowingly violates the above provisions requiring notice to station licensees would be punished by a fine not to exceed $5,000 or imprisonment for a period not to exceed 5 years, or both. The present penalty provisions of the Communications Act would not apply to violations of either of the above provisions.

Broadcasting station defined.

The bill would define a "broadcasting station" to include a community antenna television system. When used with respect to a community antenna television system, the term "licensee" and "station licensee" would mean the operator of this system.

Penalties.

Persons who willfully and knowingly violate provisions of this bill relating to allowable charges for space in newspapers or magazines or for allowable expenses for use of communications media or of regulations implementing these provisions, would be punished by a fine of not more than $5,000 or imprisonment of not more than 5 years, or both.

Title II - Criminal Code Amendments

Definitions

The bill amends provisions of the U.S. criminal code relating to elections and political activities.

Election.

The term "election" would mean (1) a general, special, primary, or runoff election, (2) a convention or caucus of a political party held to nominate a candidate, (3) a primary election held for the selection of delegates to a national nominating convention of a political party, (4) a primary election held for the expression of a preference for the nomination of persons for election to the office of President, and (5) the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States.

Candidate.

The term "candidate" would mean an individual who seeks nomination for election, or election to federal office whether or not the individual is elected. An individual

would be deemed to seek nomination for election, or election, to federal office if he has (1) taken the action necessary under the law of the state to qualify himself for nomination for election, or election, or (2) has received contributions or made expenditures or has given his consent for any other person to receive contributions or make expenditures with a view to bringing about his nomination for election, or election to this office.

Federal office. The term "federal office" would mean the office of President, Vice President, Senator, Representative, Delegate, or Resident Commissioner.

Political committee. The term "political committee" would mean any individual, committee, association, or organization which accepts contributions or makes expenditures during a calendar year in an aggregate amount exceeding $1,000.

Contribution. The term "contribution" would mean (1) a gift, subscription, loan, advance, or deposit of money or anything of value, except a loan of money by a national or state bank made in accordance with the applicable banking laws and regulations and in the ordinary course of business, made for the purpose of influencing the nomination or the election of any person to federal office, for the purpose of influencing the results of a primary held for the selection of delegates to a national nominating convention of a political party, or for the expression of a preference for the nomination of persons to the office of President, or for the purpose of influencing the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States, (2) a contract, promise, or agreement express or implied, whether or not legally enforceable, to make a contribution for these purposes, (3) a transfer of funds between political committees, and (4) the payment, by any person other than a candidate or political committee, of compensation for the personal services of another person which are rendered to the candidate or political committee without charge for these purposes. Notwithstanding the above meanings of "contribution", the word could not be construed to include services provided without compensation by individuals volunteering a portion or all of their time on behalf of a candidate or political committee.

Expenditure. The term "expenditure" would mean (1) a purchase, payment, distribution, loan, advance, deposit, or gift of money or anything of value, except a loan of money by a national or state bank as provided under the definition of contribution made for the purpose of influencing the nomination

for election, or the election of any person to federal office, for the purpose of influencing the result of a primary held for the selection of delegates to a national nominating convention of a political party, or for the expression of a preference for the nomination of persons for election for the office of President, or for the purpose of influencing the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States, (2) a contract, promise, or agreement, express or implied, whether or not legally enforceable, to make any expenditure, and (3) a transfer of funds between political committees.

The terms "person" and "whoever" would mean an individual, partnership, committee, association, corporation, or any other organization or group of persons.

Promise of Employment

The bill would provide that whoever, directly or indirectly, promises any employment, position, compensation, contract, appointment, or other benefit provided for or made possible, in whole or in part, by any act of Congress, or any special consideration in obtaining this benefit, to any person as consideration, favor, or reward for any political activity or for the support of or opposition to any candidate or any political office in connection with any general or special election to any political office, or in connection with any primary election or political convention or caucus held to select candidates for any political office, would be fined not more than $1,000 or imprisoned not more than 1 year, or both.

Contribution and Expenditure Limitations

Candidate's spending.

No candidate could make expenditures from his personal funds or the personal funds of his immediate family, in connection with his campaign for nomination for election, or for election, to federal office in excess of (a) $50,000 in the case of a candidate for the office of President or Vice President, (b) $35,000 in the case of a candidate for the office of Senator, or (c) $25,000 in the case of a candidate for the office of Representative, Delegate, or Resident Commissioner.

The term "immediate family" would mean a candidate's spouse, and any child, parent, grandparent, brother or sister of the candidate and the spouses of these persons.

No candidate or political committee could knowingly accept any contribution or authorize any expenditure in violation

of the provisions of this bill. Violations of the provisions of this bill relating to expenditures by the candidate would be punishable by a fine not to exceed $1,000, imprisonment not to exceed 1 year, or both. The bill would repeal the present law relating to maximum contributions and expenditures by political committees. *Penalties.*

Contributions by Banks, Corporations or Labor Organizations

Provisions of present law relating to contributions or expenditures by national banks, corporations, or labor organizations would be amended to add the following provision which would define "contribution or expenditure" to include any direct or indirect payment, distribution, loan, advance, deposit, or gift of money or any services or anything of value, except a properly executed loan of money by a national or state bank, to any candidate, campaign committee, or political party or organization in connection with any election to any of the offices referred to in this bill, but would not include communications by a corporation to its stockholders and their families or by a labor organization to its members and their families on any subject; non-partisan registration and get out the vote campaigns by a corporation aimed at its stockholders and their families or by a labor organization aimed at its members and their families; or the establishment, adminisrtation, and solicitation of contributions to a separate, segregated, fund to be utilized for political purposes by a corporation or labor organization: provided that it would be unlawful for such a fund to make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisals, or the threat of force, job discrimination, or financial reprisal, or by dues, fees, or other monies required as a condition of membership in a labor organization or as a condition of employment or by monies obtained in any commerical transaction. *Defined.*

Contributions by Government Contractors

Present provisions relating to contributions by government contractors would be amended to provide that whoever (a) entering into any contract with the U.S. or any department or agency of the U.S., either for the rendition of personal services or the furnishing of any material, supplies, or equipment to the U.S. or any department or agency, or for selling any land or building to the U.S., if payment for the performance of the contract or payment for the material, supplies, equipment, land, or building is to be made in whole or in part from funds appropriated by the Congress, at any time between the commencement of negotiations for and the later of (1) the completion of the performance under, or (2) the termination of negotiations for, the contract or the furnishing of the material, supplies, *Prohibited activity.*

equipment, land, or buildings, directly or indirectly makes any contribution of money or other thing of value or promises expressly or impliedly to make any such contribution to any political party, committee, or candidate for public office or to any person for any political purpose or use, or (b) knowingly solicits any such contribution from any such person for any such purpose during any such period, would be fined not more than $5,000 or imprisoned not more than 5 years, or both.

Title III - Disclosure of Federal Campaign Funds

Title III defines the terms election, candidate, federal office, political committee, contribution, expenditure, and person in the same way as these terms are defined in Title II. It also defines the term "supervisory officer" to mean the Secretary of the Senate in the case of Senatorial candidates, the Clerk of the House of Representatives for candidates as Representative, Delegate, or Resident Commissioner, and the Comptroller General in any other case. *Supervisory officer.*

Organization of Political Committees

Every political committee would have to have a chairman and a treasurer. No contribution and no expenditure could be accepted or made by or on behalf of a political committee at a time when there is a vacancy in the office of chairman or treasurer. No expenditure could be made for or on behalf of a political committee without the authorization of its chairman or treasurer or their designated agents. *Requirements.*

Every person who receives a contribution in excess of ten dollars for a political committee would have to, on demand of the treasurer, and in any event within five days after receipt of the contribution, render to the treasurer a detailed account of the contribution including the amount, the name and address, occupation, and the principle place of business, if any, of the person making the contribution, and the date on which it was received. All funds of a political committee would have to be segregated from and could not be commingled with any personal funds of officers, members, or associates of the committee. *Reports to treasurer.*

Records of Treasurer

It would be the duty of the treasurer of a political committee to keep a detailed and exact account of (1) all contributions made to or for the committee, (2) the full name and mailing address of every person making a contribution in excess of ten dollars and the date and amount of the contribution, (3) all expenditures made by or on behalf of

the committee and (4) the full name and mailing address of every person to whom any expenditure is made, the date and amount of the expenditure and the name and address of and the office sought by each candidate on whose behalf the expenditure was made.

It would be the duty of the treasurer to obtain and keep a receipted bill stating the particulars for every expenditure made by or on behalf of a political committee in excess of $100 in amount and for any expenditure in a lesser amount if the aggregate amount of these expenditures to the same person during a calendar year exceeds $100. The treasurer would preserve all receipted bills and accounts which are required to be kept for periods of time to be determined by the supervisory officer.

Notice of lack of authority.

Any political committee which solicits or receives contributions or makes expenditures on behalf of any candidate that is not authorized in writing by the candidate to do so, would include a notice on the face or front page of all literature and advertisements published in connection with the candidate's campaign by the committee, or on its behalf, stating that the committee is not authorized by the candidate and that the candidate is not responsible for the activities of the committee.

Report availability.

Any political committee would have to include the following notice on the face or front page of all literature and advertisements soliciting funds: "A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C., 20402."

Annual report.

The supervisory officer would compile and furnish to the public printer, not later than the last day of March of each year, an annual report for each political committee which has filed a report with him under this title during the period from March 10 of the preceding calendar year, through January 31 of the year in which the annual report is made available to the public printer. Each annual report would contain (1) a copy of the statement of organization of the political committee as required below together with any amendments to this statement of organization, and (2) a copy of each report filed by the committee, also as provided below, from March 10 of the preceding year through January 31 of the year in which the annual report is furnished through the public printer.

Contents.

The public printer would make copies of the annual reports available for sale to the public by the Superintendent of Documents as soon as practicable after the are received from the supervisory officer.

Registration of Political Committees

Each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 would file with the supervisory officer a statement or organization within ten days after its organization, or if later, ten days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000. Each committee in existence at the date of enactment of this bill would file a statement or organization with the supervisory officer at the time he prescribes. *Who required.*

The statement of organization would include (1) the name and address of the committee; (2) the name, addresses, and relationships of affiliated or connected organizations; (3) the area, scope, or jurisdiction of the committee; (4) the name, address and position of the custodian of books and accounts; (5) the name, address, and position of other principle officers, including officers and members of the finance committee, if any; (6) the name, address, office sought, and party affiliation of (a) each candidate whom the committee is supporting for nomination for election, or election, to any public office whatever, or if the committee is supporting the entire ticket of any party, the name of the party; (7) a statement whether the committee is a continuing one; (8) the disposition of residual funds which will be made in the event of dissolution; (9) a listing of all banks, safety deposit boxes, or other repositories used; (10) a statement of the reports required to be filed by the committee with state or local officers, and if reports are so required, the names, addresses and positions of these state and local officers; and (11) other information required by the supervisory officer. *Information required.*

Any change in information which has previously been submitted in a statement of organization would have to be reported to the supervisory officer within a ten-day period following the change.

Any committee which, after having filed one or more statements of organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 would so notify the supervisory officer.

Committee Reports

Each treasurer of a political committee supporting a candidate or candidates for election to federal office, and each candidate for election to office, would file with the

appropriative supervisory officer reports of receipts and expenditures on forms to be prescribed or approved by him. These reports would be filed on the tenth day of March, June, and September in each year and on the fifteenth and fifth days preceding the date on which an election is held, and also by the 31st day of January. These reports would be completed as of the date the supervisory officer prescribes, which would not be less than five days before the date of election, except that any contribution of $5,000 or more received after the last report is filed, prior to the election, would be reported within 48 hours of it's receipt.

Information required.

Each report under these provisions would disclose, (1) the amount of cash on hand at the beginning of the reporting period; (2) the full name and mailing address of each person who has made one or more contributions to or for the committee or candidate, including the purchase of tickets for events such as dinners, luncheons, rallies, and similar fund-raising events within the calendar year in an aggregate amount or value in excess of $100 together with the amount and date of these contributions; (3) the total sum of individual contributions made to or for the committee or candidate during the reporting period and not reported under number (2) above; (4) the name and address of each political committee or candidate from which the reporting committee or the candidate received, or to which that committee or candidate made, any transfer of funds together with the amounts and dates of all transfers; (5) each loan to or from any person within the calendar year in an aggregate amount or value in excess of $100 together with the full names and mailing addresses of the lender and endorsers, if any, and the date and amount of the loans; (6) the total amount of proceeds from (a) the sale of tickets to each dinner, luncheon, rally, and other fund-raising event, (b) mass collections made at these events, and (c) sales of items such as political campaign pins, buttons, badges, flags, emblems, hats, banners, literature, and similar materials; (7) each contribution, rebate, refund. or other receipt in excess of $100 which has not otherwise been listed under the above provisions; (8) the total sums of all receipts by or for the committee or candidate during the reporting period; (9) the full name and mailing address of each person to whom expenditures have been made by the committee or on behalf of the committee or candidate within the calendar year in an aggregate amount or value in excess of $100, the amount, date and purpose of each expenditure and the name and address of and office sought by each candidate on whose behalf the expenditure was made; (10) the full name and mailing address of each person to whom an expenditure for personal services, salaries, and reimbursed expenses in

excess of $100 has been made and which is not otherwise reported, including the amount, date, and purpose of the expenditure; (11) the total sum of expenditures made by the committee or candidate during the calendar year; (12) the amount and nature of debts and obligations owed by or to the committee, in the form the supervisory officer prescribes, and a continuous reporting of their debts and obligations after the election, at the periods the supervisory officer requires, until the debts and obligations are extinguished; and (13) other information required by the supervisory officer.

The above required reports would be cumulative during the calendar year to which they relate, but where there has been no change in an item reported in a previous report during the year, only the amount need be carried forward. If no contributions or expenditures have been accepted or expended during a calendar year, the treasurer of the political committee or candidate would file a statement to that effect.

Reports by Others

Every person, other than a political committee or candidate, who makes contributions or expenditures, other than to a political committee or candidate, in an aggregate amount in excess of $100 within a calendar year, would file with the supervisory officer a statement containing the information required for reports by political committees and candidates. The statements required by this provision would be filed on the dates on which the reports by political committees are filed but would not have to be cumulative.

Formal Requirements

A report or statement required under this bill to be filed by a treasurer of a political committee, a candidate, or by any other person, would be verified by the oath or affirmation of the person filing the report or statement taken before any officer authorized to administer oaths.

A copy of a report or statement would be preserved by the person filing it for a period of time to be designated by the supervisory officer in a published regulation.

Exception.

The supervisory officer could, by published regulation of general applicability, relieve any category of political committees of the obligations to comply with the required reports if the committee (1) primarily supports persons seeking state or local office and does not substantially support candidates (as defined in this bill), and (2) does not operate in more than one state or on a state-wide basis.

The supervisory officer would, by published regulations of general applicability, prescribe the manner in which contributions and expenditures in the nature of debts and other contracts, agreements, and promises to make contributions or expenditures would be reported. These regulations would provide that they be reported in separate schedules. In determining the aggregate amount of contributions and expenditures, amounts reported as provided in the regulations would not be considered until actual payment is made.

Reports on Convention Financing

Each committee or other organization which (1) represents a state or a political subdivision of the state or any group of persons, in dealing with officials of a national political party with respect to matters involving a convention held in the state or political subdivision to nominate a candidate for the office of President or Vice President, or (2) represents a national political party in making arrangements for the convention of the party held to nominate a candidate for the office of President or Vice President would, within 60 days following the end of the convention, but not later than 20 days before the date on which presidential and vice presidential electors are chosen, file with the Comptroller General of the U.S. a full and complete financial statement, in the form and detail prescribed by the Comptroller General of the sources from which it derived its funds and the purposes for which the funds were expended.

Duties of Supervisory Officer

It would be the duty of the supervisory officer (1) to develop and furnish to the person required by the provisions of this bill prescribed forms for the making of the reports and statements required to be filed with him; (2) to prepare, publish, and furnish to the person required to file these reports and statements a manual setting forth recommended uniform methods of bookkeeping and reporting; (3) to develop a filing, coding, and cross-indexing system consonant with the purposes of this bill; (4) to make the reports and statements filed with him available for public inspection, commencing as soon as practicable but no later than the end of the second day following the day during which it was received, and to permit copying of any report or statement by hand or by duplicating machine, as requested by any person, at the expense of that person, provided that any information copied from the reports and statements could not be sold or utilized by any person for the purpose of soliciting contributions or for any commercial purpose; (5) to

preserve the reports and statements for a period of ten years from the date of receipt, except that reports and statements relating solely to candidates for the House of Representatives would be preserved for only five years from the date of receipt; (6) to compile and maintain a current list of all statements or parts of statements pertaining to each candidate; (7) to prepare and publish an annual report including compilation of (a) total reported contributions and expenditures for all candidates, political committees, and other persons during the year, (b) total amounts expended, according to such categories as he determines, and broken down into candidate, party, and non-party expenditures on a national, state, and local level, (c) total amounts expended for influencing nominations and elections stated separately, (d) total amounts contributed according to such categories of amounts as he determines and broken down into contributions on the national, state, and local levels for candidates and political committees, and (e) aggregate amounts contributed by any contributor shown to have contributed in excess of $100; (8) to prepare and publish from time to time special reports comparing the various totals and categories of contributions and expenditures made with respect to preceding elections; (9) to prepare and publish other reports he deems appropriate; (10) to assure wide dissemination of statistics, summaries, and reports prepared under this bill; (11) to make, from time to time, audits and field investigations with respect to reports and statements filed under the provisions of this bill and with respect to alleged failures to file a report or statement which is required under the bill; (12) to report apparent violations of law to the appropriate law enforcement authorities; and (13) to prescribe suitable rules and regulations to carry out the provisions of this bill.

Streamlining procedures.

The supervisory officer would encourage, and cooperate with, the election officials in the several states to develop procedures which would eliminate the necessity of multiple filings by permitting the filing of copies of federal records to satisfy the state requirements.

Studies of election administration.

It would be the duty of the Comptroller General to serve as a national clearinghouse for information in respect to the administration of elections. In carrying out these duties, the Comptroller General would enter into contracts for the purpose of conducting independent studies of the administration of elections. These studies would include, but not be limited to, studies of (1) the method of selection of and type of duties assigned to officials and personnel working on boards of elections, (2) practices relating to the registration of voters, and (3) voting and

counting methods. Studies made under this provision would be made public by the Comptroller General and copies would be available to the general public upon the payment of the cost of the copy. Nothing in this provision would be construed to authorize the Comptroller General to require the inclusion of any comment or recommendation of the Comptroller General in any study.

Filing complaints.

Any person who believes a violation of this bill has occurred could file a complaint with the supervisory officer. If the supervisory officer determines there is substantial reason to believe a violation has occurred he would expeditiously make an investigation which would also include an investigation of reports and statements filed by the complainant, if he is a candidate, of the matter complained of. Whenever in the judgment of the supervisory officer, after affording due notice and an opportunity for a hearing, any person has engaged or is about to engage in any acts or practices which constitute or will constitute a violation of any provision of this bill or any regulation or order issued under the bill, the Attorney General, on behalf of the United States, would institute a civil action for relief including a permanent or temporary injunction, restraining order, or any other appropriate order, in the district court of the United States for the district in which the person is found, resides, or transacts business. Upon a proper showing that the person has engaged, or is about to engage, in these acts or practices, a permanent or temporary injunction, restraining order, or other order would be granted without bond by the court.

Federal action.

In any action brought under the above provision, subpenas for witnesses who are required to attend a United States district court, could run into any other district.

Judicial review.

Any party aggrieved by an order granted under the above provision could at any time within 60 days after the date of entry, file a petition with the U.S. Court of Appeals for the circuit in which the person is found, resides or transacts business for judicial review of the order.

The judgment of the court of appeals affirming or setting aside, in whole or in part, any order of the district court would be final subject to review by the Supreme Court of the United States.

Any action brought under the above provision would be advanced on the docket of the court in which filed and put ahead of all other actions other than other actions brought under this provision.

Statements Filed with State Officers

A copy of each statement which is required to be filed with a supervisory officer would be filed with the Secretary of State or the equivalent state officer of the appropriate state. For the purposes of this provision, the term "appropriate state" would mean (1) for reports relating to expenditures and contributions in connection with the campaign for nomination for election, or election of a candidate to the office of President or Vice President of the United States, each state in which an expenditure is made by him or on his behalf, and (2) for reports relating to expenditures and contributions in connection with the campaign for nomination for election, or election of a candidate to the office of Senator, Representative, Delegate, or Resident Commissioner, the state in which he seeks election.

Duties of state officer.

It would be the duty of the Secretary of State or the equivalent state officer (1) to receive and maintain in an orderly manner all reports and statements required by this bill to be filed with him, (2) to preserve these reports and statements for a period of ten years from date of receipt except that the reports and statements relating solely to candidates for the House of Representatives would be preserved for only five years, (3) to make the reports and statements filed with him available for public inspection and copying during regular office hours commencing as soon as practicable but not later than the end of the day during which it was received, and to permit copying of any report or statement by hand or by duplicating machine, requested by any person, at the expense of the person, and (4) to compile and maintain a current list of all statements or parts of statements pertaining to each candidate.

No person could make a contribution in the name of another person and no person could knowingly accept a contribution made by one person in the name of another person.

Penalties.

Any person who violates any of the provisions of this title would be fined not more than $1,000 or imprisoned not more than one year, or both.

In the case of any conviction under this title where the punishment inflicted does not include imprisonment, the conviction would be deemed a misdemeanor conviction only.

Title IV - General Provisions

Extension of Credit by Regulated Industries

The Civil Aeronautics Board, the Federal Communications Commission, and the Interstate Commerce Commission would each promulgate, within 90 days after enactment of this bill, it's own regulations with respect to the extension of credit without security by any person regulated by the Board of Commission to any candidate for federal office or to any person on behalf of the candidate, for goods furnished or services rendered in connection with a campaign of the candidate for nomination for election, or election, to the office.

Prohibition of Use of Certain Federal Funds

No part of any funds appropriated to carry out the Economic Opportunity Act of 1964 could be used to finance, directly or indirectly, any activity designed to influence the outcome of any election to federal office or any voter registration activity or to pay the salary of any officer or employee of the Office of Economic Opportunity who in his official capacity engages in any such activity.

Effect on State Law

Nothing in this bill would be deemed to invalidate or make inapplicable any provision of any state law except where compliance with that provision of law would result in a violation of a provision of this bill.

Notwithstanding the above provision, no provision of state law could be construed to prohibit any person from taking any action authorized by this bill or from taking any expenditure which he could lawfully make under this bill.

If any provision of this bill, or the application of any provision to any person or circumstance is held invalid, the validity of the remainder of the bill and the application of the provision to other persons and circumstances would not be effected.

The bill would repeal the present Federal Corrupt Practices Act.

The provisions of this bill would become effective on December 31, 1971 or 60 days after the date of enactment, whichever is earlier. *Effective date.*

Public Law 92-178

The Revenue Act of 1971

Enacted December 10, 1971

The Revenue Act of 1971 contains eight titles providing broad amendments to the Internal Revenue Code. The following analysis is of those provisions which may be of interest to medicine.

Bribes, Kickbacks, Medical Referral Payments, etc.

Kickback defined.

Prohibition of deduction.

The law amends past provisions relating to allowable business deductions by providing that the term "kickback" would include a payment in consideration of the referral of a client, patient, or customer. The law provides that no deductions would be allowed for any payment made directly or indirectly to any person if the payment constitutes any illegal bribe, illegal kickback, or other illegal payment under any law of the United States or under any law of a state (but only if the state law is generally enforced) which subjects the payor to a criminal penalty or the loss of license or privilege to engage in a trade or business.

Burden of proof.

The burden of proof with respect to the issue as to whether a payment constitutes an illegal bribe, illegal kickback, or other illegal payment will be upon the Secretary or his delegate to the same extent as he bears this burden of proof when the issue relates to fraud.

Kickbacks, Rebates, and Bribes under Medicare and Medicaid

Prohibition of deduction.

No deduction will be allowed for any kickback, rebate, or bribe made by any provider of services, supplier, physician, or other person who furnishes items or services for which payment is or may be made under the Social Security Act, or in whole or in part out of federal funds under a state plan approved under the Social Security Act, if the kickback, rebate, or bribe is made in connection with the furnishing of these items or services or the making or receipt of these payments. For the above purposes, a kickback includes a payment in consideration of the referral of a client, patient, or customer.

Effective date.

The above provisions relating to Medicare and Medicaid apply only with respect to kickbacks, rebates, and bribes, the payment of which is made on or after the date of enactment of this bill. Other provisions above relating to kickbacks rebates, and bribes, apply with respect to payments after December 30, 1969.

-- Legislative Department, American Medical Association --

Expenses for Household and Dependent Care Services Necessary for Gainful Employment

The law provides that in the case of an individual who maintains a household which includes as a member, one or more qualifying individuals, as defined below, there will be allowed as a deduction the employment related expenses, as defined below, paid by him during the taxable year.

The term "qualifying individual" means (a) a dependent of the taxpayer who is under the age of 15 and with respect to whom the taxpayer is entitled to a deduction, (b) a dependent of the taxpayer who is physically or mentally incapable of caring for himself, or (c) the spouse of the taxpayer if he is physically or mentally incapable of caring for himself.

Qualifying individual defined.

The term "employment related expenses" means amounts paid for the following expenses, but only if they are incurred to enable a taxpayer to be gainfully employed: (a) expenses for household services and (b) expenses for the care of a qualifying individual.

Employment related expenses defined.

An individual will be treated as maintaining a household for any period only if over half of the cost of maintaining that household during that period is furnished by the individual and his spouse.

A deduction will be allowed under these provisions for employment related expenses incurred during any month only to the extent that the expenses do not exceed $400.

Deduction limit.

Except as provided below, a deduction will be allowed for employment related expenses only if they are incurred for services in the taxpayers household.

Condition.

Employment related expenses which are incurred for services outside the taxpayer's household will be taken into account only if they are incurred for the care of a qualifying individual and only to the extent that the expenses incurred during any month do not exceed $200 in the case of one individual, $300 in the case of two individuals, and $400 in the case of three or more individuals.

Allowable out of household expenses.

If the adjusted gross income of the taxpayer exceeds $18,000 for the taxable year during which the expenses are incurred, the amount of the employment related expenses incurred during any month of the year which may be taken into account will be further reduced by that portion of one-half of the excess of the adjusted gross income over $18,000 which is properly

Income limitation.

allocable to that month. For the purpose of the above sentance, if the taxpayer is married during any period of the taxable year, there will be taken into account the combined adjusted gross income of the taxpayer and his spouse for that period.

Further conditions.

For purposes of these provisions, if the taxpayer is married at the close of the taxable year, the deduction will be allowed only if the taxpayer and his spouse file a single return jointly for that taxable year. If the taxpayer is married for any period during the taxable year, there will be taken into account employment related expenses incurred during any month only if (a) both spouses are gainfully employed on a substaintially full-time basis, or (b) the spouse is a qualifying individual as described above.

An individual who, for the taxable year would be treated as not married under provisions of the Internal Revenue Code because his spouse had died during the year, will be treated as not married under these provisions for that taxable year.

No deduction will be allowed for any amount paid by the taxpayer to an individual bearing a relationship to the taxpayer which would qualify the individual as a dependent of the taxpayer.

Further reductions.

In the case of employment related expenses incurred during any taxable year solely with respect to a qualifying individual other than an individual who is also a dependent of the taxpayer and who is under the age of 15, and with respect to whom the taxpayer is entitled to a deduction, the amount of the expenses which may be taken into account for purposes of these provisions before application of the provisions limiting the amount that can be deducted will be reduced (a) if the individual is a physically or mentally impaired dependent of the taxpayer, by the amount by which the sum of (1) the individual's adjusted gross income for the taxable year, and (2) the disability payments received by the individual during that year, exceeds $750, or (b) in the case of a qualifying individual who is a physically or mentally impaired spouse of the taxpayer, by the amount of disability payments received by the individual during the taxable year.

Disability payment defined.

The term "disability payment" means a payment other than a gift which is made on account of the physical or mental condition of an individual and which is not included in gross income.

The Secretary or his delegate will prescribe those regulations necessary to carry out the purposes of these provisions.

The above amendments will apply to taxable years beginning after December 30, 1971. *Effective date.*

Tax Incentives for Contributions to Candidates

This law establishes new provisions providing for tax incentives for contributions to candidates for public office. The law provides that in the case of an individual, there will be allowed, subject to the limitations described below, as a credit against the taxes imposed under the Internal Revenue Code for the taxable year, an amount equal to one-half of all political contributions the payment of which is made by the taxpayer within the taxable year. *Tax credit authorized.*

The above authorized credit will be limited to $12.50 for an individual or $25 in the case of a joint return. *Amount.*

This credit will not exceed the amount of the tax imposed for the taxable year reduced by the sum of the credits allowed for foreign taxes, partially tax exempt interests, retirement income, and investment in certain depreciable property.

This credit will be allowed with respect to any political contribution only if the contribution is verified in the manner the Secretary or his delegate prescribes by regulations. *Verification required.*

The term "political contribution" means a contribution or gift to (a) an individual who is a candidate for nomination or election to any federal, state, or local elective public office in any primary, general, or special election, for use by the individual to further his candidacy for nomination or election to the office, (b) any committee, association, or organization, whether or not incorporated, organized and operated exclusively for the purpose of influencing or attempting to influence the nomination or election of one or more individuals who are candidates for nomination or election to any federal, state, or local elective public office for use by the committee, association, or organization to further the candidacy of the individual or individuals for nomination or election to that office, (c) the national committee of a national political party, (d) the state committee of a national political party, as designated by the national committee of the party, or (e) the local committee of a national political party as designated by the state committee of the party. *Political contribution defined.*

The term "candidate" means with respect to any federal, state, or local elective public office an individual who (a) has publicly announced that he is a candidate for nomination or election to the office, and (b) meets the qualifications prescribed by law to hold that office. *Candidate defined.*

The term "national political party" means (a) in the case of contributions made during a taxable year of the taxpayer in which the electors of President and Vice President are chosen, a political party presenting candidates or electors for these offices on the official election ballot of ten or more states, or (b) in the case of contributions made during any other taxable year of the taxpayer, a political party which met the qualifications described above in the last preceding election of a President and Vice President. *National political party defined.*

The term "state" means the various states and the District of Columbia and the term "local" means a political subdivision or part, or two or more political subdivisions or parts, of a state. *State and local defined.*

The law provides that an estate or trust will not be allowed to take the tax credit for political contributions authorized above.

The law further provides that a tax deduction will be allowed in lieu of the above authorized credit. *Tax deduction authorized.*

For purposes of the tax deduction, in the case of an individual there will be allowed as a deduction any political contribution the payment of which is made by the individual during the taxable year.

The deduction will not exceed $50 for an individual or $100 in the case of a joint return. *Amount allowed.*

The deduction will be allowed with respect to any political contribution only if the political contribution is verified in the manner the Secretary or his delegate prescribes by regulation. *Verification required.*

This provision for a tax deduction will not apply in the case of any taxpayer who, for the taxable year, elects to take the credit against tax provided above. This election will be made in the manner and at the time the Secretary or his delegate prescribes by regulations. *Choice of credit or deduction.*

An estate or trust will also not be allowed the deduction for contributions to candidates for public office.

These amendments relating to credits and deductions for political contributions will apply to taxable years after December 31, 1971, but only with respect to political contributions the payment of which is made after that date.

Effective date.

Financing of Presidential Election Campaigns

Beginning with tax year 1972, the law authorizes each individual to designate that one dollar of his tax funds be paid to the presidential election campaign fund for the party of his choice. If he does not designate a particular party but does authorize the one dollar deduction, the money would go into a general account for all candidates.

Authorization.

Presidential and vice presidential candidates of a major political party, one which had received over 25% of the vote in the preceeding election, would be entitled to receive payments equal to 15 cents multipled by the total number of residents within the United States who have attained the age of 18 as of the first day of June of the year preceeding the year of the presidential election.

Amount paid to parties.

Candidates of a minor party, one which had received between 5% and 25% of the vote in the previous election, would receive payments in proportion to the number of popular votes received by that party in that election compared to the votes received by the major parties.

Amounts received by the parties from the Presidential Election Campaign Fund can be used to meet qualified campaign expenses, as that term is defined in the bill, which are incurred during the course of the election.

Ex. #223

ACROSS THE BOARDS

AMPAC, 520 North Michigan Avenue, Chicago, Illinois 60611

April 21, 1972 No. 61

MANUAL FOR MEMBERS OF BOARDS OF DIRECTORS OF STATE POLITICAL ACTION COMMITTEES

For some time, state PAC activists have expressed the need for some written guidelines which PAC Board members, officers and staff could study and refer to from time to time. The AMPAC Board of Directors responded to this expressed need, and approved the creation of such a written document.

The MANUAL FOR MEMBERS OF BOARDS OF DIRECTORS OF STATE POLITICAL ACTION COMMITTEES is the result of this action taken by the AMPAC Board. We are sending to you, under separate cover, a copy of this MANUAL for your use as a member of your state PAC Board.

As you will note, the MANUAL has a foreward which you are urged to read because it tells the intent of the MANUAL.

There are eleven chapters and each chapter has its own numbering system. Every chapter covers a different phase of PAC activity. The sub-chapters are usually one page long, and the title is in the form of a question. This question and answer format was chosen because it has flexibility and allows more information to be given.

The appendix of the MANUAL contains an analysis of The Federal Election Campaign Act of 1971 (PL 92-225) and The Revenue Act of 1971 (PL 92-178).

The AMPAC Board hopes that this MANUAL will serve its purpose and will be used by PAC Board members in all states as a reference guide to PAC activity. ACROSS THE BOARDS welcomes your comments on the MANUAL. There will be, from time to time. updated sheets or additional sheets to be included in the MANUAL. If you will let us know any suggestions which you might have concerning the MANUAL, your suggestions will be considered when the updated sheets are issued. Write to ACROSS THE BOARDS, AMPAC, 520 North Michigan Avenue, Chicago, Illinois 60611.

THE FEDERAL ELECTION CAMPAIGN ACT OF 1971 (PL 92-225)

The Federal Election Campaign Act of 1971 became law on April 7, 1972. (See Issues # 53 and # 56)

The Act requires that committees supporting candidates for federal offices file a statement of organization by April 17, 1972, with the appropriate supervisory officer. If the committee supports candidates for the U.S. House of Representatives, then the supervisory officer is the Clerk of the House; if the committee supports candidates for the U.S. Senate, then the supervisory officer is the Secretary of the Senate. If the committee supports candidates for both offices, it must file with both supervisory officers.

Following the filing of the statement of organization, the committee is required to file changes in that original statement of organization within 10 (ten) days after those changes occur.

In addition, committees are required to file cumulative reports of receipts and expenditures by March 10, June 10, September 10, five and fifteen days before the election and by January 31. If the committee contributes to a candidate for federal office, before the primary, it must file a report five and fifteen days before the primary with the proper supervisory officer. Duplicate copies of all reports filed with the supervisory officers must be sent to the Secretary of State or comparable official in the state in which the committee operates.

AMPAC has been in close touch with both the Clerk of the House and the Secretary of the Senate. They have furnished us with the proper forms and instructions for completing the statement of organization. In addition, the Clerk of the House and the Secretary of the Senate have advised AMPAC that state PAC treasurers have received the forms for filing the statement of organization.

AMPAC has taken the precaution of contacting all state PAC treasurers and state PAC chairmen, furnishing them with sample copies of the proper forms, along with suggestions on how a state PAC might complete the forms. Copies of this correspondence were sent to state PAC executives in states that have state PAC staff.

AMPAC is anxious to assist state PACs in any way it can to make compliance with the law easier. AMPAC has always obeyed both the letter and the spirit of the law, and will continue to do so in the future. The Board hopes that compliance with this new law will soon become routine, and state PACs and AMPAC can get back to business as usual ---political education and political action.

INDIANA FILING

Candidates filed on March 23, 1972 in Indiana. There is no Senate race in Indiana this year; there are 11 U.S. House races. All Congressmen are opposed, either in the primary or the general election. The primary will be held on May 2, 1972.

MAINE FILING

Candidates filed on April 1, 1972 in Maine. Up for election in Maine this year is the U.S. Senate seat, presently held by Senator Margaret Chase Smith (R), and two U.S. House seats. All candidates are opposed. As expected, Congressman William D. Hathaway (D-2nd) filed for the U.S. Senate seat, leaving his 2nd Congressional seat vacant. Senator Smith has one Republican opponent, and Congressman Hathaway has one Democrat opponent. The primary will be held in Maine on June 19, 1972.

MISSISSIPPI FILING

Candidates filed on April 7, 1972 in Mississippi. The Senate seat presently held by Senator James O. Eastland (D) is up this year. Two Republicans filed (among them James H. Meredith of Jackson). Senator Eastland is running for reelection and has four Democratic primary opponents. Prentiss Walker of Mize filed as an Independent candidate. Walker, a former Congressman from Mississippi, ran against Eastland in 1966, as a Republican.

There are five congressional seats up in Mississippi. Three of the incumbent Congressmen are retiring (Congressman Abernethy, Congressman Griffin and Congressman Colmer, all Democrats).

Congressman Jamie Whitten (D) was redistricted into the 1st District and is opposed in the primary, but is unopposed in the general election. Congressman G.V. (Sonny) Montgomery (D) was redistricted into the 3rd District and is unopposed in either the primary or the general election. The remaining three Congressional Districts have no incumbent candidates, but all candidates are opposed.

NEW MEXICO FILING

Candidates filed April 4, 1972, in New Mexico. A recent state Supreme Court decision ruled candidate's filing fees unconstitutional. As a result, 28 Democrats filed for the U.S. Senate seat presently held by retiring Senator Clinton P. Anderson (D). In addition, 12 Republicans filed for the U.S. Senate seat. The primary will be held on June 6, 1972.

In addition to the U.S. Senate race, there are two U.S. House races up in New Mexico. Both Congressman Manuel Lujan (R-1st) and Congressman Harold Runnels (D-2nd) are running for reelection, and have opposition. Among Lujan's Democratic opponents is Miss Sparkle Plenty of Sante Fe. New Mexico's primary will be held June 6, 1972.

OREGON FILING

Candidates filed in Oregon on March 14, 1972. The U.S. Senate seat presently held by Senator Mark Hatfield (R) is up this year. Hatfield has three Republican opponents in the primary. The Democrats fielded four candidates. Prominent among the Democratic candidates is ex-Senator Wayne Morse. Morse was first elected to the U.S. Senate in 1944 as a Republican. In 1956 he switched parties. In 1968, Packwood defeated then-incumbent Morse.

In addition to the Senate seat, four U.S. House seats are up. All candidates are opposed except for Al Ullman (D-2nd) who is unopposed in the primary and the general election. Oregon's primary is scheduled for May 23, 1972.

This makes a total of 11 Congressmen who are already elected by virtue of the fact that they are unopposed in either the primary or the general election. The 11 Congressmen are: Congressman Harsha (R-6th) and Congressman Brown (R-7th) of Ohio; Congressman Metcalfe (D-1st), Congressman Railsback (R-19th) and Congressman Gray D-24th) of Illinois; Congressman Ullman (D-2nd) of Oregon; Congressman Montgomery (D-3rd) of Mississippi; and Congressmen Wright (D-12th), White (D-16th), Burleson (D-17th) and Mahon (D-19th) of Texas. In addition, there are many Congressmen, in those states which have completed candidate filing, who have minor primary opposition and no general election opposition.

TODAY'S CHUCKLE (from the Chicago Daily News)

An ad in a newspaper: "Young man, Republican, would like to meet young lady, Democrat. Object, third party."

LABOR DONATIONS

According to a New York Times article, Senator Harrison A. Williams, Jr. (D) and Congressman Frank Thompson, Jr. (D-4th), both of New Jersey, received larger campaign contributions from organized labor than any other Congressional candidates in the 1970 elections.

EDITOR'S NOTE

ACROSS THE BOARDS welcomes your comments and editorial contributions. Write to ACROSS THE BOARDS, AMPAC, 520 North Michigan Avenue, Chicago, Illinois 60611.

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Ex. #224

AMPAC

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

[illegible], M.D., San Diego, California
Secretary
[illegible], Georgia, Alabama
[illegible], M.D., Wilson, North Carolina
[illegible], M.D., Washington, D.C.
[illegible], M.D., Pensacola, Florida
[illegible], M.D., Oklahoma City, Oklahoma
[illegible], M.D., Pittsburgh, Pennsylvania
[illegible], M.D., Aurora, Ohio
[illegible], M.D., San Antonio, Texas
[illegible], M.D., Coral Gables, Florida
William L. Watson, Executive Director and Treasurer
Mrs. Lee Ann Elliott, Assistant Executive Director and Assistant Treasurer

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

March 30, 1976

Mr. F.R. Meyer
Chairman
Steelman for Senate
P.O. Box 19374
Dallas, Texas 75219

Dear Mr. Meyer:

Thank you very much for your recent letter on behalf of the Steelman for Senate Campaign.

The American Medical Political Action Committee supports candidates at the request and on the recommendation of a state medical political action committee. I suggest that you contact Sam A. Nixon, M.D., Chairman of the Texas Medical Political Action Committee. His address is 1303 Hospital Boulevard, Floresville, Texas 78114.

Sincerely,

Bill Watson

William L. Watson
Executive Director

WLW:ts

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Ex. #225

AMPAC

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Chairman
Henry E. Simmons, M.D., Louisville, Kentucky
Treasurer
Elmer L. Henderson, M.D., Aurora, Oregon
Mrs. Rose M. Chenault, Decatur, Alabama
William H. Cooper, M.D., Washington, D.C.
Frank J. Jones, Jr., M.D., Rockford, Illinois
Ben E. Kernodle, M.D., Oklahoma City, Oklahoma
W. J. Lewis, M.D., Barnesville, Ohio
James C. MacLennan, M.D., La Mesa, California
Joe T. Nelms, M.D., Weatherford, Texas
William S. West, M.D., Huntingdon, Pennsylvania
William L. Watson, Executive Director and Treasurer
Mrs. Lee Ann Elliott, American Executive Director and Assistant Treasurer

520 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

October 30, 1972

M. John Wampler, M.D.
752 South George Street
York, Pennsylvania 17403

Dear Doctor Wampler:

Thank you very much for your letter of October 15th which was just received in this office today. The reason that this has been delayed, is that your letter was addressed to the American Medical Association at 535 North Dearborn Street. The American Medical Political Action Committee is located at 520 North Michigan Avenue.

We were glad to receive information concerning the candidacy of Richard P. Noll in the 17th Congressional District of Pennsylvania, who is opposing incumbent Congressman George Goodling.

The decision as to who should be supported in this race, and any other race for that matter, is dependent upon the state political action committee. In the case of Pennsylvania, the Pennsylvania Medical Political Action Committee is chaired by William B. West, M.D., at 904 Mifflin Street, Huntingdon, Pennsylvania 16652. Since AMPAC responds to requests only from state political action committees, I suggest you get in touch with Doctor West, concerning this district race.

I am enclosing some material concerning AMPAC, with the thought that you might like to become a member of AMPAC and PaMPAC, since you are interested politically. If I can furnish any other information please do not hesitate to write to me.

Sincerely,

William L. Watson

William L. Watson
Executive Director

WLW:tms
Enclosed
cc: William B. West, M.D.
Bob Fry

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Ex. #225a

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

520 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

May 10, 1974

Benjamin L. Lukov, M.D.
1695 Township Line Road
Norristown, Pennsylvania 19401

Dear Doctor Lukov:

Your letter of April 22nd, 1974 addressed to the American Medical Association President or Executive Vice President has been referred to me for reply. This letter was referred to me since the American Medical Association has not contributed one cent to any political campaign at any level in any year.

Early in 1961 it became very clear that physician's legislative problems could not be solved by climate building or lobbying. As one physician said, "Climate building plus lobbying minus political action equals futility squared". It was incredibly naive to believe that appeals to logic and reason could be effective when the person being appealed to was elected by those who did not share physician's responsibilities, goals or even ethics.

It was in 1961 that the American Medical Political Action Committee was formed. Physicians and their wives joined AMPAC separately from their membership in the AMA or in any other medical group. Since the formation of AMPAC each state medical association in the 50 states, the District of Columbia and the Virgin Islands have established their own state political action committees. Physicians and their wives join the state pacs separately from AMPAC and any other medical organization. Membership in a state pac or in AMPAC is entirely voluntary. Dues for active members are $10 in AMPAC and usually $10 or $15 in state political action committees. We do have a sustaining membership category for those physicians and their wives who contribute $50 to both their state pac and AMPAC.

All of the money contributed to AMPAC by physicians and their wives is used to support candidates for the House and the Senate. Contributions to state pacs are used for races for the U.S. House and Senate, and often for state races.

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A copy of our report filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402.

Since its inception AMPAC has not contributed one dollar to any presidential campaign. This is a policy matter of the AMPAC Board of Directors.

AMPAC supports candidates for the U.S. House and the Senate only at the request of a state medical political action committee. The AMPAC Board feels strongly that the physicians and their wives in the congressional district, and at the state level should be the ones that decide what candidates are supported. Only when we receive a request in writing from the state pac chairman does AMPAC consider becoming involved in a race. If it is decided that AMPAC will be involved the candidate supporting funds are not sent to the candidate. They are sent to the state political action committee so that the money can be presented to the candidate or his campaign manager at the local level. Since its inception AMPAC believes that physicians in the congressional district should have the identity for the wonderful work that they do supporting candidates.

AMPAC has strictly adhered to all governmental regulations required for political action committees. When we were first organized we followed the dictates of the Federal Corrupt Practices Act. When this law was repealed in favor of the Federal Election Campaign Act of 1971, we adhered to all of the various requirements, including reporting procedures, that this law requires.

I am sorry that I cannot tell you the exact amount that the AMA spends for lobbying activities in Washington at this time or in the past. I know this information is available every year in AMA publications including AMA News and the Journal of The American Medical Association. This information is regularly and systematically reported to the membership.

Likewise, I cannot tell you about the retirement program that is available through the American Medical Association in any detail. I do know retirement insurance is available through a very good plan at the American Medical Association, that is widely subscribed to by physicians. This plan has been explained and advertised in all of the AMA publications.

Doctor Lukov, for your information I have attached AMPAC's Constitution and Bylaws and several other publications of AMPAC, so that you can have a better idea of what this organization stands for. Tens of thousands of physicians have individually joined AMPAC because they feel that they should be full citizens,

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and participants in the political activities which are so important to American medicine.

If you have any other questions, I would, of course, be glad to answer them.

Sincerely,

William L. Watson

William L. Watson
Executive Director

WLW:tms

bcc: Jerry Rothenberger

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Ex. # 226
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WOMEN AND POLITICS

SUGGESTED REMARKS FOR

PETER B. LAUER

CONNECTICUT STATE AUXILIARY

ANNUAL MEETING

WEDNESDAY, APRIL 28

SIGNATURE RESTAURANT

HARTFORD, CONNECTICUT

31129 07 39337

WOMEN'S PARTICIPATION IN THE EVENTS OF THIS COUNTRY'S HISTORY HAS ALWAYS BEEN VERY ACTIVE. ONE OF THE GREAT -- BUT LITTLE KNOWN HEROINES OF THE REVOLUTION WAS LYDIA DARRAGH -- WHO SAVED GENERAL GEORGE WASHINGTON'S ARMY FROM A SURPRISE BRITISH ATTACK.

HAVING RENTED A ROOM IN HER PHILADELPHIA HOME TO THE STAFF OF BRITISH GENERAL SIR WILLIAM HOWE -- LYDIA DARRAH ONE NIGHT OVERHEARD THE OFFICERS PLAN TO ATTACK GENERAL WASHINGTON AND HIS ARMY ENCAMPED AT WHITEMARSH, SIXTEEN MILES AWAY.

THE NEXT MORNING -- USING THE PRETEXT OF HAVING TO GO TO TOWN FOR FLOUR -- SHE SET OUT FOR THE MILL IN FRANKFORT -- FIVE MILES AWAY. COMING UPON AN AMERICAN OFFICER -- LYDIA TOLD HIM OF THE BRITISH'S SECRET PLAN.

GENERAL HOWE, HIMSELF, RECOUNTS THE REST FOR US:

"...WE WERE BETRAYED -- FOR ON ARRIVING NEAR THE ENCAMPMENT OF GENERAL WASHINGTON, WE FOUND HIS CANNON MOUNTED, HIS TROOPS UNDER ARMS AND SO PREPARED AT EVERY POINT TO RECEIVE US THAT WE WERE COMPELLED TO MARCH BACK -- WITHOUT INJURING OUR ENEMY -- LIKE A PARCEL OF FOOLS."

WOMEN'S INVOLVEMENT IN THE ELECTIVE PROCESS IN THIS COUNTRY BEGAN EVEN EARLIER, IN MASSACHUSETTS IN 1691. AMERICAN WOMEN FIRST VOTED THERE UNDER THE PROVINCE CHARTER. BUT, AFTER THE NATION BECAME INDEPENDENT, WOMEN WERE DENIED THE VOTE. STARTING IN THE LATE NINETEENTH CENTURY, ONE STATE AFTER ANOTHER GAVE THEM THE VOTE. BUT IT WASN'T UNTIL THE NINETEENTH AMENDMENT TO THE CONSTITUTION WAS RATIFIED IN 1920, THAT ALL U.S. WOMEN WERE ABLE TO VOTE.

IN THE 1920'S, 30'S AND 40'S, WOMEN VOTED BY THE MILLIONS, BUT FEW RAN FOR OFFICE. WOMEN WERE ELECTED TO LOCAL, COUNTY AND STATE SCHOOL BOARDS AND A FEW WERE ELECTED TO STATE LEGISLATURES. OCCASIONALLY, A WOMAN EVEN GOT TO CONGRESS, OR BECAME A GOVERNOR, BUT GENERALLY SHE DID SO BY SUCCEEDING A HUSBAND IN OFFICE.

THIS BEGAN TO CHANGE DURING THE 1950'S. THE NUMBER OF WOMEN IN THE HOUSE AND SENATE CLIMBED INTO THE HIGH TEENS DURING THE EISENHOWER ADMINISTRATION AND THERE IT HAS GENERALLY REMAINED.

TODAY THERE ARE 19 CONGRESSWOMEN, ALL IN THE U.S. HOUSE OF REPRESENTATIVES. IN 1974, 130 WOMEN CANDIDATES FILED FOR THE HOUSE. OF THOSE, 74 WERE DEMOCRATS, 27 WERE REPUBLICANS AND 30 WERE THIRD-PARTY CANDIDATES. FORTY EMERGED AS MAJOR PARTY NOMINEES, 28 DEMOCRATS AND 12 REPUBLICANS. TO DATE, APPROXIMATELY 32 WOMEN HAVE FILED TO RUN IN THE 1976 ELECTIONS FOR CONGRESS.

THERE ARE NO WOMEN IN THE UNITED STATES SENATE, BUT TEN WOMEN FILED AS CANDIDATES IN 1974 AND 5 WOMEN HAVE FILED THUS FAR FOR THE 1976 ELECTIONS. IN 1974, TWO WOMEN, BOTH DEMOCRATS, WON THEIR PRIMARIES FOR U.S. SENATE.

UNTIL 1974, NO WOMAN HAD EVER BEEN ELECTED TO BE GOVERNOR OF ANY STATE UNLESS SHE SUCCEEDED HER HUSBAND. HERE IN YOUR OWN STATE OF CONNECTICUT, ELLA GRASSO, A DEMOCRAT, IS THE FIRST WOMAN ELECTED AS GOVERNOR ON HER OWN WITHOUT FOLLOWING IN A SPOUSE'S FOOTSTEPS.

IN EARLY 1974, MARY LOUISE SMITH BECAME THE FIRST WOMAN CHAIRMAN OF A MAJOR POLITICAL PARTY. IN ADDITION, MRS. SMITH IS THE SPOUSE OF ELMER SMITH, M.D., AND MOTHER OF ROBERT SMITH, M.D.

SUCCESS STORIES ABOUND. BUT NOT EVERY WOMAN IS HEADED FOR THE SPOTLIGHT. CONGRESSWOMAN MARJORIE HOLT PUT IT BEST WHEN SHE SAID: "ALL OF US, BOTH MEN AND WOMEN, ARE PEOPLE. THE BIG DANGER

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WOMEN FACE TODAY IS IN GETTING PARANOID ABOUT BEING WOMEN."

YOU DON'T HAVE TO RUN FOR OFFICE IN ORDER TO BE A SUCCESS IN POLITICS. PHYSICIANS' WIVES IN THE STATE OF SOUTH DAKOTA PROVED THAT.

IN 1974 WHEN LEO THORSNESS CHALLENGED INCUMBENT SENATOR GEORGE MCGOVERN, PHYSICIANS' WIVES PLAYED MANY KEY ROLES IN THE THORSNESS CAMPAIGN.

BETTY CHURCH BECAME RESEARCH DIRECTOR.

CONNIE WILLIAMS WAS THE THORSNESS CO-CHAIRMAN FOR MINNEHAHA COUNTY.

FRAN KAHLOR WORKED FULL TIME IN THE STATE THORSNESS HEADQUARTERS.

BEV GREENFIELD BECAME THE STATE HEADQUARTERS OFFICE MANAGER.

JACKIE GUNDERSON BECAME THE CO-ORDINATOR OF "LEO'S LADIES", A STATE WIDE WOMEN'S COFFEE CAMPAIGN.

FAITH HARTZELL WAS AN ACTIVE VOLUNTEER RECRUITER.

MARYLS PORTER WAS A COUNTY CHAIRMAN, AS WAS GEORGIANA BELL AND VIRGINIA LARDINOIS.

ALL THESE WOMEN HAD TWO THINGS IN COMMON; THEY WERE IN KEY POSITIONS TO HELP LEO THORSNESS IN HIS SENATE CAMPAIGN, AND THEY WERE PHYSICIANS' WIVES.

THE STORY DOESN'T END JUST BECAUSE LEO THORSNESS LOST HIS RACE. IMMEDIATELY FOLLOWING THE ELECTION, THOSE SOUTH DAKOTA PHYSICIANS' WIVES GOT TOGETHER AND DECIDED THAT ONE OF THE MAIN REASONS LEO THORNSESS LOST WAS BECAUSE HIS PARTY WAS NOT AS WELL ORGANIZED AS IT SHOULD HAVE BEEN. THEY SET ABOUT WORKING THEIR WAY UP THE RANKS OF THAT PARTY, SO THAT IN THE NEXT ELECTION EFFORT, THIS YEAR'S, THEY COULD BE ASSURED THAT THEIR CANDIDATE WOULD HAVE THE FULL SUPPORT OF A WELL ORGANIZED AND EFFECTIVE POLITICAL PARTY.

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TODAY THESE WOMEN ARE ACTIVELY WORKING IN PARTY POSTS. ACCORDING TO ONE SOUTH DAKOTA SOURCE, THESE LADIES MEET OFTEN TO DISCUSS THEIR WORK IN THE PARTY. THERE ARE EVEN PREDICITONS THAT SOME OF THESE PHYSICIANS' WIVES JUST MIGHT TRY THEIR HAND AT RUNNING FOR THE STATE LEGISLATURE.

THE POINT OF THE STORY IS NOT SO MUCH THAT THIS SUCCESS CAME TO WOMEN, OR TO PHYSICIANS' WIVES, IT IS THAT THESE PEOPLE CARED ENOUGH ABOUT CHANGING THE SYSTEM TO WORK VERY HARD. THROUGH THAT WORK THEY NOT ONLY FULFILLED A NEED IN THEMSELVES, BUT THEY ALSO HELPED THEIR PARTY, THEIR COMMUNITY AND THEIR COUNTRY. THERE IS ANOTHER POINT. THE FACT IS, THERE WAS A VOID AND THOSE PHYSICIANS' WIVES FILLED THAT VOID. THAT VOID EXISTS ANYWHERE IN ANY ORGANIZATION THAT DEPENDS ON VOLUNTEERS. VOLUNTEER ORGANIZATIONS HAVE A CONSTANT NEED FOR LEADERSHIP, AND THAT IS WHERE YOU COME IN. WHOEVER IS WILLING TO DO THE WORK, EVENTUALLY DIRECTS THE WORKERS AND SETS THE POLICY.

FROM A COUNTY SEAT TO CAPITOL HILL -- THERE ARE MANY MORE THINGS TO BE DONE THAN THERE ARE PEOPLE TO DO THEM. AND ALTHOUGH NOT EVERY WOMAN CAN BE A MEMBER OF CONGRESS -- OR OF A STATE LEGISLATURE -- EVERY WOMAN CAN PARTICIPATE IN THE POLITICAL PROCESS AND THE WORKINGS OF GOVERNMENT BY BECOMING AWARE AND INFORMED ABOUT THE ISSUES WHICH AFFECT SOCIETY AND HER DIRECTLY AS A WOMAN. INSTEAD OF DENYING WHAT IS SO HUMAN AND NATURAL IN YOURSELF, YOU MUST LEARN TO ACCENTUATE WHAT MAKES YOU WOMEN AND INFUSE THESE QUALITIES AND TALENTS INTO GOVERNMENT - POLITICS - MEDICINE - BUSINESS - AND THE MANY OTHER AREAS IN WHICH WOMEN AND MEN WORK TOGETHER.

NEVER BEFORE IN THE HISTORY OF THIS NATION HAS THE NEED FOR WOMEN IN POLITICS MATCHED THE OPPORTUNITIES FOR WOMEN IN POLITICS. GOVERNMENT TOUCHES EVERY ONE OF OUR LIVES - EVERY DAY - IN EVERY WAY - AND AT EVERY LEVEL - THROUGH THE SCHOOLS OUR CHILDREN ATTEND, THE TAXES WE PAY, THE ROADS WE DRIVE ON, THE MONEY WE SPEND ON GROCERIES. BECAUSE AS YOU AND YOUR HUSBANDS ARE SO ACUTELY AWARE, A LAW PASSED IN WASHINGTON HURDLES STATE AND COUNTY LINES AND EVEN ENTERS EXAMINING ROOMS, HOSPITALS AND LABORATORIES -- WITHOUT KNOCKING.

RIGHT AT HAND IS AN AVENUE OPEN TO YOU AND YOUR HUSBAND TO ALLOW YOU PARTICIPATION IN THE POLITICAL PROCESS -- MEMBERSHIP IN COMPAC AND AMPAC THROUGH A CONTRIBUTION. CONTRIBUTIONS MADE BY PHYSICIANS AND SPOUSES TO MEDICAL POLITICAL ACTION ARE CALLED "HARD DOLLARS". EVERY STATE PAC HAS A SOFT DOLLAR ACCOUNT AND A HARD DOLLAR ACCOUNT. AT AMPAC, OUR HARD DOLLARS ARE SPENT EXCLUSIVELY FOR CONTRIBUTIONS TO CANDIDATES FOR THE UNITED STATES SENATE AND THE U.S. HOUSE OF REPRESENTATIVES. OUR SOFT DOLLARS, OR CONTRIBUTIONS FROM CORPORATE SOURCES, ARE SPENT FOR EDUCATION ACTIVITIES, A PERMITTED LEGAL EXPENDITURE.

AMPAC AND COMPAC RIGOROUSLY FOLLOW THE LETTER AND THE SPIRIT OF LAWS GOVERNING CAMPAIGN FINANCING. WHEN THE PHYSICIAN AND SPOUSE CONTRIBUTE TO COMPAC AND AMPAC, THEY CAN BE VIRTUALLY ASSURED THAT THEIR MONEY WILL NOT ONLY BE SPENT WHERE IT'S NEEDED MOST, BUT IT WILL BE SPENT IN A LEGAL AND ETHICAL FASHION.

FOR AMPAC'S PART, THWERE YOUR MEMBERSHIP CONTRIBUTION GOES IS ONE OF THE MOST IMPORTANT DECISIONS MEMBERS OF THE AMPAC BOARD OF DIRECTORS MAKE. YOUR MONEY IS SPENT WISELY, AND WITH AN EYE ON THE ENTIRE POLITICAL SPECTRUM. WE CANNOT AFFORD TUNNEL VISION WHEN SPENDING YOUR MEMBERSHIP CONTRIBUTION. IT'S TOO VALUABLE FOR THAT. WHILE AMPAC DOES NOT CONTRIBUTE IN A GIVEN RACE UNLESS SPECIFICALLY REQUESTED BY THE STATE PAC, THE AMPAC BOARD OF DIRECTORS IS MORE INCLINED TO CONTRIBUTE IN A DISTRICT WHERE THE MEDICAL COMMUNITY IS ORGANIZED AND WORKING FOR THE CANDIDATE.

IN THE 1970'S AS IN THE 60'S AND THE 50'S, LEGISLATION IS INTERFERING IN THE PRIVATE PRACTICE OF MEDICINE. I CAN IMAGINE THAT YOU ARE TIRED OF HEARING ABOUT HMO, CME, HSA'S AND ALL THOSE OTHER PIECES OF ALPHABET SOUP WHICH ARE BEING THROWN BETWEEN PHYSICIANS AND PATIENTS. WHAT THE UNINITIATED MEMBER OF THE MEDICAL COMMUNITY FAILS TO REALIZE IS THAT WHAT HAPPENS IN LEGISLATIVE SESSION IS DETERMINED BY WHAT HAPPENS IN THE VOTING BOOTH ON ELECTION DAY EVERY TWO YEARS. MOST PHYSICIANS HAVE OPINIONS, VERY PRONOUNCED OPINIONS, SOME WOULD ALMOST SAY PASSIONATE OPINIONS, REGARDING THE REGULATIONS PLACED UPON HEALTH CARE DELIVERY. HOWEVER, MANY OF THOSE SAME PHYSICIANS TUNE OUT ON THE SUBJECT OF POLITICAL ACTIVITY. IF YOU ARE, OR KNOW OF, A MEMBER OF THE MEDICAL COMMUNITY WITH THIS ATTITUDE, ENLIGHTENMENT IS NEEDED.

MOST LEGISLATION IS NEVER REVERSED. IN ORDER TO PREVENT LEGISLATION WHICH IS BAD FOR THE PROFESSION, WE MUST PREVENT THE ELECTION OF OFFICE HOLDERS WHO WILL NOT LISTEN TO THE VIEWS OF THE MEDICAL PROFESSION. A CANDIDATE NEED NOT PROMISE TO VOTE IN ACCORDANCE WITH OUR VIEWS. HE NEED NOT PROMISE ANYTHING. HE ONLY NEEDS TO GIVE US AN INDICATION THAT HE IS WILLING TO HEAR OUR SIDE

OF A GIVEN ISSUE. MEDICINE HAS NEVER BOUGHT A VOTE NOR IS IT INTERESTED IN THAT PRACTICE. WHAT THE MEDICAL PROFESSION DOES, THROUGH AMPAC AND THE STATE PACs, IS SECURE A RIGHT TO DIALOG.

PHYSICIANS AND SPOUSES WHO ARE MEMBERS OF AMPAC AND COMPAC PROTECT THEIR INVESTMENT BY GETTING INVOLVED IN CANDIDATE SUPPORT ACTIVITY. THE CANDIDATE SUPPORT COMMITTEE HAS ALWAYS BEEN, AND IN THE FORSEEABLE FUTURE, WILL ALWAYS BE, THE BASIC UNIT OF THE MEDICAL POLITICAL ACTION MOVEMENT.

MEMBERS MEAN DOLLARS FOR CANDIDATE SUPPORT. MEMBERS MEAN PEOPLE WHO WILL WORK IN POLITICAL CAMPAIGNS. IN 1976, MEMBERS MEAN TO THE PAC MOVEMENT NOT ONLY GOOD HEALTH BUT MORE CANDIDATE SUPPORT COMMITTEES AND SUCCESS FOR AMPAC AND COMPAC.

SO MY MESSAGE TODAY IS A SIMPLE ONE -- AND ONE WHICH I WOULD LIKE TO LEAVE WITH YOU: GET INVOLVED -- TAKE PART INTHE WORLD AROUND YOU -- DON'T SIT ON THE SIDELINES OR WATCH FROM THE STANDS. JOIN IN AND MAKE YOUR VOICES HEARD.

IT IS SAID THAT, THE PURPOSE OF LIFE IS NOT TO BE HAPPY -- BUT TO MATTER -- TO BE PRODUCTIVE -- TO BE USEFUL -- TO HAVE IT MAKE SOME DIFFERENCE THAT WE LIVED AT ALL.

Ex. # 227

ACROSS THE BOARDS

The AMPAC bulletin for PAC leaders

December 17, 1974 Issue No. 117



YEARS OF CHALLENGE FOR MEDICAL POLITICAL ACTION

The two-year period culminating in the elections of 1976 will be a time of challenge for the medical political action movement. The reasons for this challenge include the kind of Congress elected in 1974 and the new election law under which campaigns will be operating.

In order to prepare you, the PAC leader, for these challenges, AMPAC has prepared this special issue of ACROSS THE BOARDS, presenting the facts, and many of the predictions concerning the upcoming election period. In order to know what's ahead, we have to know what happened in the elections of 1974.

FACTS AND FIGURES ON THE '74 ELECTIONS

The Senate---Going into the election, the United States Senate held 58 Democrats and 42 Republicans. On November 5, 34 Senate seats were contested, of which 20 were held by Democrats and 14 were held by Republicans. Of the 20 Democrats, three were unopposed. On Election Day, four seats formerly held by Republicans were captured by Democrats and one seat formerly held by a Democrat was captured by a Republican for a net gain of three Democratic seats. This means that in 1975, the Senate of the 94th Congress will hold 61 Democrats and 39 Republicans.

The House---Going into the election, the U.S. House of Representatives held 248 Democrats and 187 Republicans. In the 435 House races, 44 candidates were unopposed. On Election Day, 49 seats formerly held by Republicans were taken by the Democrats and six seats formerly held by Democrats were captured by Republicans. This gives the Democrats a net gain of 43 House seats so that the House lineup for the 94th Congress will be 291 Democrats and 144 Republicans. One House seat in Louisiana is still being resolved.

Governorships---Going into the '74 elections, Democrats held 31 Governor's chairs, and Republicans held 19. Of the 35 gubernatorial races up this year, 23 were held by Democrats and 12 by Republicans. The lineup following the 1974 elections will include 36 Democrats , 13 Republicans and one Independent. This is a net gain of five Democratic Governorships.

HOW POLITICAL ACTION COMMITTEES FARED IN THE '74 ELECTIONS

AMPAC---In the Senate, AMPAC won 14 of 22 races for a winning percentage of 63.6%. In the House, AMPAC won 183 of 248 for a winning percentage of 73.8%. In the two-year election period (1973-74), AMPAC spent slightly over $1 million on candidate support activity. This figure represents AMPAC expenditures only, not expenditures by autonomous state political action committees.

COPE--In the Senate, COPE won 26 of 33 races for a winning percentage of 78.7%. In the House, COPE won 269 of 388 for a winning percentage of 69.3%. In their target House races, COPE won 54 of 90 House races for a winning target percentage of slightly over 60%.

NEA-PAC--In the Senate, the National Education Association-Political Action Committee won 21 of 28 races for a winning percentage of 75.0%. In the House, NEA-PAC won 229 of 282 races for a winning percentage of 81.2%.

BIPAC--In the Senate, the Business-Industry Political Action Committee won seven of 12 races for a winning percentage of 58.3%. In the House, BIPAC won 62 of 124 for a winning percentage of 50%.

Although these figures are by no means the representative activity of all labor, business, medical and educational political activity, they do give indications of the extent of political action committee involvement in the political process in 1974. And, this level of involvement shows no signs of abating.

THE PAC: GOOD CITIZENSHIP THROUGH POLITICAL PARTICIPATION

-AMPAC's goal is to encourage physicians and their spouses to become active politically. This is as much an educational process, as it is a financial one.

-AMPAC and the state PACs accumulate their candidate support funds slowly and painfully in amounts of $10 per physician. Less than 2% of AMPAC's membership have given in excess of $10.

-AMPAC's political commitment is not in terms of campaign contributions only. The emphasis of medical political action has always been on physicians and spouses participating in campaigns on a congressional district basis. In most cases, the degree of local physician support and activity on behalf of a candidate determines whether or not the state PAC, and AMPAC, supports that candidate.

-AMPAC and the state PACs have physician treasurers, for the most part, who disburse political funds under the scrutiny of a physician Board of Directors.

-AMPAC and the state PACs operate in compliance with federal law, and meticulously obey the letter and the spirit of the law.

-AMPAC and the state PACs function in an open, and fair, manner in order to avoid campaign spending abuses.

Other political action groups do not apologize for their involvement in political campaigns. On the contrary, COPE, BIPAC and NEA-PAC publish who they are supporting, why they are endorsed, and all openly admit that the candidates they support are friends of labor, friends of business or friends of education. In its post-election issue, COPE's headline reads "What Do You Do For An Encore?", referring to its successes this year. NEA-PAC, in its newsletter, devotes an entire page to "Friends of education credit teachers for election wins", a listing of some candidates the teachers supported, and what those candidates said about teacher political activity.

AMPAC does not publish a list of endorsed candidates, because AMPAC doesn't endorse candidates. The physicians on the congressional district level decide on the support of a political candidate. To endorse would mean that we tie legislative issues to our support. AMPAC does not publish a list of candidates supported financially because it is a matter of public record with the supervisory officers. And, we feel that it is the candidate's place to decide when and how he wishes to acknowledge physician support, in addition to his own compliance with federal law.

Medical political action has been a successful concept. Since its inception in 1961, AMPAC and the state PACs have operated in such a way as to earn the respect of public officeholders and political party professionals. Our goals, our structure, and our methods of operation have proved that our founders were sophisticated politically when they set down those goals, that structure and our methods of operation. AMPAC sees no reason to change these things except when the PAC can be improved, or if change is necessary to comply with the law.

It's time that medical political action cease apologizing for its support of candidates. These are not years to be shrinking violets, to remain in the background hoping not to be discovered. We need to be aggresively confident that what we're doing is right, and in the best manner we see fit. The new federal law will cause political action committees to proliferate. If this happens, AMPAC and the state PACs should be in the forefront of the movement.

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MEDICAL POLITICAL ACTION: INCREASED IMPORTANCE IN CRITICAL TIMES

AMPAC has just broken its all-time high for the seventh consecutive year and state PACs are breaking records almost faster than can be charted. AMPAC also passed the 1,000-mark in sustaining members. AMPAC had more hard dollars than ever this election year to contribute to campaigns. The PAC is on the move, and it would seem, at the peak of success. Why is this period so critical for medical political action?

Other happenings are taking place outside of the PAC movement which will affect its success. One of those is the political climate which seems to be antagonistic toward special interest group giving. At the same time, political action committees are springing up among professional groups, vocational groups, and any other groups which share a common bond. While there have been special interest groups that have abused campaign contribution privileges, for the most part, individuals who share common grievances and mutual interests are very much in favor of joining together to make their ideas known.

Another outside factor which will affect the PAC movement almost immediately is the new federal campaign law passed by the 93rd Congress, and signed into law on October 15, 1974. No one knows to what extent that law will affect the conduct of campaigns in this country, but PL 93-443, which goes into effect January 1, 1975, is certainly potentially enhancing to the medical political action movement.

Many of the authors of this law were in favor of reducing the influence of special interest groups. However, by the requirements of the law, they, in fact, increased the importance of special interest giving.

First, again, the lawmakers affirmed political action committees' legitimacy by stating that corporations could maintain a separate, segregated fund for political giving. Second, campaign limitations of $70,000 for each election (primary, primary run-off and general) were placed on House races. Campaign limitations of $125,000 for the primary, and $175,000 for the general were placed on Senate races. Campaign limitations of any kind generally give an unfair election advantage to the incumbent. At the same time, political action committees can give $5,000 for each election. Thus, a state PAC could give $5,000 for both elections, and AMPAC could give $5,000 for both elections making the total medical political action participation $20,000, not to mention the individual campaign contributions of local physicians. This total sum would be a fairly substantial portion of a candidate's budget. Thus, the potential for medical political action to perform a more effective role in campaigns is clearly and legally handed to AMPAC and the state PACs.

How do AMPAC and the state PACs arrive at that more effective role? Just because the law will allow us does not necessarily mean that we will perform more effectively.

First, we must support our friends and offer that support early. Our support should bolster their candidacy to such an extent that primary opposition would be discouraged. 1976 is not the year for harmful and divisive primaries. In prior years, a strong primary challenge was sometimes considered helpful in the general election. However, with spending limitations, and with many good candidates on the non-incumbent side this election period is a time for early, strong campaigns, with no primary opposition. Heretofore, AMPAC rarely participated in primaries. This election, in order to achieve maximum effectiveness, AMPAC will need to contribute before the primary date. The absence of strong primary challenges will also keep the workers from being divided and will prevent permanent splits from occuring.

Many have predicted that the spending limitations will cause candidates to concentrate on organization. Thus, it is felt that the political parties will increase in importance and effectiveness, since they have always been a source of volunteer manpower and organization. The comeback of the two-party system will be a boon to AMPAC and to the country. Political parties train political workers and involve more people in participatory democracy. AMPAC has always been bipartisan , and the revitalization of the two parties will be an easy and welcome phenomenom to live with.

On the other hand, some predict that the spending limitations will favor incumbents, and that incumbents will need to rely less and less on party organization, so that political parties will decline. This bill has been called the "incumbents" bill, and incumbents would certainly seem to have the edge on the outcome of the election, even more so than before. In the past, AMPAC and the state PACs, unlike other political action committees have supported both challengers and incumbents. With the advent of this new law, and the fact that incumbents might not be needing as much support as some important challengers, AMPAC and the state PACs may need to reconsider the emphasis of the medical political action program.

All these changes, and more, could occur, due to federal law. Thus, the PAC activist must be strong in his belief that the PAC movement has a definite place in the political arena.

MEDIA COVERAGE IN 1974

Medical political action received a smattering of publicity toward the end of the 1974 election period. Some of the coverage was grossly inaccurate as a result of political reporters' inability to understand federal reports filed with the supervisory officers in Washington; some of it was based on false assumptions and some, outright bias.

AMPAC rarely replies to unfair publicity prior to an election due to the fact that the publicity could cause harm to the candidates supported by medical political action.

On October 27, Morton Mintz, a Washington Post staff writer, filed a story with the Post, which was picked up by the Associated Press. The Post article carried the headline "AMA Gave $1.5 Million to Candidates". Two errors appear in this headline, and the story was so filled with errors that AMPAC found it impossible to track the course he followed to arrive at some of the statements he made. AMPAC pointed out to Mintz that first, the AMA is prohibited by federal law from giving money to political candidates, and second, AMPAC spent slightly over $1 million in the two-year period, rather than $1.5 million in 1974.

When Mintz begins mentioning how much AMPAC gave to certain candidates, his story credibility drops to zero. His biggest error concerns Congressman David Towell of Nevada. Mintz reported that at that time AMPAC had given Towell $30,300. In fact, AMPAC had given him $10,000, and the state PAC had given him $1,000. The discrepency was $19,300. If Mintz merely read the reports wrong, which happens most often, and doubled the amount, he would have to come up with $22,000; the fact that he arrived at $30,300 is mysterious and impossible to fathom. Another whopping error Mintz made was in stating AMPAC gave Congressman Robert Mathias of California $18,200, when in fact, at that time AMPAC had given him $6,000. In the case of Congressman David Martin of Nebraska, Mintz showed a great deal of imagination, but little truth. He said AMPAC gave him $17,500. AMPAC gave him no contribution, and Martin, at that time, had already lost his primary.

In the article Mintz links "Medical" contributions with Medicredit sponsors, implying that AMPAC and the state PACs support only incumbents who are sponsors of this legislation. Although AMPAC had not kept a record of Medicredit sponsors, a careful check showed that at that point in time, AMPAC was supporting 223 congressional candidates, and of those, 114 were incumbents who were sponsors of Medicredit.

AMPAC drew these errors to Mintz's attention. In addition, AMPAC reminded Mintz of some basic facts about the medical political action structure. Contributions to AMPAC are, for the most part, $10, so that the PAC contributing $1,000 to a candidate is really 100 physicians giving $10 per physician. AMPAC and the state PACs depend on the local physicians in the congressional district to direct them in candidate support activity. AMPAC does not contribute unless specifically asked by the state PAC. AMPAC and the state PACs do not exact legislative promises in return for

candidate support. Physician support of a congressional candidate is decided by the local physicians, on whatever issues they wish to base that support. Sometimes there are two good candidates and the physicians must make the decision as to the best one for the job. Sometimes, there are two not-so-good candidates, and then the physicians must decide the lesser of two evils. When there is a good and a bad candidate, the choice is relatively easy, if the good candidate has a chance to win. Therefore, AMPAC noted to Mintz, publishing a list of those candidates who receive contributions from AMPAC, and the state PAC, does not necessarily mean that "medicine" endorses that candidate. It merely means that under the circumstances, that particular candidate received medical candidate support. In addition, AMPAC told Mintz, state political action committees are separate and autonomous units that work independently of, but in cooperation with, AMPAC. In many instances, state PACs will support candidates, when AMPAC provides no additional funds; and most state PACs participate in state legislative and gubernatorial races, while AMPAC participates in U.S. House and U.S. Senate races only, not even presidential.

Mintz and the Washington Post were embarrassed enough about the October 27 article that a correction was printed the following week, carrying the correct amounts given to candidates by AMPAC. But the correction carried the headline "AMA Political Contribution List Corrected". Thus, even in the "correction" the truth did not appear. The correction was not carried by any of the Associated Press papers that had carried the original story.

AMPAC wasn't so lucky when the labor-backed Health Security Action Council issued a news release that some 42 congressional candidates "can be dangerous to your health" because they accepted campaign contributions from the American Medical Political Action Committee. Many news services gave the news release coverage. The HSAC's charge was that because these 42 Congressmen supported Medicredit, they received campaign contributions from AMPAC.

As W.J. "Jack" Lewis, M.D., Chairman of the AMPAC Board of Directors, pointed out in his answering statement, "It is curious that the Health Security Action Council points its finger at 42 Congressmen. AMPAC is currently supporting 220 congressional candidates, and of these, 100 are incumbents who are sponsors of Medicredit".

The HSAC considers a Congressman dangerous if he sponsored Medicredit, and a friend if he sponsored, or was in favor of, a national health insurance bill such as the Corman-Griffiths bill.

One curious aspect of both of these news stories is that as far as can be ascertained neither Mintz nor the HSAC called AMPAC or the AMA to verify the accuracy of their figures. Innuendos cannot be verified, but the size and extent of campaign contributions can.

Another media fiasco occured when one writer "exposed" the fact that some 11 candidates had returned AMPAC funds because they didn't want to be influenced by "special interest" giving. The reporter intimated that all 11 had returned the full AMPAC contribution, when in fact only three had returned the full AMPAC contribution, for the reason the reporter stated. At that time, eight additional contributions

had been returned to AMPAC, some in part and others in the full amount. The reasons for returning contributions included the unclear nature of some state campaign financing laws and the need for only a portion of the contribution.

This type of media coverage shows that the members of the press are hostile toward group giving, feeling as some do, that group giving exerts undue pressure on the officeholder. AMPAC feels that this kind of attitude is naive and unfair. Very few Congressmen can be "bought" and if they can, AMPAC wants no part of them. Obviously, their vote goes to the highest bidder, and some other group can always offer more. Also, AMPAC has no legislative criteria with which to rank an incumbent, nor would it be possible to rank the non-incumbents. Legislation and its fate is a function of the American Medical Association. Since the physicians at the local level decide which candidate will be supported, AMPAC and the state PACs can hardly be accused of trying to influence pending legislation. The PAC's goal is to create a climate in the Congress which is objective toward medicine's views. The PAC doesn't have any effect on pending legislation; but it does have an effect on who the legislators are.

In order to cope with a hostile media, and to prevent that media from poisoning the minds of our potential members, and potential officeholders, AMPAC and the state PACs must be strong and sure of our own legitimacy. We must be strong in both numbers and confidence. This strength will only come from a grass-roots participation of physicians and spouses at the local level.

AMPAC: MODEL OF DISCLOSURE

When the Federal Election Campaign Act of 1971 (PL 92-225) first went into effect in April of 1972, AMPAC was prepared for compliance. AMPAC had been existing and reporting under the old Federal Corrupt Practices Act since 1961, the year of AMPAC's inception.

The Federal Election Campaign Act called for full disclosure and that's just what AMPAC and the state PACs did. From April through December of 1972, AMPAC filed 49 times with the U.S. House of Representatives, and 42 times with the Secretary of the Senate. An additional year-end report was required by January 31, 1973, with the House and the Senate. In all, for the election year 1972, AMPAC filed 93 times with a supervisory officer, and sent 691 copies to Secretaries of State.

In 1973, a non-election year, AMPAC filed 17 times with the House and 22 times with the Senate for a total of 39 filings with supervisory officers.

In the election year 1974, AMPAC filed 91 reports each with the House and the Senate, for a total of 182 filings with the supervisory officers. This total does not include the year-end report due January 31, 1975.

The quality of AMPAC's reports to the federal government have been of utmost concern. Although several minor omissions have been called to our attention, AMPAC has been under the impression that its reports were complete and accurate. In September, AMPAC was audited by the Secretary of the Senate for the years 1972 and 1973. Senate auditors spent two days in the AMPAC office and following completion of the audit, wrote AMPAC a clean bill of health.

FEC
DOCUMENT
SEPARATOR

Ex. #22

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

Saturday, June 17th, 1972

San Francisco Hilton Hotel

San Francisco, California

Participants: W.J. (Jack) Lewis, M.D., Chairman
Rex Kenyon, M.D.
Joe T. Nelson, M.D.

Mrs. Lee Ann Elliott
Mr. Harry Hinton

CALIFORNIA

The Committee was notified that the money previously approved for Congressman John J. Schmitz in the 35th Congressional District had not been sent, due to the fact that Congressman Schmitz had lost his primary. The situation has been explained to California, and they seem to think that it will not be necessary for AMPAC to make the contribution. The Committee agreed that we will not send the money for Schmitz unless it is again requested by the California political action committee.

MISSISSIPPI

The Committee was asked to reimburse the Mississippi Medical Political Action Committee for disbursements they had already made to candidates in the 2nd and 4th Congressional Districts.

In the 2nd Congressional District, the Committee voted to reimburse the Mississippi Medical Political Action Committee in the amount of $2,500.00 which had been used to support David R. Bowen.

more -

In the 4th Congressional District, the Committee approved an expenditure of $2,500.00 to reimburse MMPAC for the support they had already given to Ellis D. Bodron.

MARYLAND

In the 2nd Congressional District, the Committee approved an expenditure of $2,000.00 to be used to support John J. Bishop.

In the 4th Congressional District, the Committee approved an expenditure of $2,500.00 to be used to support Mrs. Marjorie Holt. $3,000.00 had been requested but AMPAC's policy limitations are $5,000.00 during a calendar year, making this expenditure impossible.

In the 6th Congressional District, the Committee approved an expenditure of $1,000.00 to be used to support Congressman Goodloe E. Byron.

In the 8th Congressional District, the Committee approved an expenditure of $1,000.00 to be used to support Joseph G. Anastasi.

NORTH CAROLINA *

The Committee again considered a request for a survey to be done statewide on behalf of Republican candidate Jesse Helms who is running for the Senate. Because of the good rapport with the Democratic candidate, Congressman Nick Galifianakis, it was decided that we should say no to this request for a survey and reconsider this at a later time when there is more information concerning

Action of the AMPAC Congressional
Review Committee
June 17th, 1972

the support for both of these candidates within the medical profession.

VIRGINIA * *

The Committee considered a request for a $5,000.00 contribution to a statewide survey in Virginia on behalf of Congressman William L. Scott, the Republican candidate for the Senate. The Committee was disturbed by the fact that Mr. Scott was running against Senator Spong, who had been supported heavily by physicians in prior elections. Several statements in the letter made the Committee hesitant to support Congressman Scott, and it was suggested that this request be turned down quite diplomatically.

DEMOCRATIC GALA

A Committee approved an expenditure of $10,000.00 to be used for tickets to attend the gala during the Democratic National Convention in Miami in July.

Record approved,

W.J. (Jack) Lewis, M.D., Chairman

Joe T. Nelson, M.D.

Rex Kenyon, M.D.

Hoyt D. Gardner, M.D., Ex-Officio

more --

Action of the AMPAC Congressional
Review Committee
June 17th, 1972

* NORTH CAROLINA -- Following the meeting of the Candidate Review Committee, Doctor Edger Beddingfield met with members of the AMPAC Board and staff, urging that a survey on behalf of Mr. Helms be approved. After some discussion with both groups indicating that there was some hesitation about the appropriateness of this survey at this time, it was decided that we should wait until after the Democratic National Convention to see who the Democratic Presidential candidate will be, and if this candidate would have an influence on this decision. Two members of the Review Committee were in attendance at this meeting and agreed that we should forego the research at this time and re-consider at the request of the North Carolina Medical Political Action Committee after the Democratic National Convention.

** VIRGINIA -- On return to the office Mrs. Elliott heard that the staff of Congressman Scott had called the office to ask about the status of the survey and called again on the day that she returned. Further comment, Congressman Scott has been telling everyone in Washington that the AMA is going to do his research for him.

LAE:tms

Ex. #229

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

Friday, July 21, 1972

Participants: Jack Lewis, M.D., Chairman
Rex Kenyon, M.D.
(Joe Nelson, M.D. was not available this week)

Mrs. Lee Ann Elliott
Harry Hinton

COLORADO

The Committee considered and approved an expenditure of $5000 for a DMI survey for Senator Gordon Allott.

ILLINOIS

The Committee considered and approved an expenditure of $5000 to be used to support Senator Charles Percy.

INDIANA

The Committee considered requests in eleven races in Indiana, which were requested orally by Fred Smith, M.D.

Because of AMPAC's policy not to be involved in Gubernatorial races the Committee did not approve financial support.

In the 2nd Congressional District the Committee considered and approved an expenditure of $3750 to be used to support Congressman Landgrebe

In the 3rd Congressional District the Committee considered but did not approve an expenditure of $1000 to be used to support Mr. Don Newman since they felt that the incumbent could not be defeated.

more -

ACTION OF THE AMPAC CONGRESSIONAL
REVIEW COMMITTEE
Friday, July 21, 1972

In the 4th Congressional District the Committee considered and approved an expenditure of $5000 to be used to support Mr. Alan Bloom.

In the 5th Congressional District the Committee considered and approved an expenditure of $2,000 to be used on behalf of incumbent Congressman Hillis.

In the 6th Congressional District the Committee considered a request for $2500 to be used to support incumbent Congressman Bray. The Committee approved an expenditure of $1500.

In the 7th Congressional District the Committee considered a request for $2500 to be used to support incumbent Congressman John Myers. The Committee approved an expenditure of $1500.

In the 8th Congressional District the Committee considered and approved an expenditure of $3000 to be used to support incumbent Congressman Roger Zion.

In the 9th Congressional District the Committee considered a request for an expenditure to support William Johnson, M.D. The Committee approved no expenditure in this race because it was felt that it would be impossible to defeat the incumbent when Doctor Johnson was not campaigning full time nor did he have a full-time campaign manager. It was also noted that the State PAC planned to contribute $1000 to the incumbent.

In the 10th Congressional District the Committee considered and approved an expenditure of $3500 to be used to support incumbent Congressman Dennis.

In the 11th Congressional District the Committee considered and approved an expenditure of $5000 to be used to support the Reverend Hudnut.

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ACTION OF THE AMPAC CONGRESSIONAL
REVIEW COMMITTEE
Friday, July 21, 1972

MICHIGAN

The Committee considered and approved an expenditure of $5000 to be used to support incumbent Congressman Marvin Esch in the 2nd Congressional District if it could be ascertained that the request signed by Doctor Stack was a request from the State Political Action Committee.

MISSOURI

In the 1st Congressional District the Committee considered a request for $5000 to be used for DMI research for Richard Funsch. The Committee deferred action on this request, although it was sympathetic, until it could be ascertained if Mr. Funsch had a campaign manager and if so, if he was capable or experienced enough to use this type of research.

In the 7th Congressional District the Committee considered and approved an expenditure of $500 to be used in the primary for Mr. Gene Taylor. The Committee did not approve an expenditure of $1500 for use in the general election but suggested that this be rerequested after the primary.

MONTANA

The Committee considered and approved an expenditure of $5000 to be used to support Hank Hibbard in the Senate race.

NORTH CAROLINA

In the Senate race the Committee considered a request for $8000 to be used to support Jesse Helms. Because of the AMPAC policy to limit

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annual contributions to $5000 only $5000 was approved.

In the 8th Congressional District the Committee considered and approved an expenditure of $1500 to be used to support incumbent Congressman Earl Ruth.

OREGON

In the Senate race the Committee considered and approved an expenditure of $5000 to be used to support incumbent Senator Mark Hatfield.

In the 4th Congressional District the Committee considered and approved an expenditure of $3000 to be used to support incumbent Congressman John Dellenback.

FOLLOW-UP REPORT--SOUTH DAKOTA

It was reported to the Committee that a poll of the members of the Committee approved the previous request from South Dakota for research. Doctor Nelson's suggestion to explore piggy-back opportunities was compiled with, but they did not produce the hope for results.

Record approved,

W. J. (Jack) Lewis, M.D., Chairman

Joe T. Nelson, M.D.

Rex Kenyon, M.D.

Hart D. Gardner M.D. [illegible]

Ex. #230

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

September 16th, 1972

Las Vegas, Nevada

PARTICIPANTS: W.J.(Jack) Lewis, M.D.,Chairman
Joe Nelson, M.D.
Hoyt D. Gardner, M.D.

Mr. William Watson
Mrs. Lee Ann Elliott

CALIFORNIA

The Committee considered requests in 12 Congressional Districts in California totalling $47,500.00.

In the 2nd Congressional District, the Committee considered a request for $5,000.00 to be used to support Francis Callahan. Because the incumbent, Congressman Johnson, had won by such a hugh percent and there was very little chance of defeating him, the Committee felt that it could not contribute to this campaign.

In the 7th Congressional District, the Committee reviewed a request for $2,500.00 more dollars to be used to support Peter Hannaford. The Committee had previously approved an expenditure of $2,500.00. The Committee deferred action until the results of the survey done in this district were available.

In the 18th Congressional District, the Committee considered a request in the amount of $5,000.00 to be used to support Congressman Robert Mathias.

Since this does not look like a target race at this time, and since the Committee already appropriated $2,500.00 in this race, the Committee did not approve an additional expenditure.

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Action Of The AMPAC Congressional
Review Committee
September 16th, 1972

In the 20th Congressional District, the Committee considered a request for $5,000.00 to be used to support Carlos J. Moorhead. It was suggested that the reply to this request indicate that if funds are needed following the election, that this might be a race which could be considered for a deficit expenditure.

In the 23rd Congressional District, the Committee considered a request for $5,000.00 to be used to support incumbent Congressman Del Clawson. The Committee approved an expenditure of $1,000.00 in this race.

In the 24th Congressional District, the Committee considered a request for $2,500.00 to be used to support Congressman Rousselot. Because he was elected by such a large majority, and has rather unimportant opposition, it was felt that the Committee could not be active in this race.

In the 25th Congressional District, the Committee considered a request in the amount of $2,500.00 to be used to support incumbent Congressman Wiggins. The Committee approved an expenditure of $1,000.00 in this race.

In the 27th Congressional District, the Committee considered a request for $2,500.00 to be used to support Congressman Barry Goldwater. The Committee approved an expenditure of $1,000.00.

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Action Of The AMPAC Congressional
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In the 31st Congressional District, the Committee considered a request for $2,500.00 to be used to support Congressman Charles Wilson. Because there seems to be no particular problem for Mr. Wilson and because we had previously supported him, it was felt that we could not contribute.

It was understood that Wilson's opponent Ben Valentine had paid for a DMI survey and it was thought that there would be no need for us to be continuously active in this race.

In the 36th Congressional District, a request in the amount of $5,000.00 to be used to support William Ketchum was made. The Committee had already made an expenditure of $2,500.00 in this race. The Committee approved an expenditure of $2,500.00, to be used for Mr. Ketchum.

In the 38th Congressional District, the Committee considered and approved an expenditure of $5,000.00 to be used to support Howard J. Snider.

In the 39th Congressional District, the Committee considered a request for $5,000.00 to be used to support Andres J. Hinshaw. It is fairly certain that Mr. Hinshaw will win the election. CALPAC will be asked to wait until later in the campaign to see if there is actual need in this district. If it develops that there is a problem, it will be suggested to CALPAC that they re-request in this race.

more -

Action Of The AMPAC Congressional
Review Committee
September 16th, 1972

FLORIDA

In the 5th Congressional District, the Committee considered a request for $2,500.00 to be used to support William Gunter. A primary run-off will be held in this race on October 3rd. Because there is such a strong chance for a Republican to win, it was suggested that FLAMPAC be asked to reappraise this race before money is appropriated in this Congressional District.

In the 10th Congressional District, the Committee considered and approved an expenditure of $2,500.00 to be used to support L.A."Skip" Bafalis.

In the 11th Congressional District, the Committee approved an expenditure of $500.00 to be used for a PIPS on behalf of incumbent Congressman Paul G. Rogers. The Committee did not approve an expenditure of $2,500.00 in addition to the expenditure for PIPS in this race.

It should be pointed out that Mr. Rogers has already received $2,500.00 from AMPAC.

NEW YORK

In the 4th Congressional District, the Committee reviewed a request for $5,000.00 to be used to support Congressman Norman Lent. It was felt that even though Mr. Lent had been elected by a narrow margin that this was now a safe Republican district. The Committee voted to hold on their action in this race and to permit an expenditure of $1,000.00 later in the campaign if AMPAC balance permitted such an expenditure.

more -

Action Of The AMPAC Congressional
Review Committee
September 16th, 1972

In the 23rd Congressional District, it was reported to the Committee that incumbent Congressman Peyser was unhappy because he had been promised research and still had no results. A follow-up with DMI determined that the research was delivered more than a month previous to the complaint, and that Peyser had buried it because he was unhappy with the results.

In the 25th Congressional District, the Committee considered a request for $1,000.00 that had been stimulated by the AMA Washington office. The Committee decided to hold on this race and would make a contribution at a later time if funds were available.

In the 36th Congressional District, the Committee considered a request of $5,000.00 to be used on behalf of Congressman Henry P. Smith III. The Committee decided that it could not be involved in this race since Congressman Smith had won by a big margin in former years. It was acknowledged that he had unusually stiff opposition this year.

In the 38th Congressional District, it was reported that Congressman Kemp would like to have a copy of the survey done on his behalf two years ago. DMI was contacted and will furnish Congressman Kemp with a copy of this report.

In the 39th Congressional District, the Committee considered and approved an expenditure of $2,000.00 to be used to support Congressman Hastings.

more -

Action Of The AMPAC Congressional
Review Committee
September 16th, 1972

Record approved.

W.J. Lewis, M.D.
W.J. (Jack) Lewis, M.D., Chairman

Joe Nelson
Joe Nelson, M.D.

Rex Kenyon
Rex Kenyon, M.D.

Hoyt D. Gardner
Hoyt D. Gardner, M.D., Ex-Officio

LAE:tms

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Ex. #231

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

TUESDAY, NOVEMBER 21, 1972

2:00 P.M.

PARTICIPANTS: W.J. (Jack) Lewis, M.D., Chairman
Rex Kenyon, M.D.
Joe Nelson, M.D.
(Hoyt D. Gardner, M.D., was not available at the time of the call)

William Watson
Mrs. Lee Ann Elliott
Harry Hinton

CALIFORNIA

In the 7th Congressional District, the Committee considered a request for $2,500.00 to be used for additional support for Mr. Hannaford. Since Mr. Hannaford lost his race, it was felt that AMPAC would contribute only $500.00.

In the 20th Congressional District, the Committee considered and approved an expenditure of $5,000.00 to be used to support Congressman-Elect Carlos Moorhead.

In the 24th Congressional District, the Committee considered and approved an expenditure of $955.00 to be used to support Congressman John H. Rousselot.

In the 39th Congressional District, the Committee considered and approved an expenditure of $5,000.00 to be used to support Andrew Hinshaw.

more -

MARYLAND

In the 4th Congressional District, the Committee considered and approved an expenditure of $1,000.00 to be used to support Mrs. Marjorie Holt.

MICHIGAN

In the 18th Congressional District, the Committee considered and approved an expenditure of $3,000.00 to be used to support Robert Huber, if a letter is received from the state political action committee.

VIRGINIA

In the 4th Congressional District, the Committee approved an expenditure of $3,000.00 to be used to support Robert W. Daniel, if a request is received for Virginia in this amount.

In the 6th Congressional District, the Committee approved an expenditure of $1,000.00 to be used to support M. Caldwell Butler, if a request is received in this amount.

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Action Of The AMPAC Congressional
Review Committee
November 21, 1972

Record approved,

W.J. (Jack) Lewis, M.D., Chairman

Rex Kenyon, M.D.

Joe Nelson, M.D.

Hoyt D. Gardner, M.D., Ex-Officio

LAE:tms

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Ex. 322

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

August 5, 1974

PARTICIPANTS: Hoyt D. Gardner, M.D., Chairman
Rex Kenyon, M.D.
Joe D. Nelson, M.D.
W.J."Jack" Lewis, M.D., Ex Officio

Mrs. Lee Ann Elliott
Harry Hinton

FLORIDA - For Information

The Committee was informed that the $2,500 previously approved for Lewis S. Earle, DDS, in the 5th congressional district would not be spent at this time.

The Florida Committee wants us to send $1,000 for the primary election and an additional $1,000 for the general election. Under the new state law, contributions are limited to $1,000 per election.

INDIANA

The Committee considered and approved the following expenditures in Indiana:

2nd C.D.	Earl F. Landgrebe (R)	$5,000
4th C.D.	Walter Helmke (R)	5,000
5th C.D.	Elwood Hillis (R)	3,000
6th C.D.	William G. Bray (R)	3,000
7th C.D.	John T. Myers (R)	3,000
8th C.D.	Roger H. Zion (R)	3,000
10th C.D.	David W. Dennis (R)	4,000
11th C.D.	William H. Hudnut,III (R)	5,000

more -

Senate race -	Richard G. Lugar (R)	$5,000

KENTUCKY

In the 4th congressional district, the Committee considered and approved an expenditure of $3,000 to be used to support Gene Snyder (R).

In the Senate race, the Committee was asked to approve expenditures of $2,500 each for Wendell Ford and Marlow Cook. The Committee asked staff to contact KEMPAC to see if KEMPAC could give $5,000 to Wendell Ford and AMPAC could support Marlow Cook. (Contact was made and it was approved for AMPAC to send $5,000 earmarked for Senator Marlow Cook.)

MARYLAND

The Committee considered and approved the following expenditures in Maryland:

1st C.D.	Robert E. Bauman (R)	$1,000
4th C.D.	Marjorie Holt (R)	2,000
6th C.D.	Goodloe E. Byron (D)	1,000
8th C.D.	Gilbert Gude (R)	1,000

NEW YORK

The Committee considered and approved the following expenditures in eight congressional districts:

more -

Action Of The AMPAC Congressional
Review Committee
August 5, 1974

2nd. C.D.	James R. Grover (R)	$1,000
4th C.D.	Norman F. Lent (R)	1,000
5th C.D.	John W. Wydler (R)	1,000
23rd C.D.	Peter A. Peyser (R)	up to $5,000 (survey)
25th C.D.	Hamilton Fish, Jr. (R)	1,000
31st C.D.	Donald J. Mitchell (R)	4,000 (survey
36th C.D.	Russell Rourke (R)	1,000
38th C.D.	Jack F. Kemp (R)	1,000

* Staff was asked to inquire about what kind of a survey could be obtained for $4,000. Upon inquiry we were told that the price of the survey had been reduced by $2,000 by economies effected by the combination of several candidates in the same survey.

SOUTH CAROLINA

The Committee approved the following expenditures in South Carolina:

2nd C.D.	Floyd Spence (R)	3,000
3rd C.D.	Marshall Parker (R)	5,000
4th C.D.	James R. Mann (D)	1,500
5th C.D.	B.Len Phillips (R)	5,000
6th C.D.	Edward L. Young (R)	5,000

more -

Action Of The AMPAC Congressional
Review Committee
August 5, 1974

UTAH

The Committee considered a request for Mrs. Dorothy Clark in the 1st congressional district. Since the letter requested no specific amount, staff was asked to check further to determine what the Utah pac had in mind. The Committee prefers not to make any expenditure in this primary, but because of Mrs. Clark's activity with the pac the Committee would approve $1,000 if the Utah pac thinks this is necessary.

Record approved,

Hoyt S. Gardner, M.D., Chairman

Rex Kenyon, M.D.

Joe T. Nelson, M.D.

W.J. "Jack" Lewis, M.D., Ex Officio

Ex. #233

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

Wednesday, September 18th, 1974

PARTICIPANTS: Rex Kenyon, M.D., Chairman
James MacLaggan, M.D.
W.J."Jack" Lewis, M.D., Ex-Officio
Edgar T. Beddingfield, M.D., (not available at the time of the call)

William L. Watson
Mrs. Lee Ann Elliott
Harry Hinton

CALIFORNIA

The Committee considered requests in 12 congressional districts of California and approved the following additional expenditures.

2nd C.D.	Don Clausen	$1,000
3rd C.D.	John Moss	1,000
11th C.D.	Leo Ryan	1,000
14th C.D.	John McFall	1,000
19th C.D.	Robert Lagomarsino	2,500
20th C.D.	Barry Goldwater, Jr.	1,000
24th C.D.	Henry A. Waxman	2,000
30th C.D.	George Danielson	1,000
33rd C.D.	Delman Clawson	2,500
39th C.D.	Charles E. Wiggins	1,000
40th C.D.	Andrew J. Hinshaw	1,000
43rd C.D.	Clair Burgener	1,000

FLORIDA

The Committee considered and approved an expenditure of $3,000 to be used to support Bill Gunter in the Senate race.

In the 13th congressional district, the Committee approved an expenditure of $1,000 to be used to support William Lehman.

more -

MICHIGAN

The Committee approved the following expenditures in four congressional races of Michigan.

2nd C.D. Marvin Esch	$2,000
5th C.D. Paul Goebel	5,000
7th C.D. Donald Riegle	1,000
8th C.D. James Sparling	5,000

NEW MEXICO

In the 1st congressional district, the Committee approved an expenditure of $5,000 to be used to support Congressman Manuel Lujan.

OHIO

In the 1st congressional district, the Committee approved an additional expenditure of $1,000 bringing the total expenditure to $3,000 to be used on behalf of Willis Gradison.

In the 5th congressional district, the Committee approved an expenditure of $1,500 to be used to support Congressman Delbert Latta if it is requested by the Ohio Political Action Committee.

In the 6th congressional district, the Committee approved an expenditure of $500 to be used to support Congressman William Harsha.

more -

Action of the AMPAC Congressional Review Committee
September 18, 1974

SOUTH CAROLINA

In the 2nd congressional district, the Committee approved an expenditure of $2,000 to be used to support incumbent Congressman Floyd Spence.

IN KIND CONTRIBUTIONS

The Committee approved an In Kind contribution of services of Mike Riley in Congressman Shoup's race in Montana.

In Kind services of Al Lerner were approved between October 1st and November 5th in Congressman O'Brien's race in Illinois.

In Kind contributions were approved for Congressman Conlan in Arizona by Mr. Ed Smith. A total of 20 days for Ed Smith was approved.

Record approved,

Rex Kenyon, M.D., Chairman

James MacLaggan, M.D.

Edgar T. Beddingfield, M.D.

W.J."Jack" Lewis, M.D., Ex-Officio

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ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

Tuesday, December 17th, 1974

PARTICIPANTS: Rex Kenyon, M.D., Chairman
Edgar T. Beddingfield, M.D.
James C. MacLaggan, M.D.
W.J."Jack" Lewis, M.D., Ex Officio

Bill Watson
Mrs. Lee Ann Elliott (not available at the time of the call)
Harry Hinton (not available at the time of the call)

LOUISIANA

In the 6th congressional district of Louisiana it is anticipated that a request will be received for $5,000 to support W. Henson Moore (R) who will be a candidate in a special election on Tuesday, January 7th, 1975. LAMPAC has indicated that they too will contribute $5,000 for the support of Mr. Moore. The Committee approved a contribution of $5,000 pending a written request from LAMPAC.

MONTANA

It was reported to the Congressional Review Committee that the newly elected Congressman from the 1st district, Max S. Baucus (D) had a deficit of $15,000 in his 1974 campaign. MONTPAC is considering contributing $500 to Mr. Baucus and is contemplating asking AMPAC for a similar contribution of $500. The Committee approved $500 for Mr. Baucus pending a written request from MONTPAC.

more -

Action of The AMPAC Congressional
Review Committee
December 17th, 1974

KENTUCKY

The Committee reconsidered a request to support Senator elect, Wendell Ford who incurred a large campaign deficit in his successful Senate bid.

Although it was clearly understood that KEMPAC would have no objection if AMPAC elected to make an additional contribution, the Committee decided unanimously that they would not take favorable action unless a written request was sent from KEMPAC. It was the opinion of individual members that they could have a devastating effect on a highly successful state pac if AMPAC acted independently.

NORTH CAROLINA

Doctor Beddingfield requested prior approval of a contribution not to exceed $1,500 for Senator elect Robert Morgan (D) of North Carolina.

This request was approved by the Committee with the stipulation that two points would have to be satisfied:

(1) MEDPAC must submit a request in writing for this contribution

(2) Senator Morgan must express a willingness to accept the contribution.

more -

Action of the AMPAC Congressional
Review Committee
December 17th, 1974

Record approved,

Rex Kenyon, M.D., Chairman

Edgar T. Beddingfield, M.D.

James C. MacLaggan, M.D.

W.J."Jack" Lewis, M.D., Ex Officio

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Ex. #235

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

Friday, January 9, 1976

PARTICIPANTS: Rex Kenyon, M.D., Chairman
W.J. "Jack" Lewis, M.D.
Edgar T. Beddingfield, M.D.
William Cooper, M.D.
James C. MacLaggan, M.D., Ex Officio

Mrs. Lee Ann Elliott

TEXAS

The Committee considered and approved an oral request by Board member John Smith, M.D., for $5,000 to be used in the special election primary, if one will be held, in the 22nd congressional district of Texas pending a request from TEXPAC.

PARTY FUNCTIONS

The Committee reconsidered the advisability of attending fund raising functions sponsored by the Democratic National Committee and the Republican National Committee.

The Committee approved an expenditure of $10,000 each for the Democratic function to be held on March 16th and the Republican function to be held on March 31st. It was the concensus of the Committee that very little good is gained by sending members of the AMA or AMPAC and incurring additional expenses to the price of the ticket.

more -

Action of the AMPAC
Congressional Review Committee
Friday, January 9th, 1976

The Committee felt that there was little value in rubbing shoulders with persons in attendance at the function.

It was left to the Executive Committee of the AMPAC to decide who would attend these functions.

POST APPROVAL

The following expenditures were given post-approval by the Committee. All involved functions held in the Washington, D.C., area.

Tom Downey (D)	New York - 2nd C.D.	$100
John Rhodes (R)	Arizona - 1st C.D.	$100
John Slack (D)	West Virginia - 3rd C.D.	$ 50
Senator John Glenn (D)	Ohio - 1974 deficit	$100
Joe Waggonner (D)	Louisiana 4th C.D.	$500
William J. Hughes (D)	New Jersey 2nd C.D.	$100
Robert W. Edgar (D)	Pennsylvania 7th C.D.	$100
Robert Krueger (D)	Texas 21st C.D.	$ 50
Brock Adams (D)	Washington 7th C.D.	$100
George E. Danielson (D)	California 30th C.D.	$100
Thomas P. O'Neill, Jr. Congress Fund	unearmarked	$1,000
William Alexander (D)	Arkansas 1st C.D.	$100
Les Au Coin (D)	Oregon 1st C.D.	$100

more -

Action of the AMPAC
Congressional Review Committee
Friday, January 9th, 1976

The Committee was informed that four requests between September 9th and December 31st, 1975 were not approved.

Record approved,

Rex Kenyon, M.D., Chairman

W.J. "Jack" Lewis, M.D.

Edgar T. Beddingfield, M.D.

William H. Cooper, M.D.

James C. MacLaggan, M.D., Ex Officio

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ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

FRIDAY, OCTOBER 13, 1972

PARTICIPANTS: W.J. (Jack) Lewis, M.D., Chairman
Rex Kenyon, M.D.
Joe Nelson, M.D.
Hoyt Gardner, M.D.

William Watson
Mrs. Lee Ann Elliott
Harry Hinton

ALABAMA

In the 1st Congressional District, the Committee considered a request of $2,000.00 to be used to support Jack Edwards. The Committee approved an expenditure of $1,000.00.

In the 3rd Congressional District, the Committee considered a request for $2,000.00 to be used to support Bill Nichols. The Committee approved an expenditure of $1,000.00.

In the 4th Congressional District, the Committee considered a request for $2,000.00 to be used to support Tom Bevill. The Committee approved an expenditure of $1,000.00.

In the senatorial race for Winton Blount, the Committee made no appropriation in this race.

ALASKA

Anticipating a formal request in the amount of $2,500.00 to be used to support Congressman Begich, the Committee approved an expenditure of $1,000.00.

more -

Action Of The AMPAC Congressional
Review Committee
October 13, 1972

FLORIDA

In the 4th Congressional District, the Committee considered a request for $2,500.00 to be used to support Congressman William Chappell. The Committee had already supported Mr. Chappell and did not feel that it could make an additional expenditure in this race.

In the 11th Congressional District, the Committee was told that Florida no longer wanted to request $500.00 previously approved for Congressman Rogers. This money was released.

In the 13th Congressional District, the Committee considered a request for $1,500.00 to be used to support Mr. William Lehman. The Committee approved an expenditure of $500.00.

HAWAII

The Committee considered an unspecified request to be used on behalf of Fred Rohlfing in the 1st Congressional District. Staff was directed to contact George Mills to get his feelings concerning the race. If Doctor Mills felt that there was a real hope in the race and a chance to upset the incumbent, this request should be re-referred to the Committee. If he felt that this race was hopeless the pac should be so notified. (Following the meeting George Mills was contacted and indicated that he felt that there would be real opportunity to make some headway in this district.)

Action Of The AMPAC Congressional
Review Committee
October 13, 1972

IOWA

In the 4th Congressional District, the Committee considered a request for $1,000.00 to be used to support Congressman John Kyl in a double incumbent race against Congressman Neal Smith. It was felt that there was no chance for Congressman Kyl in this race. The Committee denied the request.

MARYLAND

In the 2nd Congressional District, the Committee considered a request for $500.00 to be used to support John Bishop. The Committee had already participated in this race, and felt that it could not participate additionally because of our limited fund balance.

MINNESOTA -- MANPOWER

In the 6th Congressional District, the request for Neil Sutherland to work for the last two weeks of the campaign on behalf of Congressman Zwach, was approved.

MASSACHUSETTS

At the request of Harry Hinton,a former request from the Massachusetts pac was reconsidered. The Committee approved an expenditure of $3,000.00 to be used on behalf of Martin A. Linsky, on the basis of Mr. Hinton's reports.

more -

Action Of The AMPAC Congressional
Review Committee
October 13, 1972

NEW YORK

In the 31st Congressional District, the Committee considered an unspecified request for support for Donald J. Mitchell. The Committee approved an expenditure of $1,000.00.

In the 32nd Congressional District, the Committee considered a request for $5,000.00 to be used to support Leonard Koldin. The Committee approved an expenditure of $2,500.00.

Staff was directed to stimulate requests in two Congressional Districts in New York. It was approved by the Committee, that the Chairman of the New York pac should be told that the Committee had approved an expenditure of $1,000.00 to be used to support Congressman Norman Lent, in the 4th Congressional District. Also the Committee approved an expenditure of $2,500.00 to be used to support incumbent Congressman Carleton J. King in the 29th Congressional District.

NORTH DAKOTA

The Committee had correspondence from Doctor Ben Clayburgh requesting a change in AMPAC policy to permit support for gubernatorial candidate Richard Larsen. The Committee reiterated its policy position and indicated that we just did not have enough money to cover gubernatorial races.

more -

Action Of The AMPAC Congressional
Review Committee
October 13, 1972

PENNSYLVANIA

In the 17th Congressional District, the Committee considered and approved an expenditure of $1,000.00 to be used to support Herman Schneebeli.

SOUTH CAROLINA

In the 6th Congressional District, the Committee considered and approved a request in the amount of $2,000.00 to be used to support Ed Young.

Record approved,

W.J. (Jack) Lewis, M.D., Chairman

Rex Kenyon, M.D.

Joe Nelson, M.D.

Hoyt B. Gardner, M.D., Ex-Officio

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Ex. #237

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

FRIDAY, FEBRUARY 2nd, 1973

1:30 P. M.

PARTICIPANTS: W. J. (Jack) Lewis, M.D., Chairman
Rex Kenyon, M.D.
Joe T. Nelson, M.D.
Mrs. Lee Ann Elliott
Ken Bugan

LOUISIANA

It was reported to the Committee that Wilbur Mills had cancelled his presentation to the leadership conference to be held on February 16-17 at the Marriott-O'Hare.

The substitute speaker that was contacted was Senator Russell Long of Louisiana. Senator Long said that he would give the presentation on the condition that AMPAC contribute $2,000 to Mrs. Boggs in the Louisiana special election.

It was pointed out to the Committee that the first primary in Louisiana would be held on Saturday, February 3. Certainly the results of this first primary would be an indication as to Mrs. Boggs' strength.

Doctor Joe Nelson reported that his contacts in Louisiana indicated that Mrs. Boggs was a shoe-in.

It was further reported to the Committee that Paul Perret was out of the country and would be returning on Monday.

It was the consensus of the Committee that $2,000 be appropriated for Mrs. Boggs as Senator Long suggests, but that we delay sending the money until the mechanism could be worked out through the Louisiana State Political Action Committee.

Record approved,

W. J. (Jack) Lewis, M.D., Chairman

Rex Kenyon, M.D.

Joe T. Nelson, M.D.

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Addendum To Congressional Review Committee Meeting

Friday, February 2, 1973

Following the Review Committee's conference call, a call was placed to Mr.Paul Parrott. We were not able to reach Mr. Parrott until Monday, February 5th.

Paul Parrott reported that he had already been contacted by Bill Colley two weeks before for the exact amount of money, and that it was informed at that time that the pac would not be amenable to making an allocation to Mrs. Boggs. Mr. Parrott did say that he would look into this matter and get back to us.

On Tuesday, February 6th, Mr. Parrott reported that he had spoken to the state pac Chairman, Doctor Foster, who said that he understood AMPAC's problem and could understand how that it might be necessary to put money into Mrs. Bogg's race, but that he didn't want the money to come through the Louisiana Medical Political Action Committee.

Paul Parrott felt that Senator Long had not made his appearance conditional on this money. That this was not the Senator's style nor was it his practice. Also Mrs. Boggs had no particular need for money. It was agreed that AMPAC would send money to Mrs. Boggs through the Physicians Committee for Good Government, and that Mr. Parrott should be notified immediately when this money went so that he could tell certain physicians that this contribution was coming.

more -

Addendum To Congressional
Review Committee Meeting
February 2, 1973

On Wednesday, February 14th, Paul Parrott called to say that he had just heard that Senator Long had cancelled his appearance and that absolutely no money should go to Mrs. Boggs in any way. He indicated that there had been quite a fuss and that he had gone on record as promising that no money would go to Mrs. Boggs. Lee Ann told Paul Parrott that no money would go to Mrs. Boggs under these conditions. This conversation was reported to William Watson and he concurred. *

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** Additional Addendum To Congressional Review Committee Meeting - Friday, Feb. 2, 1973

On Thursday, March 8th, when in Washington Mr. Watson and Mrs.Elliott were notified by Joe Nelson that Senator Benson was irritated because the money approved by AMPAC for Mrs. Boggs had not reached Mrs. Boggs. He said he had been catching some heat on this. This was the first time that staff had heard that there was any connection between Senator Benson's appearance at the Leadership Conference and Mrs. Boggs.

On Saturday, March 10th, Mrs. Elliott spoke to Paul Perret telling him that Senator Benson's appearance was conditional upon help for Mrs. Boggs also, and asked him if there was some way that money could reach her that would be approved by Louisiana. He indicated that it was alright to give Mrs. Boggs the money as long as the Louisiana Medical Political Action Committee was not involved. The money was subsequently sent to the Physicians Committee for Good Government on March 16th.

Ex. # 238

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

Friday, February 9th, 1973

Phoenix, Arizona

PARTICIPANTS: Hoyt D. Gardner, M.D., Chairman
Rex Kenyon, M.D.
Joe T. Nelson, M.D.
W.J."Jack" Lewis, M.D., Ex-Officio

William L. Watson
Mrs. Lee Ann Elliott
Kenneth G. Bugan
Harry Hinton
Whalen Strobhar
Dick Layton

FINANCIAL REVIEW

The Committee was given a report concerning the amount currently in the political account as a carry-over from the 1972 elections. The Committee was also given details concerning the expenditures for 1972.

It was noted that a very large amount of money which constituted a big percentage of AMPAC expenditures had been spent for functions sponsored by both the Republican and the Democratic parties. It was suggested that these expenditures should be modified during the coming year.

DEMOCRATIC SPONSOR'S COMMITTEE

It was reported to the Committee that two members of the group -- Joe T. Nelson, M.D., and Harry Hinton -- had previously been approved for 1973 membership in the Democratic Sponsor's Committee.

The Committee considered and approved the membership for 1973 of Frank J. Jirka, Jr., M.D., and William Watson.

more -

Action of The AMPAC
Congressional Review Committee
February 9th, 1973

RHODE ISLAND

The Committee considered an unspecific request for political funds for the deficits of Senator Pell and Congressman Tiernan of Rhode Island. The requesting letter gave no details nor any indication of the action of the state pac board.

The Committee tentatively approved $1,000 for each of these candidates subject to more information. Staff was directed to write to Doctor Cunningham to find out the amount of the deficit, the support the candidates had within the medical profession, what the state pac was planning to do about the deficit and all other pertinent information.

Record approved,

Hoyt D. Gardner, M.D., Chairman

Joe I. Nelson, M.D.

Rex Kenyon, M.D.

W.J. "Jack" Lewis, M.D., Ex-Officio

Addendum To Congressional Review Committee Meeting

Friday, February 9, 1973

Following the Committee's directive to find out more information about the request from Rhode Island, Mrs. Elliott called William Baltaks and was told that Howard Cook had called John Farrell at the Rhode Island State Medical Society and asked him about support for Senator Pell and Congressman Tiernan. He was told that there might be able to be some support for Mr. Tiernan but that it was impossible for any support to be generated for Senator Pell. He said at that time that he was not sympathetic to any support of any type for Senator Pell.

Following this conversation Howard Cook called Bill Baltaks to find out if there was any way that Bill could help generate such a request. Bill Baltaks called the request in to Doctor John Cunningham, Chairman of the political action committee. Doctor Cunningham said on the telephone, that he could not conceive of the pac doing anything for Senator Pell because they "hate his guts". He indicated that a meeting of the RIMPAC Board of Directors had been scheduled for the next weekend, and that while he was sure that there would not be a good response he would bring it before the meeting. Following the meeting of RIMPAC he reported to Bill Baltaks that the Board had considered the request for support for Senator Pell, and that this request had been abruptly turned down. It was again repeated that the medical profession in Rhode Island hates Senator Pell.

more -

Doctor Cunningham said he realized the problems in Washington and would stick his neck out and take independent action by writing a request to AMPAC requesting support for both Tiernan and Pell.

This conversation with Bill Baltaks was reported to William Watson.

Mrs. Elliott was instructed to comply with the directive of the Congressional Review Committee and to write to Doctor Cunningham asking him for particulars and more back-up concerning the request. *

Ex. #239

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

Sunday, July 13th, 1975

United Red Carpet Conference Room

O'Hare Airport

Chicago, Illinois

PARTICIPANTS: Rex Kenyon, M.D., Chairman
Edgar T. Beddingfield, M.D.
James C. MacLaggan, M.D., Ex-Officio
W.J."Jack" Lewis, M.D.,(could not attend)
William Cooper, M.D.,(could not attend)

William Watson
Mrs. Lee Ann Elliott
Mike Riley

I. CALL TO ORDER

The meeting was called to order by Rex Kenyon, M.D., Chairman, at 9:40 a.m.

II. VERIFICATION OF PREVIOUS MINUTES

Members of the Congressional Review Committee signed the minutes of previous Congressional Review Committee meetings.

III. FINANCIAL REPORT

It was announced to the Committee that AMPAC has $587,035.70 in it's political account. Of this amount $538,750.37 is invested. Cash on hand amounts to $48,285.33.
Of this latter amount $25,000 has been previously committed by the AMPAC Congressional Review Committee, but has not been dispersed as yet.

Action of The AMPAC
Congressional Review Committee
July 13th, 1975

IV. MEMBERSHIP REPORT

Bill Watson, commented on the current membership situation and projected membership figures for 1975 and 1976. It was his estimation that the amount available for AMPAC expenditure for the combined two-year period would be about $1,200,000.

V. REPORT ON 1975 POLITICAL EXPENDITURES

It was reported to the Committee that AMPAC has spent $74,887.85 thus far in 1975. Of this amount, $57,000 has been spent on political action. The remaining $17,887.85 has been spent on taxes, consultant's salaries and other miscellaneous expenses.

VI. DISCUSSION OF PHYSICIANS COMMITTEE FOR GOOD GOVERNMENT

The problems concerning the Physicians Committee for Good Government were discussed in depth. The reasons for the establishment of such a Committee were reviewed and changes in the law that affect such expenditures were discussed.

It was suggested that after an immediate expenditure of $151.00 necessary to clear up certain obligations, that AMPAC make no further contributions to the Physicians Committee for Good Government.

more -

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

Since there still is a necessity for persons to attend fund raising functions in Washington, D.C., it was suggested that the following procedures be used on a trial basis and that certain informal guidelines be included in the trial period:

1. Requests for Washington fund raisers should be only for fund raisers for incumbent members of Congress. No request should be submitted for galas or fund raisers for other Washington committees.

2. The Executive Director continues to have a $5,000 revolving fund from which routine requests can be honored.

3. On receipt of a request for a fund raiser function in Washington, every effort is to be made by AMPAC staff to get clearance from the state political action committee.

4. All requests that are honored should be submitted to the Congressional Review Committee for post approval at it's next meeting.

5. If any request totals more than $250.00 the request should be referred to the Congressional Review Committee directly.

6. If the request is not approved by the state political action committee, then the request should be referred to the Congressional Review Committee.

7. Any unique or special requests should be referred directly to the Congressional Review Committee.

This procedure should be re-evaluated whenever the experience under these procedures warrants a review.

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VII. DISCUSSION OF SUPPORT OF PARTY DINNERS AND GALAS

This subject was referred to the Congressional Review Committee for re-examination by the AMPAC Board at it's meeting in Atlantic City.

After a full discussion the Committee expressed it's reservations concerning the value of attending such functions. With these reservations in mind, careful consideration will be given to any new requests for support of party functions of this type.

VIII. CONSIDERATION OF PENDING REQUESTS

CALIFORNIA

The Committee considered and approved a request from CALPAC for a $5,000 contribution to the California State Congressional Target Committee, and earmarked this expenditure for research.

UTAH -- POST APPROVAL

The full Committee discussed the request of the Utah Medical Political Action Committee for a research project to be used on behalf of Mr. Ralph Mecham. Since the Committee was unable to meet, the Chairman made the decision that this request should not be honored.

The Committee reaffirmed the Chairman's position at this meeting.

MISCELLANEOUS

The Committee postponed actions on requests from the Democratic Finance Club and the Republican Boosters Club for continued memberships in 1975.

The Committee did not approve participation in the Democratic Telethon.

DISTRICT OF COLUMBIA

The Committee approved an expenditure of $1,000 of un-earmarked funds to be used by DOCPAC.

IX. DISCUSSION OF PRIMARY INVOLVEMENT FOR THE 1976 ELECTION

After a thorough discussion of the law that affects participation in primaries and general elections, the Congressional Review Committee felt that more attention should be given to primaries by AMPAC and urge that the state pacs be encouraged to give the same attention to primaries.

X. REPORT ON 1976 SENATE RACES

Mrs. Elliott gave a report on the upcoming Senate races.

Action of the AMPAC
Congressional Review Committee
July 13th, 1975

XI. REPORT ON MARGINAL AND VULNERABLE 1976 HOUSE RACES

Mrs. Elliott gave a review of the marginal and vulnerable House races in 1976.

XII. BUDGET CATEGORIES

The Committee discussed the need for a meeting late in 1975 or early in 1976, to begin work on budgetary categories for the 1976 elections. No date was set for this meeting.

XIII. MEETING ADJOURNED AT 3:50 p.m.

Record approved,

Rex Kenyon, M.D., Chairman

Edgar T. Beddingfield, M.D.

James C. MacLaggan, M.D., ex officio

W.J. "Jack" Gowen, M.D.

William Cooper, M.D.

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

...st Office Box 4449 • Chicago, Illinois 60680 • AREA CODE 312 644-1585

Offices located at 535 North Dearborn

Ex. #24

MEMORANDUM

TO: State PAC Treasurers

FROM: William Watson, Executive Director
American Medical Political Action Committee

DATE: March 4, 1976

SUBJECT: Guidelines for Requesting AMPAC Political Funds

Most state political action committees have already begun their evaluation of Congressional races in their state. Very soon planning will be underway to allocate state PAC funds. This procedure leads quickly to the request of funds from AMPAC's political account. We suggest the following guidelines to make this process as effective and efficient as possible.

The AMPAC Board urges physicians to become involved in the primary races of Congressional candidates. More than ever this year a wide spectrum of candidates running in primaries makes it important for the state PAC to evaluate the advisability of activity in the primary. Even in races where a friendly candidate has no primary opposition it might be advisable to make a contribution both in the primary and the general election thereby spliting the amount that might later be contributed in one lump sum. This is a wise precaution because some races will be unexpectantly close at the last moment and both the state PAC and AMPAC are prohibited from making more than a $5,000 contribution in each election. If part of the contribution has been made in the primary it allows for more leeway in the general election, if it is needed.

When making requests to AMPAC please be sure to include the involvement of physicians and their wives in the race.

Some candidates prefer to receive contributions at specific times or in specific amounts. A few have limited the amount they will accept in any one election. If you are not absolutely sure how much the candidate you plan to support will accept, please ask for tentative approval for your request. If tentative approval is given, we will notify you by telephone of the action taken. Then when the contact is made with the candidate you can be sure that you are making a firm commitment.

more -

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Memorandum
State PAC Treasurers
March 5, 1976

Several things are needed in the request to eliminate excessive telephone calls to solicit the information. Please be sure to include the name and address of the candidate's committee. We will make the check payable to the candidate's committee at his campaign address and must have this information for our Federal reports.

When the request has been approved and the check created we will send the check back to the Chairman of the PAC or to the person he delegates. Please note that Federal Law requires that checks must be delivered, or the campaign treasurer notified that they are available, within five days after they are received. If there is a convenient date when they should be in the hands of the PAC Chairman or his designate please let us know when the check should arrive.

If the above information is made available to us in the initial request it will help us act promptly and eliminate confusion.

WLW:ts

cc: State PAC Chairmen
State PAC Executives

Ex. #241

FEDERAL ELECTION LAW CONFERENCE

SATURDAY, OCTOBER 2, 1976

HYATT REGENCY O'HARE HOTEL

CHICAGO, ILLINOIS

AMPAC, P. O. Box 4449, Chicago, Illinois, 312/644-1585

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Mrs. Lee Ann Elliott

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Donald P. Wilcox, Esq.

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Donald P. Wilcox, Esq.

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AFFILIATION AND CONNECTION

Because of the $5,000 contribution limitation on multi-candidate political action committees the terms "affiliation" and "connection", as they are used in the regulations, must be examined closely to ensure their proper application. (100.14(c) p.37, 100.15 p.37 and 110.3(a)(1)(i) p.49) also see 2 USC 441(a)(2)(c) and (a)(5)

CONNECTED ORGANIZATION

First, let's look at the definition of a connected organization. A connected organization is "any organization which is not a political committee but which directly or indirectly establishes, administers, or financially supports the registrant (that is, the PAC) such as a corporation...a labor organization, a membership organization, a cooperative, or trade association." (100.15, p.37) The AMA is the "connected organization" of AMPAC since it established AMPAC and financially supports AMPAC.

AFFILIATED DEFINITION

Next let's look at the definition of affiliated committees. Parroting the law, the regulations state that committees are considered to be affiliated if they are "...established, financed, maintained, or controlled by the same corporation, labor organization, person, or group of persons, including any parent, subsidiary, branch, division, department or local unit thereof..." (100.14(c) p.37)

Citations are to Sections of the proposed FEC Regulations published in the Federal Register, August 25, 1976. Page numbers are the last two digits of the actual page numbers.

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The regulations then attempt to apply these general principles stated by providing that this rule means that

> "All political committees set up by a single corporation and/or its subsidiaries are affiliated;"
> (100.14(c)(2)(i)(a) p.(37)
>
> "All political committees...established by a member organization, including a trade or professional association... and/or by related State and local entities, are affiliated;"
> (100.14(c)(2)(i)(D) p.37)
> and
>
> "All political committees established by the same person or group of persons are affiliated."
> (100.14(c)(2)(ii)(E) p.37)

Then, just in case the drafters of these regulations did not cover all the various type of organization relationships, they further provide in the regulations that:

> "for organizations not covered...above, indicia of establishing, financing, maintaining, or controlling, include -
>
> (A) Ownership of a controlling interest in voting shares or securities;
>
> (B) Provisions of bylaws, constitutions, or other documents by which one entity has the authority, power, or ability to direct another entity;
>
> (C) The authority, power, or ability to hire, appoint, discipline, discharge, demote, or remove or otherwise influence the decision of the officers or members of an entity;
>
> (D) Similar patterns of contributions; (and)

more -

> (E) The transfer of funds between committees which represent a substantial portion of the funds of either the transferor or transferee committee, other than the transfer of funds between the committees which jointly raised the funds so transferred." (100.14(c)(2)(ii) p.37)

APPLYING THE DEFINITION OF AFFILIATION

As you know, the AMA is an independent, voluntary, not-for-profit association of physicians and others and is not controlled, nor does it control, any other organization which has a PAC. The various physician associationsin the states are not AMA subsidiaries, branches, divisions, departments or local units.

As you know all too well, even if it tried, the AMA does not have the authority or power to direct other associations as to what they should do. And, in spite of what some may wish to the contrary, no other associations or societies have the power or authority to direct the AMA. All that other associations can do is use their powers of reason and persuasion to influence the AMA. Of course, in practice the AMA is influenced by the ideas of others. Any organization would be foolish not to try to improve. But the AMA is still free to make its own good decisions or mistakes and go its own way.

Who has the authority to direct the AMA? Its members - who are individuals who belong to the AMA.

more -

SIMILAR PATTERNS OF CONTRIBUTION

The regulations also offer as a benchmark in deciding whether a committee is affiliated a test described as "similar patterns of contributions". (100.14(c)(2)(ii)(D) p.37) This benchmark cannot apply to the relationship between the connected organizations since these organizations make no contribution. It can only apply to PACs. It is no revelation to state that there are numerous organizations in the health field whose policies in supporting candidates for federal elections may be similar to those of one or more medical PACs Likewise, there are innumerable organizations which relate to industries entirely outside the health field whose policies of supporting candidates may cause them to have 'similar patterns' (whatever that is) to those of other PACs. Organizations which may have similar views in certain areas do not, for this reason, become related anymore than persons who hold similar political views thereby assume a relationship of consanguinity. This attempt by the FEC to place numerous PACs under one $5,000 limitation based upon the contributions they make goes far beyond the law which was passed by Congress and signed, with reservations, by the President.

WHAT THE FEC SAYS

The FEC has said nothing officially about affiliation, as it relates to medical groups.

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We are aware of some of the statements made by various employees of the FEC concerning applying a single $5,000 limitation to all PACs formed by physician groups. When informed of these interpretations by certain FEC employees, I have contacted them and have been advised that, in their opinion, it is "possible" that AMPAC and the various PACs of all other medical societies would be considered to be affiliated by the FEC, but that such a ruling has not been made by the FEC.

The FEC has been quoted in some newspapers as holding the opinion that all medical PACs are affiliated and, therefore, subject to the same $5,000 limitation on contributions. However, no one at the FEC has advised AMPAC of this opinion.

JOINT FUND RAISING

The regulations and the law specifically provide that PACs do not become affiliated merely because they engage in joint fund raising efforts. (100.14(b)(2)(ii)(E) p.37 and (110.3(a)(1)(iii)(E) p.49)

OPINION OF COUNSEL

I have prepared an opinion on this subject dated June 16, 1976 which is included under Tab C of your handbook. We have reviewed this opinion since the FEC regulations were sent to Congress on August 4 and have determined that this opinion is still current. AMPAC is not "affiliated" with any other political action committee.

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We have received the full support of the AMA to assume this position and if challenged by the FEC, we plan to defend it, even if this means seeking a review of an adverse FEC decision in court. Of course, we fully expect to be able to demonstrate to the FEC, if requested, that AMPAC is not "affiliated" with any other PAC. However, if the unlikely event occurs whereby the FEC holds otherwise, we will seek the overturn of that administrative decision in the courts.

Of course, PACs which have affiliated committees must report these committees on their Statement of Organization. (102.2(a)(2) and (b) p.38-39). An example of a relationship with another PAC which might be considered to be "affiliated" is a situation where a medical association has chartered a county medical society which operates a PAC. If the medical association has the authority to revoke or amend that county society's charter, then under federal law, the two PACs might properly be considered by the FEC to be affiliated.

As you know, the FEC has recently sent a special communication asking your PAC to amend its Statement of Organization to include any committees affiliated with your PAC. The FEC will be able to require you to do this if the regulations sent to Congress become effective. You should, therefore, consult with your PAC's counsel on this question to assure that the Amendments are properly made.

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

June 16, 1976

OFFICE OF THE GENERAL COUNSEL

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Staff Attorney
751-6186

Mr. William L. Watson
AMPAC
Post Office Box 4449
Chicago, Illinois 60680

Dear Bill:

This is in response to your request for an opinion concerning the Federal Election Campaign Act Amendments of 1976 which contain provisions designed to prevent the proliferation of committees by one organization. Specifically, you ask if the contributions by any other PAC's have the effect of limiting the lawful contributions of AMPAC to candidates it wishes to support. I have reviewed the Act as amended, the proposed FEC regulations published on May 26, 1976, and the organizational structure and operation of AMPAC and the American Medical Association. I have found no provision which prohibits AMPAC from contributing to candidates or committees it chooses to support because of the contributions made by other PAC's.

The basis of this opinion is outlined below.

For the purpose of applying the limitations on contributions outlined under 2 USC 441a, the new amendments to the Act provide that

> "...all contributions made by political committees established or financed or maintained or controlled by any corporation, labor organization or any other person, including any parent, subsidiary, branch, division, department, or local unit of such corporation, labor organization, or any other person, or by any group of such persons, shall be considered to have been made by a single political committee..." (2 USC 441a(5))

The American Medical Association has no parent, subsidiary, branch, division, department, or local unit which

has established, financed, maintained or controlled a PAC. The AMA is an independent, voluntary not-for-profit association of physicians and others. It is not controlled by nor does it control any other organization which has a PAC; therefore, contributions made by other PAC's do not count against AMPAC's campaign contribution limits under this law.

Sincerely

Donald P. Wilcox

DPW:mt

3100275115

Ex #242

REPORT OF THE CONGRESSIONAL REVIEW COMMITTEE

TO THE AMPAC BOARD OF DIRECTORS

Saturday, April 10, 1976

Shoreham Americana Hotel, Washington, D. C.

Mr. Chairman,

Since the last meeting of the AMPAC Board of Directors, the Congressional Review Committee has met four times by conference call and once in person.

On Saturday, February 18th, the members of this committee met in Atlanta, Georgia, and reviewed each of the 435 congressional races and the 33 senate races up in 1976. We have been able to tentatively categorize most of the districts into rough priority groupings so that we can act quickly when state pac's make requests. We had a very good session and feel that new and different pressures will be brought to bear in the 1976 elections. Certainly the number of candidates has escalated in this election, particularly in the vacant races.

Special Election

Perhaps the biggest political news is that we have another physician in the United States Congress. Doctor Ron Paul was elected in the special election held in the Texas 27th congressional district to fill the vacancy created when Congressman Bob Casey resigned to take a position with the Federal Maritime Commission. The filing date for the special election

continued -

concluded on January 29, 1976. At that time, five Democrats and two Republicans had filed. The first special election was held on February 28, 1976, and would have been conclusive if one candidate had produced more than 50% of the vote. The election resulted in a run-off on April 3rd between Democratic State Senator Bob Gammage and Republican Doctor Ron Paul. Doctor Paul won by approximately 56% of the vote.

It may interest you to know that his campaign slogan was "Put big government on a diet."

AMPAC participated in the special election and the subsequent run-off election.

The May 1, 1976 primary campaign has begun already and Doctor Paul will be the Republican candidate. He is expected to face State Senator Gammage again in the general election. This election will be even more difficult to win than the special election due to the fact that more people are expected to vote and the influence of the top of the ticket.

Another special election has been scheduled in the 1st congressional district of Texas to fill the vacancy created by the death of Congressman Wright Patman. Congressman Patman had indicated that he would not seek reelection, but passed away before he could complete the current term.

Ten Democrats and two Republicans have filed in both the special election and in the 1976 primary. It is anticipated that this will remain a Democratic seat.

continued -

Congressional Redistricting

Believe it or not, congressional redistricting has just occurred in Tennessee. On March 25th, a three-judge federal panel ordered voting precincts moved from Tennessee's 8th congressional district to the adjoining 6th and 7th districts. The order affected five predominantly white voting precincts that were formerly part of the 8th district represented by Democrat Harold Ford, the first black Congressman from Tennessee in modern times. The judge ordered four of those precincts shifted into the 6th district represented by Republican Congressman Robin Beard. The 7th district, represented by Democrat Congressman Ed Jones, will receive one of the voting precincts.

The redistricting is not expected to affect the outcome of the election in any of the three districts.

Filing Dates

Nineteen states have closed their filing dates for House and Senate candidates. Those that have filed thus far are: Illinois, Texas, West Virginia, Pennsylvania, New Mexico, Maryland, California, Nebraska, Indiana, Oregon, Alabama, Ohio, Kentucky, Maine, Iowa, Mississippi, South Carolina, Arkansas and Virginia.

Filing will not be complete in all states until August 18th, when Hawaii completes its filing.

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Information concerning filing is more difficult to acquire this year than in previous years. Many states report that they do not have personnel to give extended information on the phone. They often offer to sent the information in printed form and when it arrives it is neither complete nor correct. In Pennsylvania, the Secretary of State's office said they would not furnish the information because they could not afford to do so. In California, the Secretary of State is under a restraining order not to print or furnish information on candidates who filed.

Elected Members of the Next Congress

Just on the basis of filing, one Senator and thirteen members of the House have already been elected to the next Congress.

The Senator who has been reelected is Senator Robert Byrd of West Virginia. He will have no primary or general election opposition.

Members of the U. S. House of Representatives also "elected" in this manner are:

John Hammerschmidt and Ray Thornton of Arkansas

Cardiss Collins and John B. Anderson of Illinois

Parren J. Mitchell of Maryland

Jamie L. Whitten of Mississippi

Robert Duncan of Oregon

Bud Shuster of Pennsylvania

Abraham Kazan, Bill Archer, Jack Brook, Omar Burleson, and Henry Gonzales of Texas

continued -

In addition to these members of Congress, four other incumbent members of the House will have only primary opposition and will be elected on the appropriate primary date. These are: William Nichols of Alabama, John Breckinridge of Kentucky, Charles Wilson of Texas and John Slack of West Virginia.

In addition, only Democrats have filed in the open seat in the Pennsylvania 22nd congressional district. This is the seat being vacated by Congressman Thomas Morgan. The person elected in the Democratic primary in April will have no Republican opposition in the general election.

Primaries

Only one state has held its primary thus far. The Illinois primary was held on March 16, 1976. There were no surprises in the primary since the candidates who were predicted to win won their elections. There is opportunity for medicine to improve the Illinois delegation and there is some hope that medicine's friends will be elected in a few of the districts which were lost in 1974. It is not likely that we will be in any worse position following the general election.

Congressional Retirements

Eight members of the Senate have indicated they will not seek their Senate seats. Four of these incumbents are Republicans and four are Democrats. It is too early to tell at this time whether there will be party changes in there open Senate seats. These particular Senate races are capturing much of the

continued -

attention in the political arena.

On the House side, an astonishingly large number of members of the House will not seek their House seats. They are:

Robert Jones of Alabama

John Conlan, Sam Steiger, Morris Udall of Arizona

Wilbur Mills of Arkansas

Alphonso Bell, Thomas Reese, Andrew Hinshaw of California

Pierre duPont of Delaware

Phil Landrum and Robert Stephens of Georgia

Spark Matsunaga and Patsy Mink of Hawaii

Philip Hayes of Indiana

Paul Sarbanes and Gilbert Gude of Maryland

Marvin Esch, Edward Hutchinson, Don Riegle and James O'Hara of Michigan

Jerry Litton, William Randall, William Hungate, James Symington and Lenore Sullivan of Missouri

James Melcher of Montana

John Y. McCollister of Nebraska

James Hastings, Peter Peyser and Bella Abzug of New York

David Henderson and Roy Taylor of North Carolina

James Stanton and Charles Mosher of Ohio

John Jarman of Oklahoma

Edward Beister, John Heinz, Edward Eshleman, Thomas Morgan, Herman Schneebeli, William Green of Pennsylvania

Joe Evins of Tennessee

continued -

Alan Steelman of Texas and the Wright Patman seat

Thomas Downing of Virginia, and

Ken Heckler of West Virginia

This list breaks down to 17 Republicans and 27 Democrats for a total of 44 members of the House. This number is almost exactly 10% of the U. S. House of Representatives. It is the same number that did not seek reelection in the 1974 elections.

Physician Candidates

Nineteen physicians are rumored to be running for Governor, Senator or the U. S. House of Representatives. At this time, however, very few of these physicians have filed or qualified.

In Indiana, Governor Otis Bowen will again be a candidate for the gubernatorial race. Doctor Bowen is a very popular governor and is expected to win a second term even though he will have substantial opposition. Indiana law prohibits more than two terms.

Four physicians are rumored to be interested in Senate races in Arizona, Florida, Missouri and New Jersey. Political realities would indicate that it is unlikely that any of these campaigns will be successful. Twelve physicians are rumored to be interested in House races. To our knowledge, at this time, only the following have filed or qualified: Doctor David Horner in the 27th congressional district of California, Doctor David G. Crane in the 6th congressional district of Indiana and Doctor Harry Wells, Jr. in West Virginia. (Doctor Wells is the son-in-law of Congressman Harley Staggers who

continued -

represents the 2nd congressional district of West Virginia.) There is a slim possibility that one or two of these candidates might be successful in the general election.

Gubernatorial Races

Fifteen gubernatorial races will be up in 1976. Nine are currently held by Democrats and six are currently held by Republicans. Of this fifteen, only five are definitely seeking re-election.

In Arkansas, incumbent Democratic Governor David Pryor is seeking re-election.

In Delaware, incumbent Governor Sherman W. Tribbitt has announced he will seek re-election.

In Illinois, incumbent Governor Dan Walker was defeated in the Democratic primary in March.

In Indiana, Doctor Otis R. Bowen is seeking re-election. His term is limited to two terms.

In Missouri, incumbent Governor Christopher S. Bond is seeking re-election.

In Montana, Governor L. Judge won't say what his plans are.

In New Hampshire, Governor Mildrim Thomson, Jr. is seeking re-election.

In North Carolina, Governor James Holshouser cannot succeed himself.

continued -

In North Dakota, Governor A. Link will not say what his plans are.

In Rhode Island, Governor Philip W. Noel is running for the Senate.

In Utah, Governor Calvin L. Rampton has said he will not run.

In Vermont, Thomas P. Salmon is running for the Senate.

In Washington, Governor Daniel Evans has announced he will not run.

And in West Virginia, Governor Arch Moore has been ruled off the ballot by the West Virginia Supreme Court because a state constitutional amendment adopted in 1970 limits a Governor to two terms in office.

Support Activity

Thus far this year, the AMPAC Congressional Review Committee has approved expenditures totaling $161,364.25.

As Mrs. Chenault told you, $6,769.25 was sent reluctantly to the Internal Revenue Service for 1975 income taxes.

Expenditures also include the purchase of tickets to fundraising functions in Washington, D. C. which are attended by the lobbyists. AMPAC purchased tickets to 51 D. C. functions since the first of the year.

The balance was spent in response to requests from state medical political action committees.

The Committee wishes that the state pacs would participate earlier and also participate in more primaries than they have in the past. The reasonableness and the necessity for this

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action has been distributed in AMPAC publications, but it virtually requires an in-person selling job to get this accomplished.

The Committee is disappointed in the number of candidate support committees that have been formed thus far on behalf of candidates. These committees are badly needed to win 1976 elections.

Mr. Chairman, this concludes my report.

Ex. 8_43

REPORT OF THE CONGRESSIONAL REVIEW COMMITTEE

TO THE AMPAC BOARD OF DIRECTORS

Saturday, June 26, 1976

Fairmont Hotel -- Dallas, Texas

Mr. Chairman,

Since the last meeting of the AMPAC Board of Directors in April, the Congressional Review Committee has met eight times by conference call.

Through the encouragement of this Board, state political action committees are moving earlier and faster than they have in previous years and are participating in more primaries than ever before.

The pressures that are affecting the political process and the voter continue to disguise the real issues in the campaign. The over-reaction to the combined scandals called Watergate produced Federal Election Laws and Regulations which have a decidedly chilling effect upon participatory politics.

Further, the sex escapades of Wayne Hays and the daily embellishments upon these activities from Washington to Utah is having its effect upon the confidence of the voters.

Both the election laws and the general scandal is changing the tone and the calibre of the Congress, and certainly the fate of many of the individuals involved. Or -- as Mark Russell would sing to the tune of "The Rain In Spain" -- the reign of Wayne is clearly down the drain.

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These incidents, and these pressures, do not change the fact that in just four months we will be electing 33 members of the Senate and 435 members of the U.S. House of Representatives.

SENATE RACES

The 33 Senate races up this year are currently held by 21 Democrats, 10 Republicans, 1 Conservative and 1 Independent.

Of this number eight members of the Senate have decided not to seek reelection. Four are Republican and four are Democrats.

Of particular interest is the fact that the Senate Majority Leader and the Senate Minority Leader are among those retiring. These retirements have caused a political situation within the Senate as members jockey for positions of strength when the new Congress convenes.

Two members of the Senate have already been elected by virtue of the fact that they will not have major party opposition. These are: John C. Stennis of Mississippi and Robert Byrd of West Virginia.

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Many of the Senate races will have an effect on Congressional races by viture of the fact that they will attract more attention and will lead the ticket.

CONGRESSIONAL RETIREMENTS

On the House side, 53 members of the House are not running for reelection. This accounts for about 12% of the 435 Congressmen. Of these 53, 26 are retiring. Twenty are running for other offices. Two were defeated in their primaries for reelection. Three were defeated in the primaries for higher office, and two are dead.

On the other hand, 32 members of the House have already been elected by virtue of the fact that they are unopposed in the general election. All of these persons who have already been elected are not necessarily old-time entrenched members of the Congress. For example, only Democrats have filed in the 10th congressional district of Georgia to fill the vacancy created by the retirement of Congressman Stephens. The newcomer who wins this primary will not have general election opposition. In the 20th congressional district of Ohio, Democratic candidate Mary Rose Oaker won the Democratic primary nomination but will not be opposed in the general election by a major party candidate. Two Independent candidates are running in the general election.

Of the 32 unopposed candidates in the House, 7 are Republican and 25 are Democrats.

FILING AND PRIMARIES

All of this activity has taken part around the general electoral process.

Thus far, 33 states have completed their filing for the Congress. Twenty-two of these states have already held their primaries.

PHYSICIAN CANDIDATES

We do not know at this point how many physicians will be involved at the Congressional level. Thus far, 6 physicians were defeated in their primaries. However, 7 physicians have been through the nominating process and are nominees for their party. Five of these seven are Republican and two are American Party Candidates. Ten other physicians have indicated that they are going to stand for election. Seven of the ten are Republicans and three are Democrats.

We must add to this list the fact that five other physicians are rumored as running for the House of Representatives but they have not filed at this time.

In addition, one physician is running for the Senate and one physician is running for Governor.

SUPPORT ACTIVITY

Thus far this year, the AMPAC Congressional Review Committee has approved expenditures totalling $316,314.25. The expenditures include the purchase of tickets to 90 fund raising functions held in Washington, D.C., which are attended by the AMA lobbyists.

Except for taxes the balance was spent for our regular monthly obligations or in response to requests from state medical political action committees.

FUTURE ACTIVITY

There is no doubt that the work of the Committee will increase substantially in the months ahead. The good work of the Membership Committee has made it possible for this Committee to make its decisions based on more dollars than have ever before been available for an election. Thus far we have been able to handle our work without delay and have done sufficient homework to give a good background to our considerations. We would appreciate the input of any members of the Committee.

At our meeting in September we hope to give the Board a full run-down on the political situation in each state and highlight the specific races of interest.

Mr. Chairman, this concludes my report.

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MEMORANDUM

TO: State Pac Treasurers

FROM: William L. Watson, Executive Director, American Medical Political Action Committee

DATE: June 27, 1972

SUBJECT: Requirements Of The Federal Election Campaign Act of 1971 (P.L. 92-225), as it concerns delivering money to candidates

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Section 302 (b) of the newly enacted Federal Election Campaign Act of 1971 (P.L. 92-225), provides that "Every person who receives a contribution in excess of $10.00 for a political committee shall, on demand of the treasurer, and in any event within 5 days after receipt of such contribution, render to the treasurer a detailed account thereof, including the amount, the name and address (occupation and the principal place of business, if any) of the person making such contribution, and the date on which received".

Our attorneys have pointed out to us that this provision requires that state pac treasurers notify the candidate's treasurer or deliver money sent by AMPAC to state pacs earmarked for a candidate, within 5 days after receipt of the contribution.

This provision necessitates some changes in the system that we have used thus far for appropriating funds to state pacs for specific candidates.

From this time forward, when AMPAC receives a request from a state pac chairman, this request will be referred to the AMPAC Congressional Review Committee at its next meeting. The state pac chairman will immediately be notified as to what action was taken on the request, but money will not be sent to the state pac until it is requested for delivery. If the original incoming letter specifies the date on which the money should be sent, then we will abide by the wishes of the state pac chairman, if the request is approved. The money that AMPAC does not send until requested at a later date will be specifically earmarked and held aside for the delivery request.

It would be very helpful for administrative purposes if we could be given as much notice as possible, as to when checks should be sent from this office, so that the money will reach the state treasurer for delivery when it is needed.

WLW: tms

cc: State Pac Chairmen
State Pac Executives

Ex. #245

REPORT OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

TO THE AMPAC BOARD OF DIRECTORS

Saturday, January 11, 1975

Continental Plaza Hotel

Chicago, Illinois

1975 PROPOSED ACTIVITIES

The activities of the Congressional Review Committee in 1975 and in 1976 will be dependent on AMPAC's membership income. The Committee will carefully watch membership trends and make our plans on a fluctuating basis within the absolute limits of membership. The Committee feels that membership will be of vital interest to the 1975-76 program and urges a maximum membership effort in the early months of 1975.

SPECIAL ELECTIONS

While no special elections are scheduled at the present time, a year seldom goes by in which one or more special elections are not scheduled. These special elections will have our full attention if and when they occur.

STUDY OF CONGRESSIONAL RACES

Your Committee plans to immediately begin the study of the 1976 senatorial races and of House races in the marginal category. There was an inordinate number of statistically marginal races in 1974 and these races must be carefully studied to see if the results were unique to the year or begin a trend.

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Many of AMPAC's friends were elected marginally. Likewise, many of AMPAC's friends were defeated marginally. Each of these races must be studied to determine the major causes of marginality.

Certainly some races will warrant our attention due to the importance of the incumbent on certain key committees. In addition to committee assignments the position on certain key legislative issues which are certain to arise in 1975 will be very indicative to members of the committee.

EARLY PROMOTION AND SUPPORT

The Committee urges the immediate promotion of candidate support committees for everyone that can be identified as medicine's friends in the new Congress. Whether financial support at a later date will be forthcoming is immaterial to the necessity for physicians and their wives to begin to work at the earliest possible moment to retain medicine's friends in the Congress.

Early support in terms of financial contributions will be the aim of the Committee. Early support will be of more importance than ever before. In addition, the Committee will be alert to the possibility of supporting candidates in primary elections if the final result of the election will be enhanced by such action.

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THE NEW LAW

Public Law 93-443, the Federal Election Campaign Act Amendment of 1974, technically went into effect on January 1st, 1975.

This law calls for the appointment of an election commission. At this time the commission members have not been appointed and those that have been appointed thus far are neither experts or even experienced in reporting legislation.

The importance of any law is ultimately reflected in the regulations the law produces. Regulations for the implementation of the new amendments have not been promulgated as yet and it would seem that it may be many months before such regulations appear. Estimates are anywhere from March of 1975 to October of 1976.

Hopefully the new amendments will never be implemented. The new amendments and the basic Federal Election Campaign Act of 1971 have been challenged in a suit by Senator James Buckley of New York, former Senator Eugene MacCarthy, and the Civil Liberties Union. They contend that the law, which just took effect, is unconstitutional in limiting contributions and spending and in subsidizing candidates.

We will watch the outcome of this litigation and keep the Board informed.

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NEW METHODOLOGY

At its planning meeting your Committee evaluated several experimental projects that have been used in the 1974 campaign in transmitting funds requested by state political action committees to candidates.

During the 1974 campaign we experimented predominately in the states of Ohio and Florida in sending requested funds to state political action committee representatives by check payable to the Congressional Campaign.

When this method of transmittal is used it is not necessary for the state political action committee to deposit AMPAC funds, report the receipt of AMPAC funds or report the expenditure of AMPAC funds. The reporting is limited to the funds of the political action committee. This method proved most efficient in 1974 even though it meant the creation of more checks than would ordinarily be necessary.

This method also eliminates the possibility of members of the press misinterpreting state pac reports and incorrectly assuming contribution levels that have never been true.

This method does not destroy the traditional emphasis of the AMPAC Board of support at the local level. The check is sent to the person indicated by the state pac chairman and might be the state pac chairman or some physician particularly close to the Congressman. This method has expedited delivery on behalf of the state pacs and has kept the local identification that is so necessary to the continuation of the pac movement.

Mr. Chairman, the Review Committee recommends that we discontinue sending monies for candidates payable to state political action committees and substitute the method of sending checks payable to the candidate's committee. The only additional responsibility this places on state political action committees is ascertaining the address of the campaign before making the request rather than at the time of delivery. With the Board's permission this new method will be implemented from this time forward.

Mr. Chairman, this concludes my report.

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

520 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

FILE: AMPAC

Ex. #: 4

February 17, 1975

Fred A. Tworoger, M.D.
Chairman, Illinois Medical Political
Action Committee
4753 Broadway
Chicago, Illinois 60640

Dear Fred:

This is the first of what I hope will be a series of letters to you as Chairman of your state political action committee from me as Chairman of the AMPAC Board of Directors. So many diverse things are occuring in the national political scene, within the pac movement, and within the medical profession that I felt it would serve a worthwhile purpose if I communicated with you concerning AMPAC's activities and heard from you concerning the activities of your state political action committee.

As physicians, our help is needed in so many areas that we may lose sight of our pac objectives and the pac leadership roles which we have assumed. I hope our communications will be meaningful during 1975.

MEMBERSHIP

Membership in the state pac and AMPAC continues to be our joint first priority and thus our first responsibility. In 1974 AMPAC broke its membership record for the seventh consecutive year and had more sustaining members than the combined total for the previous two years. Fifteen state political action committees broke their all-time high record. In addition to these fifteen states, nineteen states exceeded their 1973 year-end membership totals.

Certainly the financial difficulties of the state medical associations and the American Medical Association, and the attendant membership problems, should not be used as either a reason or an excuse for membership in your political action committee to diminish. We must use all methods at our disposal to make sure that membership in the political action movement continues to grow.

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I would like to discuss an area of membership that concerns me. An analysis of AMPAC membership in 1974 showed that some state pac Board members were not members of AMPAC. As Chairman of your state political action committee I hope you will urge each member of your Board to become members of your state pac, of AMPAC, and preferably sustaining members of each group. Our goal in 1975 will be 100% membership in AMPAC by all state pac Board members.

Another membership goal in 1975 is to increase the membership of state medical society leaders in AMPAC and the state pac. I urge you and members of your Board to solicit the state society leadership for joint membership.

INVOLVEMENT AT THE GRASS ROOTS LEVEL

The results of the 1974 elections have shown all of us the need for the grass roots involvement of community leaders and opinion makers. If we are to be as successful as we should be in 1976 we must go to work now in encouraging, motivating and training our state pac members and others in effective political involvement.

Responding to the request of many state political action committees, AMPAC is now ready to sponsor a limited number of political education seminars. This political education seminar will be aimed at teaching the grass roots member how he can be effective as a member of a candidate support committee and as an individual. We will, of course, involve the state pac at all levels from planning the program to implementation. The program will be planned with the grass roots constituency in mind. In program planning, AMPAC will adapt program content and faculty to the individual needs of the state political action committee.

AMPAC will provide the faculty for the seminar as well as a luncheon speaker of some prominence. There will be spots on the program for local pac and political leadership. Although the responsibility of recruiting the attendance will be in the hands of the state pac, AMPAC will be glad to offer creative assistance in the promotion of the seminar. We suggest that the seminars are planned in conjunction with another meeting so that the crowd potential is at a maximum.

Attached is a suggested program, with working titles, not program titles, which might serve as a starting point for the development of a seminar in your state. We thoroughly understand that every state is different and every seminar program must adapt to those differences.

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Please let me know as early as possible if you are interested in a political education seminar in your state. These seminars will only be scheduled until June of 1976.

There is some urgency in hearing from you as state medical meetings seem to group in the spring and the fall of each year and we will have to handle the requests on a first-come, first-serve basis.

NEW ELECTION LAWS

You have been notified by the government that the 1974 amendments to the Federal Election Campaign Act of 1971 went into effect on January 1, 1975. The only exception to this is the way in which state pacs and AMPAC must report. Until the Election Commission is confirmed by the House and the Senate we have been instructed to continue filing with both the House and the Senate Supervisory Officers.

The next time your state pac must file with the federal government is on March 10, 1975, unless a special election intervenes. Books for the March report should be closed on Friday, February 28, 1975. The report should be mailed Certified-Air Mail on March 6, 1975, in order to reach the Supervisory Offices March 10, 1975.

If changes are made in the composition of your state pac Board, and particularly the offices of Chairman, Treasurer, or members of your Finance Committee, these changes must be reported as amendments to your Statement of Organization within ten days after they occur.

Regulations under the new amendments have not been promulgated as of yet. The creation of new regulations will be the first consideration of the new Election Commission and may substantially change the method, timing, and format of future reports. Just as soon as they become available, we will send you copies of the new regulations.

In addition, it is our intention to hold a meeting of state pac treasurers and staff persons who have direct responsibility for filing under federal law just as soon as the new regulations are available. We will give as much advance notice of this meeting as possible.

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NEW METHOD OF CHECK DELIVERY

Anticipating that the new regulations under the 1974 amendments to the Federal Election Act will discourage, if not prohibit, the transfer of candidate support funds from one political action committee to another, the AMPAC Board revised its method of check delivery when candidates are supported at your request. Instead of making AMPAC's check payable to your state political action committee, we will now make checks payable to the campaign committee of the individual candidate. These checks will be sent to your state pac for delivery as we have always done. The AMPAC Board continues its dedication to the fact that both state pac and AMPAC money is most effectively used when it is delivered by members of the medical profession within the congressional district. This method will take much of the reporting strain off of your state political action committee as it will not be necessary for you to show these funds as either income or expenditures on your state pac books. A tangent benefit of this new procedure will be that reporters and others following AMPAC and state pac contributions will not be able to distort the amounts given to candidates due to double reporting.

INCOME TAX

All state political action committees must file Income Tax Form 1120 by March 15, 1975, whether thay have had income or not. State pacs that do not invest their political dollars have no taxable income. Income for taxing purposes would occur if political dollars were invested for interest, dividends or net gains from the sale of securities. On Form 1120 at Line 3, Gross Profit, your state pac treasurer should enter the words "no reportable income or deductions" and sign the form in the appropriate manner.

Political action committees that do invest their political dollars do have taxable income and must file and pay tax. If they resemble a corporation, (although they need not complete the balance sheet portion of the form, according to instructions from Mr. Litchfield of the Internal Revenue Service) they should file Form 1120 and pay the tax. If they resemble a fiduciary, they should file on Form 1041 and pay the tax. These directions were covered in Revenue Ruling 74-23. Again, we recommend that you consult your attorney concerning which form should be used.

-More-

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The length of this letter indicates the need for communication between the state pac Board and the AMPAC Board. I hope that you will write to me about those problems which are most pressing in your state as well as any suggestions or questions you might have as to how AMPAC could be of greater help to you.

I urge you and all members of your state pac Board to read and retain our publication entitled "ACROSS THE BOARDS". This publication will keep you posted on important changes in the pac movement and will alert you to changes in the law as well as containing items of vital interest to state political action committees.

Sincerely,

James C. MacLaggan, M.D.
Chairman

cc: A. E. Steer, M.D.
Mr. Don Udstuen

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SUGGESTED PROGRAM

POLITICAL EDUCATION SEMINARS

Registration

10 a.m. Welcome
State Pac Representative

How AMPAC Works
AMPAC Speaker

Role of State PAC's
State Pac Representative

Campaign Support Criteria of AMPAC and State PAC's
AMPAC Speaker

Questions and Answers

12 noon Luncheon

Speaker

2 p.m. How To Help A Candidate
AMPAC Speaker

Your Role in the PAC Movement
AMPAC Speaker

3102731112

MEMORANDUM AUG 22 1974 Ex. #346a

TO: Assistant Directors ---- Field Service Department

FROM: Bill Watson, Executive Director, AMPAC

DATE: August 16, 1974

SUBJECT: Political Check Options

Since AMPAC's inception, whenever the Congressional Review Committee has approved funds for a specific campaign, an AMPAC check has been written to cover the approved amount to the state pac involved.

The state pac then writes a check to the candidate's committee incorporating both the AMPAC portion and the state pac portion. The candidate has to be informed that these funds come from two separate sources and must report both sources when he files.

Newly enacted legislation in some states have emphasized spending limitations, and other reporting procedures that make it difficult for a candidate to understand how he is getting money from two separate sources when it comes in one check.

At the request of several state pacs, we now offer a different option.

If the state pac prefers, we can make our check payable to: "Strong For Congress Committee" in the amount that is actually coming from AMPAC and send it to the state pac chairman or anyone else he designates for delivery.

This new option has several advantages:

1. It sometimes takes longer than the allowable five days to get the AMPAC check deposited, a state pac check created, and delivery made to the candidate.

2. Handing a candidate or his campaign manager two separate checks emphasizes that these contributions are from two separate committees, which seems to make some candidates alot happier.

more -

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3. When we make the check payable directly to a candidate's campaign committee, we can add the following to the check stub.
"This expenditure is composed of $10.00 contributions from X number of physicians".

The only additional information we need to provide this option is the exact name and address of the candidate's committee.

WLW:tms

cc: Dick Layton

3120273144

Ex #247

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

BOARD OF DIRECTORS MEETING

MINUTES

Continental Plaza Hotel
Chicago, Illinois

Friday, January 10, 1975
Saturday, January 11, 1975

Board Present

Edgar T. Beddingfield, Jr., M.D.
Mrs. John M. Chenault
William H. Cooper, M.D.
John J. Cunningham, M.D.
Rex E. Kenyon, M.D.
Michael P. Levis, M.D.
W. J. "Jack" Lewis, M.D.
James C. MacLaggan, M.D.
John M. Smith, Jr., M.D.
Joseph C. Von Thron, M.D.

Staff Present

William L. Watson
Mrs. Lee Ann Elliott
Kenneth G. Bugan
Mrs. Linda W. Hudson

Guests

Hoyt D. Gardner, M.D.
James McNamara, J.D.

I. Call to Order

W. J. "Jack" Lewis, M.D., Chairman, called the meeting to order on Friday, January 10, 1975 at 9:00 a.m.

II. Approval of Minutes--Board Meeting--November 30, 1974

A motion was made, seconded and carried to approve the minutes of the November 30, 1974 meeting as distributed.

III. Finance Chairman's Report

William H. Cooper, M.D., Chairman of the Finance Committee, reviewed the monthly statement for November and reviewed the status of the 1974 audit. A review of the investment program which shows that AMPAC's investment program was more profitable than ever before in AMPAC's history was reviewed by the Board.

A motion was made, seconded and carried to accept the report of the Finance Committee.

IV. Election of Officers

In accordance with Article V, Section I of AMPAC's Constitution and By-Laws, elections were held for the positions of Chairman and Secretary.

James C. MacLaggan, M.D., was elected Chairman of the AMPAC Board for 1975.

Mrs. John M. Chenault was elected Secretary of the AMPAC Board for 1975.

V. Annual Reports of 1974 Standing Committees

A. Membership Committee

The Chairman of the Membership Committee, Mrs. John M. Chenault, analyzed the membership figures as of the end of December, 1974. It was noted that AMPAC had broken its membership record for the seventh consecutive year.

In addition to this record, it was also noted that AMPAC broke its all-time record for the number of sustaining members of AMPAC.

A motion was made, seconded and carried to accept the report of the Membership Committee.

B. Congressional Review Committee

Rex E. Kenyon, M.D., Chairman of the Congressional Review Committee, reviewed the activities of the Congressional Review Committee during 1974, commenting specifically on the fact that AMPAC did not spend as much money on political races as reported to both the Clerk of the House and the Secretary of the Senate. It was noted that such over-reporting was necessary under the regulations promulgated as the result of enactment of the Federal Election Campaign Act of 1971. Post-election activity was reported to the Board.

A motion was made, seconded and carried to accept the report of the Congressional Review Committee.

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C. Research Committee

Edgar T. Beddingfield, M.D., a member of the Research Committee, reported on the activities of the Research Committee during 1974. He emphasized the importance of AMPAC's research as a valuable addition to AMPAC's political education program and noted that the Committee expected the post-election research to be extremely valuable to the future workings of the Review Committee and other Committees of the AMPAC Board.

It was moved, seconded and carried to accept the report of the Research Committee.

D. Communications Committee

The Chairman of the Communications Committee, Joseph C. Von Thron, M.D., reported on the activities of the Communications Committee during 1974. He commented upon the several new items in AMPAC's educational arsenal and indicated that the AMPAC newsletters were well received.

It was moved, seconded and carried to accept the report of the Communications Committee.

E. Executive Committee

W. J. "Jack" Lewis, M.D., 1974 Chairman of the AMPAC Board, reported on the action of the Executive Committee, all of which had been approved by the full AMPAC Board at the meeting following the Executive Committee's action.

It was moved, seconded and carried to approve the report of the Executive Committee.

VI. Appointment and Approval of 1975 Committees

The following members of the AMPAC Board were appointed to AMPAC Committees by James C. MacLaggan, M.D., Chairman of the AMPAC Board, and approved by the Board as provided in the AMPAC Constitution and By-Laws under Article V, Section II.

Executive Committee

James C. MacLaggan, M.D., Board Chairman
Mrs. John M. Chenault, Secretary
Rex E. Kenyon, M.D.
W. J. "Jack" Lewis, M.D. (Past Chairman)

Congressional Review Committee (CONFIDENTIAL)

Rex E. Kenyon, M.D., Chairman
W. J. "Jack" Lewis, M.D.
Edgar T. Beddingfield, Jr., M.D.

Research Committee

Edgar T. Beddingfield, Jr., M.D., Chairman
Rex E. Kenyon, M.D.
W. J. "Jack" Lewis, M.D.

Finance Committee

Mrs. John M. Chenault, Chairman
William H. Cooper, M.D.
Joseph C. Von Thron, M.D.
Michael P. Levis, M.D.

Membership Committee

William H. Cooper, M.D., Chairman
Mrs. John M. Chenault
John J. Cunningham, M.D.
John M. Smith, Jr., M.D.

Communications Committee

Joseph C. Von Thron, M.D., Chairman
Michael P. Levis, M.D.
John J. Cunningham, M.D.
John M. Smith, Jr., M.D.

The time and place of the meetings of the 1975 Committees during the afternoon were announced.

VII. Call to Order

The meeting was reconvened at 9:00 a.m., on Saturday, January 11, 1975.

VIII. 1975 Committee Reports--Proposed Activities

A. Membership Committee

William H. Cooper, M.D., Chairman of the Membership Committee, reported that the Committee is concerned about the continued growth of AMPAC membership and indicated that several programs would be implemented to try for another record breaking membership year. The Committee recommends the promotion of family membership to state PACs, and that this be publicized in AMPAC publications. It further suggested that editorials should appear in other medical publications to promote the PAC concept.

It was moved, seconded and carried to present the 1974 AMPAC Membership Awards at state PAC Workshops, or state medical association meetings, with the suggestion that the presentation be made by an out-of-state member of the AMPAC Board of Directors.

It was moved, seconded and carried to approve a quota for each state political action committee of 5% above their 1974 total membership figure.

It was moved, seconded and carried to accept the report of the Membership Committee.

B. Congressional Review Committee

Rex Kenyon, M.D., Chairman of the Congressional Review Committee described the Committee's intent to begin immediate study of the congressional races for the 1976 elections. He further indicated that the establishment of candidate support committees should be a high priority.

It was moved, seconded and carried to change the transmittal of AMPAC financial support to a method whereby support checks will be made payable to the committee of the candidate being supported.

It was moved, seconded and carried to accept the report of the Congressional Review Committee.

C. Research Committee

Edgar T. Beddingfield, M.D., Chairman of the Research Committee, reported that it was the intent of his Committee in 1975 to search out ways in which the data available through Research Committee projects could be given wider dissemination and use in AMPAC's educational program.

It was moved, seconded and carried to accept the report of the Research Committee.

D. Communications Committee

Joseph C. Von Thron, M.D., Chairman of the Communications Committee outlined the Committee's priorities for 1975 in light of budgetary restrictions. The Committee will continue to upgrade AMPAC materials to further enhance AMPAC's educational program.

It was moved, seconded and carried to accept the report of the Communcations Committee.

E. Finance Committee

Mrs. John M. Chenault, Chairman of the Finance Committee, reviewed the projected work of the Finance Committee during 1975 and the control methods adopted by the Committee.

It was moved, seconded and carried that travel by coach is recommended for members of the AMPAC Board.

Report by AMA Board Representative

Hoyt D. Gardner, M.D., a member of the Board of Trustees, brought greetings from the AMA Board of Trustees and indicated that the AMPAC Board of Directors had the full confidence of the AMA Board. He expressed the AMA Board's sympathy for AMPAC's fiscal position and congratulated AMPAC on its cooperation in making the necessary budgetary reductions. He indicated that as soon as possible, the Board hoped to increase the appropriation to the AMPAC educational account.

IX. Resolution on Contributions

It was moved, seconded and carried to adopt the customary resolution on corporate contributions adopted by the AMPAC Board each year since its inception. A copy of the resolution on corporate contributions is appended as Appendix A.

X. Revised Budget for 1975

A full and comprehensive budget for 1975 was presented to the AMPAC Board.

It was moved, seconded and carried to approve the budget as the final budget for 1975.

XI. Staff Reports

Members of staff were called upon to give reports on their activities. The reports were accepted as informational.

XII. Remarks by John Calkins, Executive Director of the National Republican Congressional Committee and by Edmund Henshaw, Executive Director of the National Democratic Congressional Committee

The Committee was pleased to have Mr. Calkins and Mr. Henshaw as luncheon guests, and enjoyed their presentations concerning the activities of their respective committees.

XIII. 1975 Board Meeting Dates

The following dates and places were established as the 1975 Board Meeting dates:

April 11-12, 1975 (Tentative)--Washington, D.C.

It was moved, seconded and carried to set the tentative dates of April 11-12 for the next meeting of the AMPAC Board in the event there is sufficient business for the Board of Directors to consider. The Chairman of the Board was given the authority to make that determination. It was suggested

that if such a meeting is held it should be in Washington, D.C., so that the Board of Directors may have the benefit of a legislative orientation.

June 14, 1975--Atlantic City, New Jersey

September 6-7,1975--Chicago, Illinois

It was moved, seconded and carried to set the September, 1975 meeting of the AMPAC Board at the same time as the meeting as the AMA Board of Trustees. It was indicated that, if it was appropriate, the AMPAC Board should host the AMA Board of Trustees at dinner on a convenient evening.

November 29, 1975--Honolulu, Hawaii

XIV. Miscellaneous Business

A. Letter from Roger Boles, M.D.

A recent communication with Roger Boles, M.D., was discussed by the Board. It was suggested that editorials and letters-to-the-editor be prepared for medical publications to answer the type of questions raised by Doctor Boles.

It was moved, seconded and carried to continue the press policy previously established by the AMPAC Board. It was noted that on a day-to-day basis strict adherence might not be possible and that discretion should be used on the part of staff when deviations from the established policy are made.

B. NEA-PAC Promotional Film

The film entitled "They Can Make The Difference", produced by the National Education Association-Political Action Committee, was reviewed by members of the Board and staff.

XV. Executive Session

Various topics were discussed by the Board in executive session including the proposed move of the AMPAC offices to the offices of the American Medical Association.

XVI. Adjournment

The meeting was adjourned at 4:00 p.m.

DMI Research Presentation

Beginning at 9:00 a.m., on Sunday, July 11, 1975, Dr. Richard Wirthlin and Mr. Lance Tarrance of Decision Making Information presented the results of the National Post-Election Study of Voter Attitudes.

Respectfully submitted,

Belle M Chenault

Belle M. Chenault
(Mrs. John M. Chenault)

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FEC
DOCUMENT
SEPARATOR

Ex # 247

CONFIDENTIAL

BEFORE THE FEDERAL ELECTION COMMISSION

IN THE MATTER OF:)
) MURs 253, et al.
THE AMERICAN MEDICAL POLITICAL)
ACTION COMMITTEE, et al.)

DEPOSITION of THOMAS C. NORTON, taken by the Federal Election Commission, pursuant to Agreement, before JAMES P. DOLAN, a Certified Shorthand Reporter and Notary Public of the State of Illinois, at 219 South Dearborn Street, Room 2568, Chicago, Illinois 60604, on Thursday, February 15, 1979, commencing at 9:05 a.m.

PRESENT:

MR. DAVID S. BRANCH
MS. SUSAN PROPPER
Office of General Counsel,
Federal Election Commissions,
1325 K Street
Washington, D.C. 20463

appeared on behalf of the Federal Election Commission;

MR. JOHN LEWIS SMITH III and
MR. WILLIAM H. SCHWEITZER
Baker, Hostetler, Frost & Towers
811 Connecticut Avenue N.W.,
Washington, D.C. 20006

appeared on behalf of the American Medical Political Action Committee and the Deponent.

ALSO PRESENT:

MR. DONALD P. WILCOX, Counsel
American Medical Political Action Committee
535 North Dearborn Street
Chicago, Illinois 60610

- - -

(Witness sworn.)

THOMAS C. NORTON,

called as a witness by the Federal Election Commission, having been first duly sworn, was examined and testified under oath as follows:

DIRECT EXAMINATION

BY MS. PROPPER:

Q Would you state your name and home address for the record, please.

A My name is Thomas Carter Norton, N-o-r-t-o-n, and I live at 1854 North Sedgwick, in Chicago.

Q Before we proceed any further, Mr. Norton, I just want to let you know that if there is any question that I ask you that you don't understand, if you let me know, I will try to explain it.

How are you presently employed?

A I am employed by the American Medical Political Action Committee.

Q And what is your title at the American Medical Political Action Committee?

A I am a Political Education Coordinator.

Q How long have you been a Political Education

Coordinator?

A Since September, '76.

Q Did you have any other position at AMPAC prior to September of '76?

A No.

Q Where were you employed prior to being employed at AMPAC?

A Prior to coming on with AMPAC, I was with the National Association of Manufacturers.

Q Have you ever been employed by any medical association?

A No.

Q Have you ever been employed by any state medical political action committee?

A No.

Q Who pays your salary at AMPAC?

A I am paid through tne American Medical Political Action Committee. I am, frankly, not sure exactly where the salary comes from.

Q Is the check drawn on American Medical Association funds?

A That, I can't tell you. The check reads

"American Medical Political Action Committee."

Q Do you know whether the AMPAC check, if that's what it is, is drawn on a particular AMPAC account?

A I'm sorry, I just -- I don't know. All I know is I get a check once every month. I'm very pleased to receive that check.

Q What are your responsibilties as a political education coordinator?

A They are varied. It basically is broken down into three areas: the primary is political education; secondary responsibilities are membership and information-gathering.

Q In your responsibilities for political education, what do you do?

A Political education within my realm of responsibilities is entailed with assistance at seminars and activities within other educational settings. It's basically seminars and bringing the latest in political education developments to our members.

Q And where would you carry out these functions?

MR. SMITH: Excuse me. You mean where does he or where did he since 1976, September?

BY MS. PROPPER:

Q Where have you carried out these functions?

A Numerous places.

Q Could you be more specific?

A I probably -- what do you want, a quantitative number or --

Q No, I'm asking whether there are specific areas that you concentrate in.

A Oh, you mean within the educational program?

Q No, I'm asking first on a geographical --

A Oh. Well, I can't give you all of them. Let's just say they are within my state responsibilities.

Q What do you mean by your state responsibilities?

A The political education coordinators each have a general responsibility area. I have a number of states that are under my responsibility.

Q How many states are you responsible for?

A Well, it varies, but it's between 15 and 16.

Q Could you name the states that you are responsible for?

A Sure. In the west, it's Arizona, Nevada, Idaho, Utah, Montana.

In the midwest it's Minnesota, Wisconsin, Illinois, Missouri, Ohio, Michigan.

In the east it's North Carolina, Virginia, Maryland, Delaware, New Jersey and Rhode Island.

Does that total 15, 16, 17?

Q Do you carry out your political education functions in all of these states?

A It's not on a regular basis, but, yes, in terms of my responsibilities, I do.

Q And you have done this since you became a political education coordinator in September of '76?

A Yes.

Q With whom are you in contact in connection with your political education responsibilities?

A AMPAC members.

Q With anyone else besides --

MR. SMITH: Do you mean to elicit cab drivers, bus drivers, airport terminal people --

MS. PROPPER: If he carries on that --

MR. SMITH: Do you want the whole of society that he is in contact with in traveling in 17 states?

MS. PROPPER: No, Mr. Smith. I think I am

directing my questions to Mr. Norton's political education responsibilities.

MR. SMITH: You said in connection with his discharge of those responsibilities, which you had just focused on traveling in some 17 states. I'm just asking that if you could tailor the question a little more specifically to what you want, it would be better. A candid response to that question would require him to name every type of person that he comes in contact with, and having just traveled here, as you did, I could name almost every segment of society I have had contact with in the last three days.

BY MS. PROPPER:

Q Apart from AMPAC members, do you have contact with other types of people in the discharge of your political education responsibilities?

A Yes.

Q What types of people do you come in contact with?

A Well, it's various, and it depends on each situation, of course, but I would say generally it's those who are interested in our political education seminars.

Q And who might those people be?

A Well, as I said, it could be any number of people. Generally, it's -- it probably will include people from the state PACs, probably people from other business and industry and medical organizations, it could be people from the chamber of commerce, things of that nature.

Q When you say state PACs, what are you referring to?

A Well, state PACs are those organizations that the states have set up for their political action.

Q State medical political action committees?

A Yes.

Q You said that your basic responsibility in political education involves seminars. What do you do in connection with seminars?

A Well, again, each situation is tailored to the particular members-- the AMPAC members in those states.

The education seminar activity that I undertake is usually lecture time.

Q Are you saying that you present lectures?

A Sure. I will talk about citizen action in phone

banks, I will talk about the work that, you know, citizens can do in voter registration, I will discuss the direction that citizens can take in terms of volunteer assistance, literally the types of programs that any volunteer can become involved with in a campaign.

Q And are there any particular groups that you address?

A Well, as I said, AMPAC members.

Q I understand that. Do you appear at the request of a particular group?

A Yes, yes.

Q Do you --

A Well, not of a particular group as much as at the request of the AMPAC members in that particular area where I might be involved.

Q Are these then AMPAC seminars, AMPAC-organized seminars?

A Generally.

Q Are they organized in connection with any other group, for example, a state medical political action committee?

A Occasionally.

Q What other groups might they be organized in connection with?

A As I said, I have put on an awful lot of these over the years, and I could name one or two off the top of my recollection where we have done some of this, but I can't give you specifics right now unless you want to question me further on it.

Q What are the one or two that you can think of?

A Well, I can recall one in Michigan.

Q What sort of group were you working with in Michigan?

A AMPAC members there.

Q Well, I'm not sure we are --

MR. SMITH: Susan, AMPAC members is a group. Your question asked what group is he working with. He said AMPAC members. When you say you are not sure, you are arguing with the witness.

MS. PROPPER: I want to know the organization.

MR. SMITH: If you want to know the organization he works with, ask him about a specific organization, but just because he doesn't respond to your telescoped inquiry doesn't make it unresponsive.

MS. PROPPER: What I am referring to is organizations.

THE WITNESS: Okay, so why don't we start over with the interrogatory?

BY MS. PROPPER:

Q Will that change your answer? What organizations would you --

A Okay, in the Michigan situation, it would be the MDPAC.

Q What is the MDPAC?

A Michigan Doctors Political Action Committee.

Q What other groups have you worked with apart from the MDPAC?

A Well, Virginia, for one, VAMPAC.

Q Are you referring, then, to the state medical political action committees in the various states that you are responsible for?

A Yes.

Q Are there other groups outside of the state medical political action committees that you might --

A Not that I have done anything with, no.

We understand that is with regard to

seminars, that the contacts I have with other groups is solely, as far as seminars is concerned, solely with PACs, state medical PACs.

Q That's what I was limiting my question to.

A Had a little problem earlier, and I just wanted to make sure.

Q How frequently do you participate in these seminars?

A It's irregular. It's pretty much as the need arises and as the requests are made.

Q From whom do these requests originate?

MR. SMITH: He has already answered AMPAC members and sometimes state medical political action committees. The question has been asked and answered.

BY MS. PROPPER:

Q Well, more specifically, when you say they originate from state medical political action committees, is this from the staff of the state PACs?

A In all the cases -- as I said, I can't recall specifically -- but in all those I do recall, the two that I have mentioned, they have originated from AMPAC members to the staff, and then it's been brought to my

attention.

Q To the staff of the state medical political action committees?

A Yes.

Q Apart from your participation in seminars, what might your other political education responsibilities entail?

A Oh, the informal discussion of developments in the area of political education.

As you know, political education is sort of a growth industry right now -- I'm sure you are well aware of it -- and occasionally when I am in the field and I do meet with AMPAC members, I will discuss things, innovations, that are occurring. I'm really pretty much of a teacher in that sense.

Q Apart from AMPAC members, do you engage in these discussions with others?

A Occasionally.

Q With what other kinds of people?

A I have exchanged information and political education activities with members of the chamber of commerce, members of the Democratic National Committee,

members of the COPE staff, members of the BIPAC group. It's very general. Really, whenever our type, if you will, gets together. It's frequently done,

Q Of these various kinds of people that we have been discussing, with whom would you maintain these sorts of contacts most frequently?

A Personal friends.

Q Is there anything else that you do as far as political education is concerned?

A I think I have detailed it pretty generally. You know, if there are specific questions, I might be -- that's really my main responsibility, however.

Q You say that you have contact with state PAC staff?

A That's right.

Q What sort of contacts do you maintain?

A As I said, a lot of this educational process is a matter of information exchange. I will discuss educational development in those states with them against what our experience has been. Beyond that, you know, it's really minimal.

Q How often do you have these sorts of discussions

with the state PAC staff?

A Well, as I indicated earlier, it really depends on a number of things, primarily if there is an indication that the state PAC or AMPAC members there might be interested in having a seminar such as those that we put on, certainly there would be more discussion at that point. I don't want to leave the impression that I have a schedule of call-arounds or letter writings that I make on a regular basis in terms of solicitation of their interest in political education.

Q Do you notify the state PAC staff, though, of the availability of such AMPAC presentations?

A They are aware of it, yes.

Q How --

A Basically, again, it happens when our AMPAC members are in the -- in the communication that we carry out with our members, they are made aware of what's available, and frequently -- almost always -- that's the way it happens.

Q Maybe we can try to break this down somewhat. During the year 1978 how many such presentations did you make?

MR. SMITH: What is "such"?

MS. PROPPER: We are talking about his seminar presentations.

MR. SMITH: You are talking exclusively about seminars?

MS. PROPPER: Yes.

MR. SMITH: During 1978?

MS. PROPPER: Yes.

THE WITNESS: And we are talking about those that I individually put on?

BY MS. PROPPER:

Q Are there those that you have done in other manners?

A Yes, yes.

MR. SMITH: She is talking about those with which you were involved.

BY THE WITNESS:

A Okay. As I say, there aren't a lot of them. It would be under a dozen.

BY MS. PROPPER:

Q Under a dozen?

MR. SMITH: 12 or under.

MS. PROPPER: I understand.

BY MS. PROPPER:

Q And what states did you make these presentations in?

MR. SMITH: If you remember.

BY THE WITNESS:

A I may not be right on, but I can give you a rough account. It would be Pennsylvania, Georgia, Texas, Virginia, Colorado -- I'm missing some -- I'm sorry. It got to be a drain for a while. But those are the major ones.

Q Were all of these presentations in 1978 made in cooperation with the state medical political action committee?

A No.

Q What other?

A Well, occasionally we would sponsor them on our own. Frequently we did -- "we" being AMPAC.

MR. SMITH: I was just going to ask you to clarify that. Thank you.

BY MS. PROPPER:

Q How many of these presentations, if you recall,

were done in cooperation with the state medical political action committee?

A I can't remember any this year that I was involved with directly which were put on specifically in cooperation with -- most of them -- in fact, all of those that I have named, we generated ourselves.

Would you mind if I stood up for a moment? I have got a little racquetball back injury.

Q Not at all.

Again, during the year 1978, in carrying out your political education responsibilities, did you make trips to the states that you mentioned for which you are resonsible for reasons other than giving seminars?

A Yes.

Q What purpose did you have in making these trips?

A Well, as I mentioned, our areas of responsibilities break down into membership and information-gathering, aside from political information.

Q I'm still talking about political education.

A I'm sorry, then, rephrase the question.

Q I'm asking, in carrying out your political education responsibilities --

A Yes?

Q -- whether you made trips to these states apart from the presentation of seminars.

A Not --

MR. SMITH: Exclusive of seminars, exclusive of membership activity, and exclusive of information-gathering, is what she is talking about now.

BY THE WITNESS:

A No.

BY MS. PROPPER:

Q The second category I believe you mentioned, then, was membership.

A Yes.

Q What do you do to carry out your membership responsibilities?

A It's very general. Basically, it's servicing membership concerns. We have a rather extensive set-up within AMPAC for membership recognition awards competition, this kind of thing, to help increase membership.

Q What do you mean by "servicing membership concerns"?

A Well, if some doctor who has become a sustaining

member -- a sustaining member is one who has given $100 or more to AMPAC -- and has not gotten his button, I hear about it, and I try and do something about it.

Q What button is this?

A It's a 99 Plus pin. You may have seen the designation in some of our literature.

Q With whom do you come in contact, apart from AMPAC members, in carrying out your responsibilities?

A I really only hear from AMPAC members in that. There's nothing else -- or no one else that either I want to hear from or that I do hear from.

Q Do you conduct these responsibilities in cooperation with other organizations?

A Well, as you know, we carry out what is called joint fund-raising with the state political action committees, so occasionally I will have a contact with someone other than an AMPAC member.

Q With whom would you be in contact?

A Frequently, if that occasion arises, it would be probably a state PAC exec.

Q How often are you in contact with state PAC execs?

A In this matter?

Q Yes.

A Not too regularly. As the case or need arises. If I haven't been to the state, let's say, and a physician who is an AMPAC member in that state has not received his button, he will call me, or if he can't get ahold of me, he may use the state PAC exec as the means of communicating his problem to me.

MR. SMITH: Excuse me, you both are -- the witness and Ms. Propper -- are referring to state PACs. If you want to define state PACs for purposes of this deposition as state medical political action committees, it's all right with me, but the American Association of Trial Lawyers has state political action organizations, and so do multiple other organizations, so state PACs doesn't really mean state medical PACs.

MR. BRANCH: I think we should use the words "state medical PACs."

MR. SMITH: So do I. It is not being done.

MR. BRANCH: "State PACs" could lead to some confusion.

MR. SMITH: It's being used by both interrogator and responder.

MR. BRANCH: My impression is you are correct that they have both understood that, but we should clarify that point.

MR. SMITH: Okay.

BY MS. PROPPER:

Q Apart from an AMPAC member's concern about not having received a sustaining pin, what sort of contacts do you maintain with state medical political action committee executives in connection with your membership responsibilities?

MR. SMITH: If any.

BY THE WITNESS:

A My educational -- or, rather, my membership responsibilities, as I said, are basically servicing, so that it's really -- I'm the complaint department, and I don't really have anything else to do as far as how the membership is generated, receipt of money, anything of that nature.

BY MS. PROPPER:

Q Are you, then, the person whom someone at a state PAC -- medical PAC -- would contact with any difficulties they were having in that respect?

MR. SMITH: I would object to that. I don't -- I understand that question on several grounds. You are asking for a procedure that is employed by an organization other than AMPAC without any foundation for the fact that the witness knows, and you are asking for something that hypothetically might have happened in the past rather than attempting to elicit what did happen.

I would suggest the witness not answer the question in that form.

I have no objection to the general type of information being elicited, but I do object without the foundation in the question, or the hypothetical nature of the question without a factual predicate.

BY MS. PROPPER:

Q You mentioned that you maintain regular contacts. What do you mean by "regular contacts"?

A Well, that is more on an availability basis. I don't generally carry them out on my own, in the sense that they are regular contacts --

MR. SMITH: Excuse me. Here again I am assuming you both know what you are talking about, but we have to remember the reporter here who has a machine that's going

to create a cold record, and when you talk about contacts, contacts unspecified to any group, and you both appear to be talking about contacts with some particular group, are you talking about contacts in the totality, or are you talking about specific contacts to a specific group? The record now indicates that you are talking about contacts in the totality. I have a sense that's not what you are talking about. If I'm incorrect,I am perfectly ready to be corrected by both of you.

BY MS. PROPPER:

Q Mr. Norton, my question was directed to contacts you have with state medical political action committee executives regarding membership.

A May we go over the question once again, if you don't mind?

Q You said you maintain regular contacts.

A Yes. As I said, it's more an incoming contact basis; that is, I'm available.

Q Are these contacts made in person?

A It has happened that way.

Q What other ways have you had these contacts?

A It could be done telephonically or by letter.

Q Generally --

A There's no rhyme or reason. I can't break it down to one-third, one-third, one-third. There's just no regular pattern.

Q Do you report to anyone at AMPAC regarding contacts that you have with state medical PAC executives on membership?

A As I said, most of the type of membership contact I have is over relatively trivial matters with the state medical political action committees. Therefore, it is rare that I will report to anyone at AMPAC the types of concerns that I am faced with unless it is something of a rather great magnitude, which, thinking back on, I really can't recall an occasion where I had cause to report.

Q Have you ever received any requests for information from someone at AMPAC regarding membership concerns in the state medical political action committees?

A Let me go over that to make sure I understand what you are saying. Have I had somebody from AMPAC staff ask me about membership in a state political action committee?

Q Yes.

A No. We don't have any concern about that.

Q No, I mean in connection with the joint fund-raising responsibilities that you have with the state medical PACs.

MR. SMITH: Excuse me. Mr. Norton has made a very important and correct distinction, and your casual approach to this, while understandable, is not acceptable. State PAC fund-raising is for state PACs. AMPAC fund-raising is for AMPAC. To casually merge the two because you are referring to a statutorily exempted activity known as joint fund-raising, while it may be understandable to the layman, is not acceptable legally, as the Commission well knows. This is not a witness qualified as a lawyer, nor are most lawyers, I submit, qualified to wend their way through the various requirements of the law and regulations of a relatively new agency, so he has made a very apt distinction, further clarifying the fact that he is not intimately involved with this activity in specifics.

BY MS. PROPPER:

Q You have indicated that AMPAC engages in joint fund-raising activities with various state medical political action committees. Are there state medical political

action committees in all of the states that you are responsible for?

A There are state medical political action committees in the states that I service.

Q And does AMPAC conduct joint fund-raising activities with each of these state PACs, state medical PACs?

A Yes.

Q And has that been continuous since 1976 when you first became political education coordinator?

A As I say, I don't have any direct involvement with that type of a policy question, but my general understanding of it is yes, that has occurred.

Q Does AMPAC conduct joint fund-raising activities with other organizations apart from state medical PACs?

MR. SMITH: If you know.

THE WITNESS: Pardon?

MR. SMITH: If you know.

BY THE WITNESS:

A None that I know of.

MR. SMITH: I just want to make of record an inquiry as to whether joint fund-raising is, indeed, not exempt if you only do it with one type of organization?

Is that in any way the thrust of this investigation or the basis of any complaint or finding of reason to believe?

MS. PROPPER: Mr. Norton has referred to joint fund-raising, and I was asking whether that's an exclusive activity of the state medical PACs, if he knows.

MR. SMITH: And I'm asking you whether there is any complaint or finding of reason to believe by the Commission justifying an investigation of our joint fund-raising activities with regard to the fact that they may only be conducted with one type of organization, and, therefore, are in some way not included within the exemption contained in the statute? I'm just asking you if you are aware, again, of any complaint or notice or finding of reason to believe of a need for an investigation of alleged violations in this area by my client, AMPAC?

MS. PROPPER: As I have stated, you have received notice of all complaints in the possession of the Commission. The question is directed solely to the investigation regarding the affiliation -- possibility of affiliation between the various state medical political action committees and AMPAC.

MR. SMITH: I understand that perfectly.

That's why I'm confused about the relevancy of whether AMPAC conducts joint fund-raising activities with any organizations other than state medical PACs. I do not understand any additional organizations to be respondents to any of the MURs cumulatively investigated.

MS. PROPPER: The question has been asked and answered. I wasn't intending to take it any further.

MR. SMITH: Whether it's been asked and answered would not invest it with relevancy. My objection is noted.

BY MS. PROPPER:

Q You mentioned earlier that there's a state medical PAC called VAMPAC?

A That's correct.

Q Is that the Virginia Medical Political Action Committee?

A That's right.

Q Is there a staff person in charge of VAMPAC?

MR.SMITH: Excuse me. When are we talking about, the present time?

MS. PROPPER: Presently.

BY THE WITNESS:

A Yes.

BY MS. PROPPER:

Q Who is this staff person?

A His name is Robert Stuart.

Q Do you know how long Mr. Stuart has been on the VAMPAC staff?

A Since I have been on AMPAC's staff. That's the only contact I have had with him.

Q And throughout the time you have been at AMPAC, had Mr. Stuart been the executive -- what is Mr. Stuart's title, if you know?

A With VAMPAC?

Q Yes.

A I don't know exactly.

Q Is he what would be regarded as an Executive Director?

A I really don't know. You know, it can vary from state to state.

Q Well, I'm asking with regard to VAMPAC now.

MR. SMITH: He said he did not know. You can characterize it from now until tomorrow, but --

BY MS. PROPPER:

Q Has Mr. Stuart's position at VAMPAC remained the same since you have had contacts with him?

A Well, with regard to my contacts with him and his with me, yes. I don't know that he hasn't had other changes in responsibility, etc.

Q How often have you had contacts with Mr. Stuart in 1978?

A Do you mind if I answer while I'm standing? I just got this little spasm.

In '78?

Q Yes.

A Once that I can remember specifically.

Q And do you recall what the nature of that contact was?

A It was with regard to a VAMPAC Board meeting.

Q What did you discuss with --

A He invited me to attend.

Q Did you, in fact, attend that meeting?

A Yes, as a guest of Mr. Stuart.

Q What was your role in attending the meeting?

A I simply observed.

Q Do you recall what was discussed?

A Not specifically.

Q Were candidates for federal office discussed?

A I can't recall, I really can't. It's not a set agenda per se, and some PAC meetings discuss it, some don't. I just can't recall.

Q Do you attend state PAC meetings in other states?

A I have.

Q We are talking again about state medical PACs.

A Yes.

Q How frequently have you attended state medical PAC meetings?

MR. SMITH: In the entire tenure he has been with AMPAC?

BY MS. PROPPER:

Q Since you have been a political education coordinator.

A It's irregular. You know, I don't go to two a month or three a month or anything like that.

Q How many did you attend in 1978?

A Quantitatively?

Q Yes.

A Of the state medical political action committees?

Q Yes.

A Probably -- it would be probably under 16 or 17.

Q Have you attended at the request of the state medical PAC?

A It's always by invitation, or understood invitation, yes.

Q What do you mean by "understood invitation"?

A Well, I don't get a formal invitation every time. It may be a casual telephone conversation, something in the nature, "You will be joining us again," something like that.

Q I would like to show you a document that I have marked as Exhibit No. 1. If you will note, the second page is a bad Xerox. It's difficult to read. Unfortunately, this is the way the Commission received this document.

A The second page?

Q Yes. However, I'm not going to be referring to the second page. I'm just interested in the first page.

MR. SMITH: So all your references to the

second page were addressed to me, then, I take it, or did you want the witness to see how bad it was?

MS. PROPPER: I just wanted the record to reflect that I --

THE WITNESS: You are not asking for a response to the second page?

MR. SMITH: No, she just wanted to get it on the record, that it's difficult to read.

BY MS. PROPPER:

Q Do you recognize this document?

A I recognize the document.

Q Could you tell me what it is?

A It's a brief account of my observations at the February 7th meeting of VAMPAC -- 1978.

Q And to whom is it directed?

A William Watson.

Q Who is Mr. Watson?

A Executive Director of AMPAC.

Q Is this the meeting that you were talking about earlier with respect to VAMPAC?

A It probably is. As I said, I have a vague recollection of the meetings. I had a number of them,

17 of them. This probably is the meeting. I can remember being in Richmond.

Q In the first paragraph of this memorandum, there's a reference to a " problem" in the first sentence. Do you recall, independent of this document, what the " problem" was?

MR. SMITH: I am going to object to this whole line of questions.

In the same vein that I have not had to object, but rather have been able to achieve an agreement with you and other members of the General Counsel's office of the Commission, to the extent that this information is necessary to you in your stated investigatory purposes, you are obviously entitled to it, and my objection is not in the nature of attempting to protect information from that, but my objection is raised in the interest, which we have all stated ourselves to be in support of, both the Commission and AMPAC, of not unnecessarily hurting, harming, or creating for the ultimate public record potentially unnecessary adverse references to individuals, whether they be candidates, staff of various organizations, members of

AMPAC, members of the general public.

So, if you could please try to address yourself to the material which you need in connection with your investigation, rather than burdening the record with things that may be embarrassing to and/or, more importantly, embarrassing to , and unnecessarily derogatory of , without commensurate relevant value, we would appreciate that.

MR. BRANCH: Let's go off the record.

(There was a discussion off the record, after which the taking of the deposition was resumed as follows:)

BY MS. PROPPER:

Q There is a reference in the first sentence of the first paragraph of this memorandum to a problem." Do you have any independent recollection of what the " problem" is or was?

A

Q Could you tell me -- there's reference to a Dr. Harold Nemuth and a Dr. Leonard Weyl -- could you tell me who these individuals are?

A Dr. Nemuth is the current chairman of VAMPAC and Leonard Weyl is, I believe, first vice chairman. I think that's correct.

Q Was anything done regarding a search for an executive director?

MR. SMITH: This inquires of anything you know beyond this memo as to what has been done since February 7, 1978, or before, with regard to the search referenced in the memo.

BY THE WITNESS:

A Bob Stuart is still the Executive Director of AMPAC.

MR. SMITH: That's really not responsive. She wants to know whether you know whether a search was conducted.

BY THE WITNESS:

A I don't.

BY MS. PROPPER:

Q Have you been contacted since this memo was written by persons at VAMPAC regarding a search?

A I don't recall a specific instance of it. It's not an ongoing situation.

Q Do you know whether they are, in fact, looking for someone to replace Mr. Stuart?

A As I said, and this is not an attempt to obstruct any response that I might make, Bob is still the exec, and I just have not heard anything more on this.

Q You have not been asked, then, to aid them in any such search?

A No, no.

Q Have you received requests to aid in a search for a staff person by other state medical PACs?

A I can think of one other, yes.

Q And which one was that?

A The New Jersey Medical Political Action Committee, JEMPAC.

Q When did you receive this request?

A I can't give you the exact date, but it was last year, '78.

Q Who extended the request?

A The Chairman of the JEMPAC Board, Dr. Frank Watson.

Q Do you recall when in 1978, the month?

A I'm sorry. It was about the spring of the year,

is the best I can do for you.

Q What did Dr. Watson ask you to do?

A Well, JEMPAC was considering -- may still be considering -- an executive director at this time. At that time they did not have one. It was more a personnel matter. He was aware that I know other political education types, and was checking to see if I was aware of any other political education qualified type people who might be available.

Q Does JEMPAC have an executive director?

A Not to my knowledge, not now.

Q Did you, in fact, offer any help?

A He had a very specific criteria list, and, as I recall, I did make a number of phone calls, but no one seemed to measure up.

Q Have you had further contacts with Dr. Watson in this regard?

A In this regard?

Q Yes.

A No, not since that initial contact.

Q Apart from the New Jersey and Virginia instances that we have just discussed, have you ever received any

other requests?

A For --

Q For aid in hiring state PAC executives.

A Not to my knowledge, not that I remember.

Q I would like to show you now a document that I have marked as Exhibit No. 2. Tell me if you recognize this document. Do you recognize this document?

A Yes.

Q What is it?

A It is an evaluation of my observations at a JEMPAC meeting.

Q At which meeting was this?

A The October 12, 1977 meeting.

Q Again, who is this memorandum directed to?

A William Watson, who is the Executive Director of AMPAC.

Q Do you draft such memoranda after each state PAC meeting that you attend?

A Generally.

Q Is this at Mr. Watson's request?

A Not specifically.

Q What sort of information do you generally include

in his memoranda?

A Political education developments, membership service questions, and items of political information.

Q You are referring to information regarding candidates for office?

A Yes.

Q Returning back to this memorandum, on the second page, the first sentence contains a reference to a reorganization of the JEMPAC operation. Independent of this document do you have any recollection of the reorganization of the JEMPAC operation?

THE WITNESS: Can I talk with my counsel for just a second?

(There was a conference between deponent and Mr. Smith, after which the taking of the deposition was resumed as follows:)

THE WITNESS: Can I have your question just to make sure I'm on the beam here?

BY MS. PROPPER:

Q Independent of this document do you have any recollection of the reorganization of the JEMPAC operation?

A Well, if I can give you this brief background, JEMPAC's operation for many years was not very active. Dr. Watson is a very dynamic, involved physician. He had undertook an extensive program covering almost six months of self-education on what an active PAC is expected to be involved with, and what it can do, and this was the end result of that effort.

Q The reorganization was the end result?

A Yes.

Q By whom were you contacted in connection with this reorganization?

MR. SMITH: Where are you getting the fact that he was contacted?

BY MS. PROPPER:

Q How did you learn of the intended reorganization?

MR. SMITH: Otherwise than at the meeting, is that what you mean?

MS. PROPPER: Yes.

BY THE WITNESS:

A Well, as I said, in my visitations as a guest to these meetings, I observe what's going on. This was not the first JEMPAC meeting that I had been to in 1977.

I was aware that they were interested in improving their PAC.

BY MS. PROPPER:

Q How many meetings did you attend in 1977?

MR. SMITH: JEMPAC meetings.

BY THE WITNESS:

A JEMPAC? In this instance, I think around four, maybe five.

BY MS. PROPPER:

Q Did you discuss the reorganization with Dr. Watson?

A Only in that much of what he was doing was contacting state PAC chairmen around the country, and he would ask me for the names of those state PACs that I was aware of, which I thought were successful.

Q Did you provide those names?

A I gave him that information.

Q Did you provide any other assistance aside from giving Dr. Watson the names of state medical PAC executives?

A What do you mean by "assistance"?

Q Did he ask you for any other help in the reorganization?

A If you mean putting in staff time, coming up with suggestions, and so on, no. That's the kind of thing that's really not my place. It's not appropriate for me to get involved in their affairs. In fact, if I had done that, I'm sure I would have heard about it from the JEMPAC people.

You must understand that it's a very sensitive relationship that we carry on with these PACs.

Q I understand that.

In the last sentence of the first paragraph on this second page, the second half of this sentence says, "...I have been assisting him with a number of ideas, as well as out-of-state by-laws, etc."

Do you recall what you did in that regard?

A Well, as I said, I put him in contact with these people, the chairmen of the different PACs. That's my recollection of it. That was really the extent of it.

Q Have you been approached by any other state medical PACs apart from JEMPAC regarding reorganization plans?

A Of the political action committee?

Q Yes.

A Medical political action committee? It's more in a membership vein, you know, that I have had questions of this nature, that is, how could we get more sustainers, what type of a program can we create to get more members, that type of thing, very -- I can't recall right now any other, other than this New Jersey situation,where I was actually solicited for reorganization thoughts.

Q Do you provide assistance on how to get more sustainers, for example?

A Well, obviously, trying to get more AMPAC members is in my best interest, and if there is a conscious effort on the part of a state PAC chairman or another AMPAC member to bring in more PAC members, I would be glad to help.

Q You mentioned earlier that part of your responsibilities with regard to membership involved membership awards.

A Yes.

Q What were you referring to by "membership awards"?

A It's a program that we instituted many years ago, long before I came on. It's a competitive type of thing, to see who can come up with the most sustainers per members, things of that nature.

Q Who competes for these awards?

A All the states where there are AMPAC membership.

Q The state medical political action committees?

A No, the state medical political action committee doesn't compete. It's competition by the AMPAC members in the states. In other words, if we give an award for the most sustainers to Michigan, we are giving it to the Michigan AMPAC members for their purchase of sustainers, or the number of spouses that they have been able to bring into the AMPAC group.

Q How often are these awards given?

A Annually.

Q Does AMPAC give any awards to the state medical PACs?

A No. As I said, they are awarded to -- as a result of AMPAC membership that's achieved in the state.

Q You also mentioned, I believe, leadership awards.

A Yes.

Q What was the reference to leadership awards?

A It's one and the same, really. It's a euphemism for the membership awards. They are called formally the leardership awards. Sorry.

Q All of the membership awards are --

A Yes, leadership awards are, you know, the most sustainers, the most spouses type of thing.

Q What do the awards consist of?

A Well, it depends on the level of the award. You can get a bronze plaque, you can get a, you know, certificate that has been written up by a calligrapher, and, of course, there are basic, you know, pins, that type of thing. We don't have any special pins. Everyone has the same pin. Very exciting!

Q Is there any benefit to the various states for receiving these awards?

A I think it's a source of pride for AMPAC members to see their states doing well.

MS. PROPPER: Why don't we just take a break for a minute.

(There was a brief recess, after which the taking of the deposition was resumed as follows:)

BY MS. PROPPER:

Q I would like to show you a document I have marked as Exhibit 3. Do you recognize this letter?

A Yes.

Q Would you tell me what it is?

A Well, it goes back to what I said earlier when Dr. Watson asked me to contact those chairmen of the successful state PACs and give him an idea of which states had ongoing successful organizations. I did so.

A number of the state PAC chairmen forwarded those pieces of information to me, which I then shipped to Dr. Watson.

Q How many state PACs did you contact?

A I don't remember exactly. It probably was under five.

Q Do you recall which ones?

A Well --

Q I'm referring again to state medical PACs.

A No, I can't tell you specifically. There are a

number of PACs which we -- medical political action PACs -- which, in my experience, are successful, that I observe. I just can't remember exactly which ones I would have contacted.

Q Did you request any other information on behalf of Dr. Watson from these state medical PACs?

A And I wish I could give you a more specific recollection of this, but it was a very general favor to Dr. Watson in the sense of, "Frank, I know of some PACs, through my observations, which are successful. I'll see if they'll send materials to you to give you an indication of why they are successful."

Q Have you performed this service for other state medical PACs?

A As I said a little earlier, I don't recall ever becoming specifically involved in an organization or reorganization, at least to this extent.

Q Did you have any discussions with William Watson regarding your involvement with the JEMPAC reorganization?

A Nothing formal. I may have, you know, told him that I -- I don't remember anything specific, though.

Q Do you recall whether he made any recommenda-

tions to you regarding how you should proceed in a situation?

A No.

Q I would like to show you now a document I have marked as Exhibit 4, a letter dated December 28, 1977 -- excuse me -- Exhibit 3 was a letter dated September 20, 1977 --

MR. SCHWEITZER: It's an exhibit to the deposition.

MS. PROPPER: I just wanted to make the record clear on which letter I was referring to.

BY MS. PROPPER:

Q Do you recall this letter, Exhibit 4?

A Yes.

Q Did you draft this letter?

A Yes.

Q In paragraph 2, there is a reference to "our AMPAC newsletters." Do you recall what this refers to?

A You are asking what newsletters AMPAC puts out?

Q What newsletters you were referring to.

A Oh, The Political Stethoscope and Sustainer.

Q How often do these newsletters go out?

A I always get them confused, but I think the Sustainer goes out once every other months, and The Political Stethoscope goes out two or three times a year. It may be the reverse.

Q To whom is the AMPAC Sustainer sent?

A Sustaining members.

Q And to whom is The Political Stethoscope sent?

A All members of AMPAC.

Q Including sustaining members?

A Yes. If you are a sustaining, you are a member of AMPAC.

Q Are these newsletters sent to anyone else apart from AMPAC members?

A I believe they are. I don't do the labels or anything like that, but it's my understanding that, as part of the information program, congressmen, as an example, receive copies, some of the other political action committees, the DNC and the RNC -- Democratic National Committee, Republican National Committee -- and others.

Q When you say other political action committees, what do you mean?

A I don't know what --

Q Are you referring to state medical PACs?

MR. SMITH: If you know,

BY THE WITNESS:

A I don't know that the state medical PACs get it specifically, no. I know that AMPAC members in the states get it, or are entitled to it, anyway.

BY MS. PROPPER:

Q Did you receive any information from MONTPAC in response to this request?

A I can't remember.

Q Did you send this letter or a similar letter to other state PACs --

A Yes.

Q -- that you are responsible for?

A Yes.

Q How many other states?

A I believe all my states.

Q Did you receive any response from any of the other state PACs?

A Well, some of them were concerned about the flow chart.

Q Right now I'm asking whether you received any photographs or any information for inclusion in the newsletters?

A Not as a result of this letter, no, there was no direct response.

Q Have you received such communications independent of this letter?

A Yes.

Q At your request?

A No.

Q Were they forwarded at your request?

A No.

Q The third paragraph contains a reference to a "plan for action." What is that plan for action?

A Well, that's this flow chart.

Q Did you draft the flow chart?

A Yes, as part of my educational responsibility.

Q Did you design it upon anyone's instruction?

A No. I self-generated it. I am aware that the other political education coordinator made up a similar chart. They weren't identical. It's -- you know, it's an individual program that we undertake.

Q And what does this plan for action entail?

A Well, as described at the top, it's a basic medical political action program.

Q Well, that's a very general term. I was wondering what sort of activities you were --

A Well, it's --

MR. SMITH: Excuse me, Mr. Norton.

If there's something about the document you don't understand, you are welcome to ask him about it. You said the answer to your question was general. The chart is either general or specific.

(There was a conference between deponent and Mr. Smith, after which the taking of the deposition was resumed as follows:)

BY MS. PROPPER:

Q What was this plan for action used for?

A Well, I have no way of knowing that it was used, frankly. Let's begin there. It's a suggested plan only, and I really don't know.

Q Have you sent out a plan for action in any year apart from 1978?

A No.

Q You said that you received some inquiries in connection with the plan for action. What sort of inquiries did you receive?

A Well, our PAC activity around the country elicits varied responses from our membership. We would like to think that all of our members would run out and implement something similar to this. Most of the inquiries were, "I don't believe you want me to do this type of thing," or, " -- that you could suggest this to us," and I think I had maybe two or three inquiries.

Q Did you have any discussion with state medical PAC chairmen or state medical PAC executives regarding the plan for action?

MR. SMITH: Are you referring to those individuals in their official capacity as a state medical PAC chairman, or whether he had any contact with them whether such contact was incidental to their membership in AMPAC, or any other peripheral involvement?

MS. PROPPER: I'm talking about in their capacity as officials or personnel of the state medical political action committees.

THE WITNESS: Did I discuss this plan with

them?

MS. PROPPER: Yes.

BY THE WITNESS:

A No, I believe all I did was "cc" the PAC, medical political action committees, in each of the states. These were addressed to the PAC chairmen in each of the states.

BY MS. PROPPER:

Q Right. I think my question did include whether you had any discussions with medical PAC chairmen.

A You mean in putting this together?

Q Yes.

A No.

Q I would like to show you a document now which has been marked as Exhibit 5.

A All right.

Q Do you recall this document?

A Yes.

Q Could you identify it for me?

A It is a memo to William Watson, Executive Director of AMPAC, from myself. It regards a meeting I held with representatives of the Illinois Medical

Political Action Committee on August 4, 1977.

Q Do you recall this meeting?

A Yes.

Q In the first paragraph there's a reference to a Don Udstuen, U-d-s-t-u-e-n. Who is Mr. Udstuen?

A I'm not sure exactly what his title is, but he deals with governmental affairs with the Illinois Medical Political Action Committee and ISMS. In this particular instance, he was talking to me as an IMPAC representative.

Q There's also a reference to Al Lerner.

A Yes.

Q Who is Mr. Lerner?

A He has a similar role to that of Mr. Udstuen.

Q Are both Mr. Udstuen and Mr. Lerner still associated with the Illinois Medical Political Action Committee, if you know?

A Mr. Udsuten is. Mr. Lerner is not.

Q There's also a reference to a Dr. George Wilkins. Who is Dr. George Wilkins?

A He is an AMPAC Board member.

Q Does Dr. Wilkins have any other role that you

are aware of?

A Not specifically that I am aware of.

Q Does he have any position in the Illinois Medical Political Action Committee?

MR. SMITH: Are you talking about now or in August of 1977?

BY MR. PROPPER:

Q Did he have a position at IMPAC in August of 1977?

A I don't know.

Q Do you know whether he had any position in IMPAC prior to August of 1977?

A All I can work on is assumption. I just don't know.

Q What was the purpose of this meeting?

A Well, again, it was more political education for me, and trying to glean from these PAC staffers ideas which I might be able to exchange with other PAC reps around the country, medical political action PACs.

Q What sort of ideas are you referring to?

A I can't remember the deatils of this discussion specifically, but, generally, we talked about effective

ways to increase membership, innovative political education programs, that type of thing.

Q Who scheduled this meeting?

MR. SMITH: If you remember.

BY THE WITNESS:

A I initiated it.

BY MS. PROPPER:

Q In the paragraph which is numbered 2 there is a reference to a contribution to Congressman Metcalfe. Do you recall that discussion?

A Again, generally, yes.

Q Do you recall what the concerns were?

A Well, as I mentioned a moment ago, Mr. Udstuen works both the legislative and the PAC side for his organization. They have a very efficient reporting service in terms of the activities of each of their respective groups within the area.

Regrettably, in one sense, we are not as efficient, and, apparently, as I recall, a contribution had been made to Congressman Metcalfe, and we had -- on staff -- had not been apprised of that. The Board had taken an action, and we were not aware of it.

Q A contribution had been made by AMPAC to Congressman Metcalfe?

A That's my recollection -- it either had been made or had not been made. There was a request from AMPAC members in Illinois to make a contribution, and either it had been acted on or had not been acted on. I can't recall which. That's the kind of membership servicing I was mentioning earlier. A lot of fun!

Q When you say the kind of membership servicing that you were referring to, do you communicate to AMPAC members in a particular state when a contribution has been made by AMPAC?

A Generally, I -- well, always a request comes from an AMPAC member either directly or another way, and once action has been taken on that, I try and let them know what action we have taken.

Q In the paragraph numbered 5 on the second page of this document, there is a reference to a "compendium of all the pamphlets, envelopes, etc., which they gave to me."

Can you tell me what that consisted of?

A My general recollection of the meeting, as I

mentioned, was that it was more an educational, informational effort for my benefit. The compendium I mentioned was a set of the IMPAC programs, pamphlets, etc., that they had used in the past. This was just a little over a year after I joined AMPAC, and I was still in my period of learning a little bit more about political action committess.

Q A couple of lines further on there's a statement, "I will also circulate an annotated copy of the pieces to the other PACs."

A Yes. That again is part of what my understanding of what my job was entailed with. This was a political education effort on my part. It's an information exchange of what I learned from IMPAC and how I passed it on to the other PACs.

I believe that what I did was take the IMPAC material and then send it on. I put a few comments on. I can't recall right now, but that was the general tenor of the program.

Q Did you send this to all the other state medical PACs that you are responsible for?

A Yes.

Q Have you sent out such materials from one state PAC to the other state PACs on other occasions?

A Yes, I have done that on occasion.

Q Can you tell me on what --

A Well, again, you know, it's part of my job to find innovative ideas in political education or membership.

One that I can recall -- the only one specifically that I can recall at this moment had to do with a Minnesota solicitation program. This included solicitation of and for AMPAC members by clinic directors. This is unusual.

Q What is unusual?

A It is unusual in that Minnesota has so many clinics that are -- well, what I mean is Minnesota has a very strong clinic type of medicine, if you understand what I'm saying. It's highly unusual in comparison to the rest of the country. There are few other states that have as highly a concentrated clinic set-up as Minnesota. Minnesota was using the clinics as part of their solicitation for AMPAC members.

Q The Minnesota State Medical Political Action Committee, you are referring to?

A No, no. Members of AMPAC there who were involved in solicitation.

Q What materials did you get from AMPAC members in Minnesota?

A Oh, it was kind of a -- I can't tell you specifically. It was more like an invoice form, a standard soliciation piece, but it was directed towards the clinics.

Q When did they forward these materials to you?

A I have been servicing Minnesota since September, '78, so it would have been sometime after that. I can't remember specifically.

Q Were they sent at your request?

A I'm sorry, were what --

Q Were the materials sent to you at your request?

A No. I picked them up at a Board meeting.

Q And, again, did you forward these on to the other state medical PACs that you --

A Those states which I thought might benefit from it. It wasn't a blanket mailing.

Q In the paragraph numbered 6 on page 2 of this document, there is a statement, "We must have more input into their political operations."

Can you tell me what that's a reference to?

A It's basically a reference to our relationship with IMPAC. They are an extremely proud entity.

As I mentioned earlier any visit I make to anyone else's turf, if you will, is strictly at their behest. My invitation to attend IMPAC meetings had not always been as cordial as one would have liked, and I wouldn't say that I was there under duress, but relationships with that organization had not been as friendly as you might have liked simply because they are very independent.

When I made this statement, I was intending to indicate to Mr. Watson that our cooperation and abilities to observe what activities and educational material they might be developing had to improve, because, as I said, our welcome was not as warm as it could have been.

Q Below that there is a reference to Dr. Wilkins as being a key to the above two points that you have listed there. Can you tell me what you meant by that?

A Well, as I indicated, we, at AMPAC, have had a cool relationship with IMPAC over the years. Dr. Wilkins is a resident of Illinois and is an AMPAC member from Illinois, and, as a physician, it was our hope and is our

hope that some of the negative feeling between the two PACs can be in some way resolved, or at least lessened, if only socially.

Q Has Dr. Wilkins, in fact, performed any role of improving relations between these two PACs?

A We talk to each other now.

Q Excuse me?

A We are talking. I mean, we communicate.

Q You and Dr. Wilkins?

A I'm sorry. I'm in communication with the Illinois Medical Political Action Committee. It is somewhat improved.

Q And has that been rhe result at all of any intervention by Dr. Wilkins or any assistance you have received from Dr. Wilkins?

A Well, as I said earlier, I believe it's pretty much by virtue of his residence and the fact that he is an AMPAC member here.

Q Going back to this statement about input into political operations, what political operations were you referring to?

A Well, as I mentioned, our concern with

Illinois -- or my concern, as it is one of my states -- is that our educational -- political education and membership work had been somewhat difficult just because of the relationship between IMPAC and AMPAC. We, as an example, rarely exchanged information with them, because they didn't want to exchange information with us.

Q What kind of input did you think you needed?

A Well, as I said, part of my job is finding out what is going on in the area of political education, what innovative programs, what new ideas are being utilized.

Illinois is a successful PAC. I wanted to find out part -- or at least portions of why it was successful.

Q And how would you use that information?

A Well, it would be similar to the information that I passed on to Dr. Watson. Here was a doctor who was trying very hard to pull his state PAC up to a more successful level. If in my meetings and experience with IMPAC, I was able to solicit substantial information that somehow would give me an idea and be indicative to Dr. Watson as to how IMPAC was succeeding, it might be useful to JEMPAC.

Q Are you familiar with the term "candidate support committee"?

A It means a lot of things to a lot of people. Can you give me your definition of it? I hate to be rhetorical.

Q I think I would prefer to operate with a definition that you have.

MR. SMITH: Yes, but he would prefer to operate with a definition that you have. You are asking the questions.

BY MS. PROPPER:

Q What does it mean to you? That's what I --

MR. SMITH: He said it means several things.

BY MS. PROPPER:

Q Can you tell me the various kinds of candidate support committees there are?

(There was a conferecne between deponent and Mr. Smith, after which the taking of the deposition was resumed as follows:)

BY THE WITNESS:

A The reason I'm a little concerned about this is that even in my two years or three years -- near three

years' experience with AMPAC, the term has been so often used to mean a number of different things, some of which are totally antithetical to what I am involved with as far as what I use the term with, and some that are very close to it, so that's my only reluctance in answering the question.

My understanding and my use of "candidate support committee" is an informal organization which, after political education, is capable of -- hopefully, capable of having input in specific campaigns,

Q Do you have contact with candidate support committees in the various states that you service?

A No, I don't. You see, that's why I was reluctant to jump right in on this.

Part of what my job is involved with is, in a sense, setting up a framework or a format, or suggesting how you could do it, that is, setting up a candidate support committee.

Once I have imparted this information, I really don't know if they are, in fact, spawned, or if the knowledge just falls on deaf ears.

Q To whom do you impart this information?

A AMPAC members.

Q How often have you --

A Well, as I mentioned, or I think I mentioned, I was involved in probably a dozen political education seminars over the last year, roughly, and during those programs would be the time that I would be imparting that type of information.

Q Have you had any contact with the various state medical PACs that you service in connection with the candidate support committees that you refer to, or in connection with encouraging the formation of candidate support committees?

MR. SMITH: Thats an awful lot of question.

Do you understand it?

THE WITNESS: Well, let me evaulate what my understanding of your question is.

Have I informed a state medical political action committee of what we think a candidate support committee is?

BY MS. PROPPER:

Q No, I don't think I was asking you whether you told them what a candidate's support committee is. I'm

asking whether you have had any communications with them regarding how one would form a candidate support committee.

MR. SMITH: Wait a minute now. There's patently, to my mind, no distinction between the two, except your efforts to testify and characterize, so let's be very sure the witness understands the question.

Your question about communications from him to state PACs is not, to my mind, in any way substantively different from the recast question he stated in order to clarify his understanding.

If you want to tailor it in some way, come right out in your question and do it, but let's don't do it by subtle implication.

BY MS. PROPPER:

Q Have you communicated your idea of what a candidate support committee is to the state medical PACs that you have --

A Well, as I mentioned earlier, we have co-sponsored political action seminars as part of our education program, and, therefore, yes, we have exchanged that information.

Q Have you done so outside the context of these

seminars that you are referring to?

A Yes.

Q How frequently have you --

A Again, I can't quantify it. It's informal meetings, things such as this. Somebody may ask -- if I'm in the field and an AMPAC member says, "Gee, I saw you at that seminar in Philadelphia, but there was one particular part of it I didn't really understand. Could you explain a little bit further about AMPAC's concept of the phone bank," as an example.

Q Is the phone bank an example of a kind of candidate support committee?

A It's a kind of activity that a candidate support committee could undertake.

Q You mentioned earlier a request for candidate support coming from AMPAC members.

A Yes.

Q Are such requests made to you presently?

A They have been, yes.

Q On how many occasions in 1978 would you say you have received such requests?

A I would say over 50.

Q In what states did you receive such candidate support requests?

A I would say virtually every state that I have serviced.

Q Did you receive any such requests during the 1976 election cycle?

A No. I was brand new then, and they barely had me answering the phones at that point.

Q During 1978 or the 1978 election cycle did you receive such requests from other sources apart from AMPAC members?

A I believe I received requests for information on our possible contribution, or the contributions that it makes, but I did not receive any direct request from any other organization other than AMPAC members -- let me qualify that: If you mean state medical political action committees, that has occurred more as a conduit through an AMPAC member, that is, I have received the request from, let's say, a state PAC exec speaking for Dr. X, an AMPAC member, and what I generally will do then is, first of all, check to see if, indeed, Dr. X, as told to me by the state PAC members, is an AMPAC member. If he

is an AMPAC member, or she is an AMPAC member, then the request can be considered, and I pass it on.

Q Have these requests always been on behalf of individual AMPAC members?

A I'm sorry?

Q Have these request always been on behalf of individual AMPAC members?

A In other words, have the requests from the state PAC people come as a result of contact with the AMPAC member?

Q Yes.

A Yes, in my experience. You see, I have got to know who the doctor is who is an AMPAC member before I can do any further on the thing. There are a few doctors who aren't AMPAC members.

Q Is there a policy of supporting or not supporting a candidate depending on whether the request originates from an AMPAC member?

MR. SMITH: If you know.

BY THE WITNESS:

A As I understand it, it's one of the criteria -- a criterion.

BY MS. PROPPER;

Q Has that been the practice, to your knowledge, since --

MR. SMITH: Excuse me. We are having the same problem as with Mr. Branch. Let's don't move from policies to practice and end up with it all being somehow in some strange way made to mean the sane thing. They don't.

BY MS. PROPPER:

Q Has that been the policy since you have been an employee of AMPAC?

A That is, that --

Q That AMPAC does not contribute to a candidate unless there is a request from an AMPAC member?

MR. SMITH: Mr. Norton has indicated he can tell you what his understanding of the policy is, not what the policy is.

BY THE WITNESS:

A I'm not a Board member. I'm simply staff at AMPAC. It is my understanding that that is one of the items that definitely goes into that type of decision. Whether or not it's the ultimate aspect of the decision, I can't tell you.

BY MS. PROPPER:

Q How did you arrive at that understanding?

A It has come, I guess, pretty much by general understanding of when contributions are passed on -- or when requests are passed on by me to Mr. Watson. Sometimes requests have not been fulfilled, even though an AMPAC member has made a request.

Q I'm not sure that you understood my question.

A Let's try again.

Q I'm asking how you arrived at your understanding that AMPAC has a policy of including in its criterion that a request must come from an AMPAC member.

A Well, I think it's just a basic premise of all AMPAC's political activity. It wouldn't make much ~~sense~~ *TW if AMPAC members were making contributions, to not make sure that their thoughts were considered when a contribution was actually made.

Q Have you received any specific communications, for example, from Mr. Watson and Mrs. Elliott?

A Well, as I indicated, I have not received a list of really what goes into every decision. I know a number of general considerations that are made in the

* TYPO

determination of whether or not a contribution should be made.

It is my understanding that if an AMPAC member has made this request, it stands very likely that that request will be at least considered.

MR. SMITH: Are you finished with that? I have restrained myself. If we are going any further into it, I want to make an objection and ask you to lay a foundation.

BY MS. PROPPER:

Q You indicated that you communicate the requests that you receive to Mr. Watson?

A That's correct.

Q How do you communicate these requests?

A I generally walk into his office and tell him.

Q Do you ever make written memoranda of a request that you receive?

A I may have, just in terms of verification of who the physician AMPAC member was that initiated the request, the amount, the candidate, that type of thing. It's normally verbal.

Q Do you communicate all of the requests that

you receive?

A I certainly do.

Q Including those which originate from those who are not AMPAC members?

MR. SMITH: There's nothing in the record to establish that there are any such requests. There may very well be.

BY MS. PROPPER:

Q Do you receive requests from persons other than AMPAC members?

A I have.

Q And apart from AMPAC members, what are these sources of requests?

A They are various. I couldn't, you know, give you a set outline of exactly who -- which source. It's been random.

Q Can you give me some examples of the kinds of requests that you have received, or the sources of these requests?

A Well, we have had physicians who are not AMPAC members call, we have had managers from campaigns who have not apparently gained AMPAC membership support call, things like that, people like that.

Q How often have you received requests from persons other than AMPAC members?

A Its very infrequent, very infrequent.

Q How are these requests -- of all the requests that you receive, how are they communicated?

A Telephonically and by letter.

Q And what information is included in the candidate support request?

A Again, it varies in approach. Everything from, "We got ourselves a great candidate out here, give us money," to a very formal recitation of the candidate's qualities and why they think they have got a winner, that type of thing.

Q Are these requests ever written?

A Yes. As I said --

MR. SMITH: He said verbal or written.

BY MS. PROPPER:

Q Of those requests which are communicated through state medical PACs on behalf of AMPAC members, do these requests ever include information regarding action by the state medical PAC with respect to that candidate?

A No.

MS. PROPPER: Well, I believe --

MR. SMITH: In the entire time he has been employed?

MS. PROPPER: In the 1978 election cycle.

THE WITNESS: I'm sorry, how many times --

BY MS. PROPPER:

Q How many state medical PAC meetings did you attend in 1978 at which candidates for federal office were discussed?

MR. SMITH: Excuse me, I don't mean to be difficult, but you just changed the time frame of the question.

MS. PROPPER: I understand that.

MR. SMITH: You want 1978 and not the 1978 election cycle?

MS. PROPPER: Yes.

MR. SMITH: One is 50 percent of the other -- or less than 50 percent.

THE WITNESS: So we are talking about the election cycle?

MS. PROPPER: No, I'm talking about 1978.

BY THE WITNESS:

A I would say that federal candidates were discussed at virtually all of those PAC meetings.

BY MS. PROPPER:

Q Were candidate support decisions made at any of these meetings?

A Yes.

Q At about how many of these meetings would you say candidate support decisions were made?

A I would say maybe 25 percent of those that I was involved with.

Q Were you present at these meetings at the time the candidate support decisions were made?

A Yes.

Q In the course of these discussions at the state medical PAC meetings, were there any discussions regarding requests to AMPAC for support of a particular candidate?

A I don't recall that specifically. That's not to say that, upon returning home, an AMPAC member who may have been present at that meeting didn't call me and make that type of a request. At least that's my recollection.

Q Well, my question at the moment was whether there were any discussions at these meetings?

MR. SMITH: And his answer was he didn't recall any. He wanted to be sure he didn't deceive you, so he said it is altogether possible that sometimes he received contact at a later time from a member present at the meeting.

BY THE WITNESS:

A Again, each one of these PACs operates in different ways. Some of the decisions might be discussed quite thoroughly at the meeting, but it will be an executive committee or some other type of a unit that will come up with the final decision as to whether or not they will come up with a request.

BY MS. PROPPER:

Q I believe that you said that you pass on any requests that you receive to Mr. Watson?

A That's right.

Q Do you know what Mr. Watson does with this information?

A No, I don't.

Q Do you give this information to anyone else at

AMPAC?

A No, not unless he is absent.

Q In Mr. Watson's absence, who would you give it to?

A Mrs. Elliott.

Q Is Mrs. Elliott the only other person to whom you communicate these requests?

A That's right.

Q In those instances where you have had knowledge of an action by a state medical PAC with respect to a particular federal candidate, have you communicated that knowledge along with the request to Mr. Watson and Mrs. Elliott?

A I'm sorry, what type of knowledge again?

Q You have indicated -- let me backtrack for a minute -- you have indicated you attended state medical PAC meetings at which candidate support decisions were made; is that correct?

A That's correct.

Q Have you received any requests from AMPAC members in that state which asked for support of the same candidates that have been supported by the state

medical PACs?

A During the '78 cycle?

Q Yes.

A Or -- I'm sorry -- '78 year. Yes, that has occurred.

Q How frequently has that been the case?

A Infrequently. It doesn't happen very often, not in 1978.

Q Has that occurred in any time prior to 1978?

A It may have. As I said, I haven't been on that long.

Q Well, I'm talking about your personal experience.

A The election cycle for '78 didn't find that occurring frequently.

Q Do you ever request from the state medical PAC what their actions have been if you do not know with respect to a particular federal candidate?

A I'm sorry, I didn't understand that one. If --

Q In those cases where you are unaware of any action taken by a state medical PAC, have you made requests to the PAC for such information in 1978?

A No, The only way we find out -- or I find out what the other PACs are doing officially is through your presentation of the contributions that are made, if I understand your question. In other words, every time they make a contribution, I don't find out.

Q If you have information now regarding any activity by the state medical PAC with respect to a particular federal candidate, and you have received a request for the support of that candidate by AMPAC, do you communicate that information along with the request to Mr. Watson?

A Let me understand your order here: If I have received a request from an AMPAC member in the state while I am at the PAC meeting?

Q Any request that you have received from an AMPAC member.

A Yes, right. Do I forward it to Mr, Watson?

Q Do you forward, along with the request -- I understand from your discussion that you do forward requests to Mr. Watson --

A Right.

Q --and I'm asking whether, along with the other

information that you forward to Mr. Watson, do you include any activity that you are aware of by the state PAC with respect to that candidate?

A I may. Yes, I believe I have.

Q Do you communicate such information to Mr. Watson regularly?

A No, only as I obtain it, and as I know it has * TON ~~hasn't~~ been reported either by the Secretary of State of the state or your organization. See, it can be up to 12 months between my visits state to state, and I just don't keep up that closely. I have a lot of states to service.

MR. BRANCH: Let's go off the record for a minute or two.

(There was a discussion off the record, after which the taking of the deposition was resumed as follows:)

BY MS. PROPPER:

Q Again, just briefly, you have indicated that you received requests for candidate support from sources other than AMPAC members. Apart from any that you receive from an AMPAC member or from a state medical PAC, do you seek to inquire whether there is support

* ACCURACY

for that candidate among the AMPAC members in that state?

A You mean once we have received a request from someone other than an AMPAC member, do we seek information from AMPAC members?

Q Yes.

A I think I indicated that earlier, yes, that's pretty normal procedure. It doesn't necessarily mean that we will go ahead with the request.

Q I understand. Are you familiar with the manner in which AMPAC checks are delivered to candidates?

A Generally, yes.

Q Are you at all involved in that process?

A Normally, I'm not, no.

Q Can you tell me how AMPAC checks are delivered?

A They are mailed to the doctor who is an AMPAC member, who has originated the request, normally, and then he delivers them to the candidate.

Q If the request is not originated from an AMPAC member, who would deliver the check?

A As I indicated earlier, it's rare that that type of request will be acted upon. If such a request

is acted upon, an AMPAC member who lives in the immediate vicinity of the candidate's office or home residence will be contacted and will make that delivery.

Q You have said that normally you are not involved in AMPAC check delivery.

A Right.

Q Have you been involved on occasion?

A Only in the informal sense of having been in the room or hall where the presentation was made, yes.

Q Have you ever made any suggestions as to who might deliver a check to a particular candidate?

A Personally, I haven't, no.

Q Have you ever sought such suggestions from those with whom you have had contact?

A Well, as I indicated, I think I recall a case or two where there have been requests generated by non-AMPAC members eventually which have been acted upon, and in that case I have been asked is there someone that you know in the state who is an AMPAC member that might be available to deliver the check.

I don't know personally that that advice was followed or not.

Q Who would you direct that request to?

MR. SMITH: Direct that request or direct that information?

BY THE WITNESS:

A Well, the request for information of me would come from Mr. Watson.

BY MS. PROPPER:

Q Who in the state would you ask for the name of someone?

MR. SMITH: Your question implies something other than what he said. He said he gets requests from Mr. Watson to identify an AMPAC member for transmission of the check.

MS. PROPPER: Oh, excuse me, I misunderstood.

BY MS. PROPPER:

Q And then you have provided Mr. Watson with the name?

A If I'm aware of one, yes.

MR. SCHWEITZER: It's No. 6, if you are going to use another exhibit.

BY MS. PROPPER:

Q I would like to show you a document that I have

marked as Exhibit 6. My question is going to be confined to the first paragraph of this document.

A Okay.

Q Do you recall this document?

A Yes.

Q Could you just briefly identify it?

A It is a memorandum to Mr. Watson, Executive Director of AMPAC, and regards August 11-12 travel with Dr. Wilkins, an AMPAC Board member.

Q Is that the Dr. Wilkins we were referring to earlier?

A Yes.

Q In the last sentence of this first paragraph there is a reference to "Federated Giving." Are you familiar with the term "Federated Giving"?

A Yes.

Q What does that term mean to you?

A Well, it's actually one of the basic underpinnings of AMPAC, that is, a physician in Illinois, a physician in any other state, by virtue of his contribution to AMPAC, assures that his dollars can be used in states around the country for candidates other than those--

federal candidates other than those candidates in his own state.

(There was a conference between deponent and Mr. Smith, after which the taking of the deposition was resumed as follows:)

BY THE WITNESS:

A (Continuing) Ms. Propper, could I make one amendment to that?

The idea of "Federated Giving" is to increase the impact of the political dollars that an individual can make as a contribution to a candidate. In other words, he is getting a bigger bang for his buck nationwide, if you will, in that he can move it -- it can be moved around to candidates other than those that are in his own state, and he depends on AMPAC to make the evaluations to place that money.

BY MS. PROPPER:

Q Is this a term that's used in AMPAC publications?

A I don't know that it's been used in any specific publication.

Q Is it a term used by AMPAC staff?

A Yes.

Q For example, with political education responsibilities?

A Well, in the sense of membership activities, not necessarily political education activities.

Q Has this term been in use since you have been associated with AMPAC?

A I would say it has. You know, again, it's nothing that I have ever seen written out, "This is Federated Giving." It's come pretty much through osmosis.

Q Have you ever attended meetings of other political action committees at which candidate support was discussed?

MR. SMITH: Other than what?

MS. PROPPER: Other than state medical political action committees.

BY THE WITNESS:

A No.

MS. PROPPER: I don't have any further questions.

MR. SMITH: I have no questions.

We would like the same procedure. Send us the original or a copy or whatever you like. We would apprecaite if we would have an opportunity for

Mr. Norton to review the deposition before the Commission has a copy of it, even though we have understood the representation that that copy would not be subjected to any use by the Commission. It hasn't been made clear to us why it's necessary to have it if it's not going to be used, but since we don't control that, I only record my request that the opportunity to read and sign the deposition be accorded the same treatment it customarily gets.

MR. BRANCH: My understanding of the procedure that will be followed, and the procedure we did follow with Mr. Watson's deposition, is that the reporter will forward you a copy, hold the original until he receives your comments, and that you will have an opportunity to make whatever comments you wish.

The copies will be forwarded to both parties, meaning the Commission and you, at the time that the original is ready.

MR. SMITH: Just two questions: What does the Commission intend to do with the copy it gets before Mr. Norton has had an opportunity to review?

MR. BRANCH: I'm not going to go on the record

on that.

MR. SMITH: Will there ever be a time when we are assured that the Commission is not using the earlier copy but rather is using the signed copy?

MR. BRANCH: The Commission itself or --

MR. SMITH: Or its general counsel or any of its authorized agents.

MR. BRANCH: We will make any appropriate use of it and will not improperly use any copies we may have received.

MR. SMITH: That's my problem. I don't understand "any appropriate use" with the earlier copy.

MR. BRANCH: I think your objection is baseless, and I see no reason to go on the record further about it. I have outlined to you what the procedure will be.

MR. SMITH: Well, for purposes of this record, in hopes that the Commission will some day read some of this, we again object to procedure being structured which allows great potential for the violation of AMPAC's and the witness' rights.

MR. BRANCH: The deposition is concluded.

AND FURTHER DEPONENT SAITH NOT.

I have read the foregoing transcript of my deposition consisting of pages 1 to 95 inclusive, and the same is a true, correct and complete transcript of my said deposition as it now appears, so given at the time and place aforesaid.

Thomas C. Norton

Subscribed and sworn to
before me this 10 day
of April A.D. 1979.

Notary Public

My commission expires:
April 16 1979

BEFORE THE FEDERAL ELECTION COMMISSION

IN THE MATTER OF:)
) MURs 253, et al.
THE AMERICAN MEDICAL POLITICAL)
ACTION COMMITTEE, et al.,)

CERTIFICATE OF NOTARY PUBLIC
AND SHORTHAND REPORTER

I, James P. Dolan, a duly commissioned, qualified and acting Notary Public within and for the County of Cook and State of Illinos, do hereby certify that prior to the commencement of his deposition the witness,THOMAS C. NORTON, was by me first duly cautioned and sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid;

That the deposition of the said THOMAS C. NORTON was taken before me at 219 South Dearborn Street, Room 2568, Chicago, Illinois on Thursday, February 15, 1979, commencing at 9:00 a.m. and was concluded on the same day at 12:00 Noon; and

That the testimony contained in the said deposition then and there given by the said witness was taken down by me in shorthand in the prsence of the said witness and thereafter by me and under my direct

personal supervision transcribed into typewriting.

I FURTHER CERTIFY that I am a Certified Shorthand Reporter of the State of Illinois, and that the foregoing transcript of the said deposition is a true, correct and complete transcript of the said shorthand notes so made as aforesaid, and is a true, correct and complete report of the whole of the testimony so given by said witness as aforesaid, together with such other matters and things as counsel for the parties present at the taking of the said deposition desired to have appear of record.

I FURTHER CERTIFY that Mr. David S. Branch and Ms. Susan Propper appeared on behalf of the Federal Election Commission;that Mr. John Lewis Smith III and Mr. William H. Schweitzer appeared on behalf of the American Medical Political Action Committee and the Deponent; and there was also present Mr. Donald P. Wilcox.

I FURTHER CERTIFY that after the said deposition was transcrited into typewriting, it was submitted to th said witness, who did thereupon read, sign and again subscribe and make oath to the same, as more fully hereinbefore set forth.

I FURTHER CERTIFY that I am not of counsel for, or attorney, or solicitor for any or either of the said parties, nor am I interested in any manner in the said cause or in its outcome.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Chicago, Cook County, Illinois, this 26th day of April, A.D. 1979.

James P Dolan

Notary Public
State of Illinois

My commission expires:
July 2, 1982.

Exhibit #1

MEMORANDUM

(Confidential)

TO: Bill Watson

FROM: Tom Norton

DATE: February 7, 1978

RE: VaREPAC--

It's clear the VaREPAC Board is now preparing to take some definite action regarding the problem. It's not clear yet exactly how this will be carried off, but it is clear to both Dr. Harold Haseth, and Dr. Leonard Hayl, that this whole situation must be resolved as soon as possible. They are talking about creating the position of Executive Director for VaREPAC with a $25,000 to $30,000 salary and are hoping that we will be able to help them in a comprehensive search for someone to fill this position.

[redacted]. However, has learned that the Medical Society of Virginia is now going to use him as a lobbyist, so I guess it really doesn't make much difference what thinks, as he apparently will be out off. In some way, it may be better that I take the heat, personally, and let VaREPAC get on with the change that needs to be made.

What impresses me about this whole situation is the seriousness with which the VaREPAC is taking itself at this point. There is no way to calculate the positive effect the election of John Dalton has had on this organization and the result inferable they now carry with them when they discuss literally any race.

There are now three districts in which I believe there will be some activity in Virginia. In the 3rd district, Congressman Satterfield, apparently will have a primary challenge. Although a Democrat, he is apparently extremely conservative and will be receiving a challenge from a Black Democrat. Although this is his first real challenge in seven elections, no one can come up with any specific reason for the emergence of this challenger. Would have to guess that it's basically the fact that he's been around for so long and the old "new blood" syndrome is in effect. They will probably be requesting specific assistance for Satterfield, which I would not rule out at this point. Also, one of their better activists is deeply involved in this effort.

I'm not sure how they are going to be able to [illegible]

candidate [illegible], formerly chairman of the Fairfax County Board of Supervisors, [illegible] to be the leading candidate at this time. He has suffered [illegible] attacks and the [illegible] is that he may not particularly [illegible] politics. A man by the name of Tiedeman, [illegible] conservative, [illegible] a fundamentalist is also said to be running. He is apparently [illegible] on his church ties [illegible] Fairfax Christian [illegible] to carry [illegible] election. Apparently, [illegible] Company are backing him also. [illegible] is Bob Harris, a Republican former County [illegible] in Fairfax County and a former state representative.

In the 10th District, Congressman Fisher is facing a challenge from Frank Wolf, [illegible] the former Assistant Secretary of the Interior. Wolf is said to be [illegible] hard working and has many members who are [illegible] Dalton plus [illegible] crew.

Neither [illegible] last month are putting [illegible] good chance for the Republic[illegible] however, I'll continue [illegible] because [illegible] group has apparently [illegible] commitment to [illegible] involved [illegible] efforts.

In the U.S. [illegible] race, Lloyd Bentsen [illegible] currently [illegible] sure win [illegible] believed infallible. [illegible] However, [illegible] think that he is in much [illegible] has a [illegible] track by [illegible] of a 90% name identification [illegible] accordance [illegible] poll and the fact that he has a number of [illegible] 100's still [illegible] around the state.

Richard [illegible] is apparently receiving [illegible] from the [illegible] should make him the favorite at the convention [illegible] two senators [illegible] will have to deal with. By the way, Dole [illegible] Republican [illegible] and Bush will be the Democratic [illegible] Democratic [illegible] their's after the Republicans [illegible] would not [illegible] in with any particular candidate until [illegible] terms are [illegible]

In the Democratic race, Andrew Miller [illegible] supported by Duke and the people [illegible] who is [illegible] point. However, the precedent of [illegible] the city [illegible] County [illegible] and former [illegible] and [illegible] make it [illegible]

The feeling [illegible] is that Miller, [illegible] nominated, [illegible] next month [illegible] to medicine. However, [illegible] election [illegible] would indicate [illegible] Miller [illegible] support [illegible] Wilder will [illegible] which [illegible] Hamill in the primary for the [illegible]

RH/ps

Exhibit #2

MEMORANDUM

TO: Bill Watson

FROM: Thomas Norton

DATE: October 14, 1977

RE: JEMPAC Meeting, October 12, 1977

Frank Watson carried off his last Board meeting prior to the New Jersey gubernatorial election. Frank pointed out that although JEMPAC had not achieved all that he had hoped it would for this election, it nevertheless accomplished quite a bit. Among these items are:

- Two political education seminars, one prior to the primary and one after.
- Listing of all candidates for all state offices according to district. Where possible, annotations were made as to understanding of medical problems.
- Involvement on both sides of the gubernatorial race for the first time in JEMPAC history.
- Substantial involvement in a large number of state senate and assemblymen seats.
- Dissemination of voting location, voting district, candidates running in that district and campaign contact numbers for that district for all JEMPAC members.
- Compilation of all home addresses of all JEMPAC members, and as possible, by county, all physicians in the Medical Society of New Jersey. These lists are being distributed to those county coordinators for the various campaigns to be utilized in election day activities.
- JEMPAC election day activities coordinators appointed to all legislative districts. (Questionable as to how many are active)
- Manpower funneled into the various positions for Bateman committees throughout the state, as well as physicians for Byrne committees. Actual record of physicians working phone banks, election day activities, etc.

Overall, JEMPAC has come quite a distance since January of 1977. I'm quite pleased with the progress that Frank Watson was able to make with this diverse, and many times reluctant committee.

- Following his discussion of the final campaign programs, he laid out his plan for a reorganization of the JEMPAC operation. He mentioned that he was using the by-laws and operating procedures of the best state PAC's around the country to serve as models for this JEMPAC reorganization. He requested that anyone interested in serving on a committee for the reorganization join him in this project. He is determined to have this done by January of 1978, and I have been assisting him with a number of ideas, as well as out of state by-laws, etc.

One of the major points of his reorganization is to place physicians in positions on campaign staffs in the New Jersey House and State Senate. He was also discussing the possibility of getting him involved with local liaison committees with the Congressmen and Senators from the state. As it turns out, this is already the case in a number of situations. Physicians are serving as Senate AA's, etc. Also, one JEMPAC Board member indicated he was attempting to be appointed as an Aid during the next session if his candidate wins. As I understand it, the responsibilities of an Aid in the New Jersey House are not particularly great, and therefore, physicians can work effectively in these rolls. Basically, they are nothing more than volunteer jobs. It seems to me this might be an excellent article for either the Sustainer or Political Stethoscope.

Frank also picked up on his pitch for membership which he made during the last meeting. At this session he simply handed out quotas to each one of the Board members present for their counties. He also handed out a list which showed the number of members each county had in JEMPAC, as compared to the number of MSNJ members that are currently listed. Have included this with my memo. He intends to present an award for best percentage, best total, best mens division, best womens division, and best combined division. In addition, he plans to make special recognition for the group with the most outstanding purchase of 99+ pins. This met with the Boards approval.

Politically, the situation appears as follows:

- Bateman is still apparently ahead by approximately 7 to 12 percent, depending on the polls you believe. In both cases, the undecided is extremely high, in the 20 to 25 percent range. Burne is counter attacking very well. Basically, he is pointing out the paradoxes in the Bateman position vis-a-vis Burne's state income tax. In essence, what he is attempting to do is to show that Bateman has gone on record a number of times on the instituting of a state income tax. Unfortunately for Bateman, he has publically switched his position on this matter three times in the last 4 years. At the present time, the New York Times reportedly is carrying on a rather strong attack on Bateman for this apparent inconsistency in his viewpoint.

  Realistically, it would appear this race is going to turn into a very close one before it's all over with. Not only is Bateman falling down on the income tax issue which has been the basis for his entire effort, but Burne is also taking excellent use of his incumbency and all the power that goes with that. In particular, he seems to feel whatever

rifo there was between himself and the state Democratic operation. This bodes for trouble as far as Bateman is concerned on November 8. As is Virginia, it appears a low voter turnout will work heavily in Burnes favor.

Best estimates indicate that the spread between the two should be in the 100,000 vote area. Following the election, JEMPAC will be holding a candidate evaluation session. The first project the PAC will undertake is an analysis of how many physicians and physicians wives and family voted during the election. This will be carried out by the Auxiliary on a county by county basis. The intent is to begin targeting soft spots for the 1978 election.

Watson also indicates that at that meeting he will begin lobbying for full-time political help for JEMPAC's efforts in 1978.

COUNTY	MEMBERSHIP					
	MSNJ		JEMPAC			%
ATLANTIC	210		3			1.4
BERGEN	1087		84			7.7
BURLINGTON	258		15			5.8
CAMDEN	542		53			9.7
CAPE MAY	45		5			11.1
CUMBERLAND	131		13			9.9
ESSEX	1630		58			3.5
GLOUCESTER	109		12			11.
HUDSON	512		10			1.9
HUNTERDON	76		2			2.6
MERCER	581		23			3.9
MIDDLESEX	541		19			3.5
MONMOUTH	539		33			6.1
MORRIS	498		30			6.
OCEAN	223		12			5.3
PASSAIC	698		26			3.7
SALEM	43		10			2.3
SOMERSET	164		11			6.7
SUSSEX	69		10			14.5
UNION	730		63			8.6
WARREN	62		8			12.9
TOTAL	8740		500			

September 20, 1977

Frank Y. Watson, M.D.
Chairman, JEPAC
Mountainside Hospital
Montclair, N.J. 07042

Dear Frank:

Per our discussion of last week I have forwarded those bylaws, etc. which we have on hand here. Included are the DEPAC and NJPAC bylaws. I will have those of the other two states shipped to you shortly.

Hope this is of help to you. Looking forward to seeing you in October.

With best wishes,

Thomas C. Norton
Political Education Coordinator

TCN/js

Enc:

EXHIBIT 3

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
[illegible], MT 59601

December 28, 1977

Mark B. Listerud, M.D.
Chairman, MONTPAC
P.O. Box 729
Wolf Point, MT 59201

Dear Mark:

Just a note to wish you the best for 1978 and hoping the PAC movement will also find the year a prosperous one.

In this line, I want to urge you to attempt to secure photographs of literally any event that your political action program undertakes. If you will then forward these onto me, I will attempt to get them placed in either our AMPAC newsletters, or the AM News. It is our hope that this sharing of "visual accomplishment" will spur other PAC's around the country to perhaps follow your example, or at the very least, to be aware of what the other states are up to. If you have questions on this, please contact me here.

1978 is, of course, an election year, and an important one. With public financing again a distinct possibility, and the 1980 reapportionment very much on the mind of both parties, it is vitally important that the medical political action movement be in the forefront of those groups who are active this year. I urge you to set out a direct "plan-for-action," similar to one that I have enclosed, and to proceed to impliment it as soon as possible.

If you have been following the news reports from Washington, you are probably aware that many Congressmen will be "running-their-own-campaigns" this year, rather than coat-tailing on the accomplishments of the current Administration.

RECEIVED
DEC 30 1977
[illegible]
ASSOCIATION
EXHIBIT 4

For this reason, they will be looking for early support. Obviously, this is exactly the type of situation of which we must take advantage.

Hopefully, your action plan will not only call for heavy membership recruitment early in the year, but will also call for specific, active involvement within individual campaigns. More than ever, personal participation will be the measure of "true value" to Congressmen, and this cannot be overlooked by our medical community.

If there is any aspect of these ideas which you would like to discuss further, please don't hesitate to contact us. We're anxious to assist. See you in Montana, soon.

With best wishes,

Thomas C. Norton
Political Education Coordinator

TCN/js

Enc:

cc: Mr. Brian Zins

1978 Basic Medical Political Action Program

	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.
8 Membership	-Joint Billing Shipped (-'77's Priorty)		-Medical Journal Solicitation -First Rebilling to '77's that didn't rejoin			-Med. Journ. Solicit. -Second rebil. to '77's		-Med. Journ. Solicit.		-PAC article in Med. Journal -Final billing		
C Board tivities	-Sustaining Mem. from all Board		-Cand. select and eval. work(primary) -Disbursement if poss.		-Board letters to '77's that don't rejoin.			-Post Prim. Evaluation	-Cand. Eval. for Gen.	-Letter solicit PAC involvement		
	-Est. of Board mem. responsibility areas -Disbursements where poss.		-Eval. of Board recruitment work		-Primary involvement		-Disbursements for General			-Final Disbursements		
				PRIMARY								NOV. 7th
AC Action nnual Meetings			PAC Chr.speaks Auxiliary Meeting (Mem. sales at meeting)			PAC Chr. Reports to House (Mem. sales at meeting)						
ewsletter	-Mem. solicit. Registration urged!		-Primary Update Hot races, etc. Ways to involve, etc. VOTE urged.			-Primary Eval. Hot gen. races. Urge gen. involve. for fall races. Urge registration				-Gen. Summary of fall races. List names, locations, etc. of cand, hq's, hours, needs. VOTE urged		
C Chr.	-Design speaking tour, i.e., largest hospitals, counties, etc.-Before primary -AMPAC Leadership program at AMA Lead. Conf.-Chicago		-Personal appeals for action to Board, general membership. Actual involvement in campaign. -AMPAC staff updates			-Contacts established with all major campaigns. -Editorial contributions to general and specialty journals in state.		-Urge involvement in critical campaigns. -Impliment priority list with help of cand. eval, committee -AMPAC Staff updates			-WORK HQ's, POLLS, PHONE BANKS,ETC., ES NOV. 7th.	
ndidate port		-Realistic Eval. of capacities	-Assess specific cand. needs and involve PAC		-Primary Involvement evaluation		-Promote early summer involvement by physicians and physician spouses		-Final eval. of needs		-Turn out y physician families & Elect. Day	

M E M O R A N D U M

TO: Bill Watson

FROM: Tom Norton TN

DATE: August 8, 1977

RE: Meeting with AMPAC Representatives, August 4, 1977.

Carried on a two hour meeting with Don Udstuen, Al Lerner and Dr. George Wilkins, at the ISMS headquarters on Thursday, August 4. The reception was cordial, if pointed; however, overall I was somewhat heartened by developments. Among the items discussed:

1. ISMS, consistent with past complaints, feels that the AMPAC, AMA Public Affairs, and AMA Administration Operations are all working against each other. I realize this is probably nothing new, but it certainly was the crux of the entire conversation that was carried on. At one point in the discussion, Udstuen asked why if AMPAC is not a lobby, did we carry on the "lobby" for the public financing bill. I attempted to explain this following our line, but they did not accept this. All three present took shots at us for this. At the same time, I wondered why they would be upset with this approach, since they were pushing for the integration of the so-called three arms.

2. The result of this "inconsistency," Udstuen and Lerner both indicated AMPAC felt they had been shut off from the federal level of operation to a great extent. I suggested that perhaps closer communication between our two offices could alleviate much of the concern they have in this area. At one point during this portion of the discussion, Udstuen indicated a number of physicians had been complaining about a contribution to Congressman Metcalfe. When the physicians asked Udstuen why Metcalfe had received the contribution, and to what extent the physicians had utilized the impact of the contribution, Udstuen had little to say. Stated he would like to know from either our Washington lobbyist, or AMPAC, where he could attempt to utilize this input. Today, he said he had received no indication. I again suggested that communication between our two offices should be improved in this type of a matter. No telling how this was really received.

[redacted]

office to be created. Obviously, I was very interested in this proposal and suspect it was nothing new. Nonetheless,

EXHIBIT 5

with the sophistication that IMPAC is demonstrating, I would not rule it out as a real possibility for the future.

4. There was repeated reference to the size of the IMPAC membership. There was also mention that California's membership is down this year because Pross is holding back on membership dues, which they feel he is investing elsewhere. Much talk about doing the same with IMPAC next year. I asked them how they could justify not having the "big guys" help out the "little guys" with medical action throughout the United States. This obviously made no impression.

5. The basic body of the meeting was centered around all of the membership efforts that IMPAC has put together for 1977 and the prior years. It was extremely helpful to me. I will be putting together a compendium of all the pamphlets, envelopes, etc., which they gave to me. I think there is real value in some of these for a number of the states that I am servicing. I will also circulate an annotated copy of the pieces to the other PAC's. The bulk of our meeting was centered on the thoughts that they had on the New Jersey and Virginia situations, as I explained it to them. Their ideas and comments were extremely useful. However, most importantly, I think they all came to more fully appreciate the problems we have with most of the other states. If nothing else, they seem to understand why we appear to be "crawling" in a number of other states, when compared to the progress that IMPAC is making here in Illinois.

6. I think that the overall points which I left ISMS feeling were:

- we must find a way to work out better avenues of cooperation with ISMS
- we must have more input into their political operations
- I believe that George Wilkins, despite his griping, is our key to the above two. If we achieve these points, I would guess that our situation with IMPAC would improve very much.

TCH/js

MEMORANDUM
(CONFIDENTIAL)

TO: Bill Watson

FROM: Tom Norton

DATE: August 16, 1977

RE: August 11-12 Travel with Dr. Wilkins

Dr. Wilkins sounded and acted more like an AMPAC Board member during this trip than at any other time I have been with him. At one point late Thursday evening, he told me specifically, "before this trip, I guess I really didn't understand the role AMPAC plays in other states. I think I've got a better grasp of this federated giving concept now."

A brief rundown of our trip is as follows:

THURSDAY

We met for about an hour with Frank Watson before he began his Board meeting. Wilkins, because he had been acquainted with the situation prior to this trip, was quite understanding in support of Dr. Watson. In addition, he made a number of timely and interesting suggestions. He also indicated to Frank that full time, paid staff was necessary for JMPAC if the organization feels that it's going to impact the selection. Wilkins did this at my urging, and was very effective in his advocacy.

During the Board meeting, Wilkins made a number of timely comments. In effect, he played second banana to Frank Watson throughout the session and was able to save a number of critical issues for Dr. Watson. Dr. Watson was most appreciative of Dr. Wilkins efforts, and I would say that Dr. Wilkins was pleased with his own personal performance.

That evening, we ate with Dr. Dick Moschell in Annapolis. Wilkins was quite impressed with Dr. Moschell. However, the preparatory remarks I had made regarding Dr. Haley, Congressman Spellman, etc, put him on his guard and he handled them well when they came up in the dinner conversation.

That evening as we were driving towards W.D.C. for the night, he talked at length about the differences he is beginning to perceive with each of the state PAC's. He is also beginning to understand how a "one-step-at-a-time" approach is quite useful (even though this isn't the way they do it in Virginia).

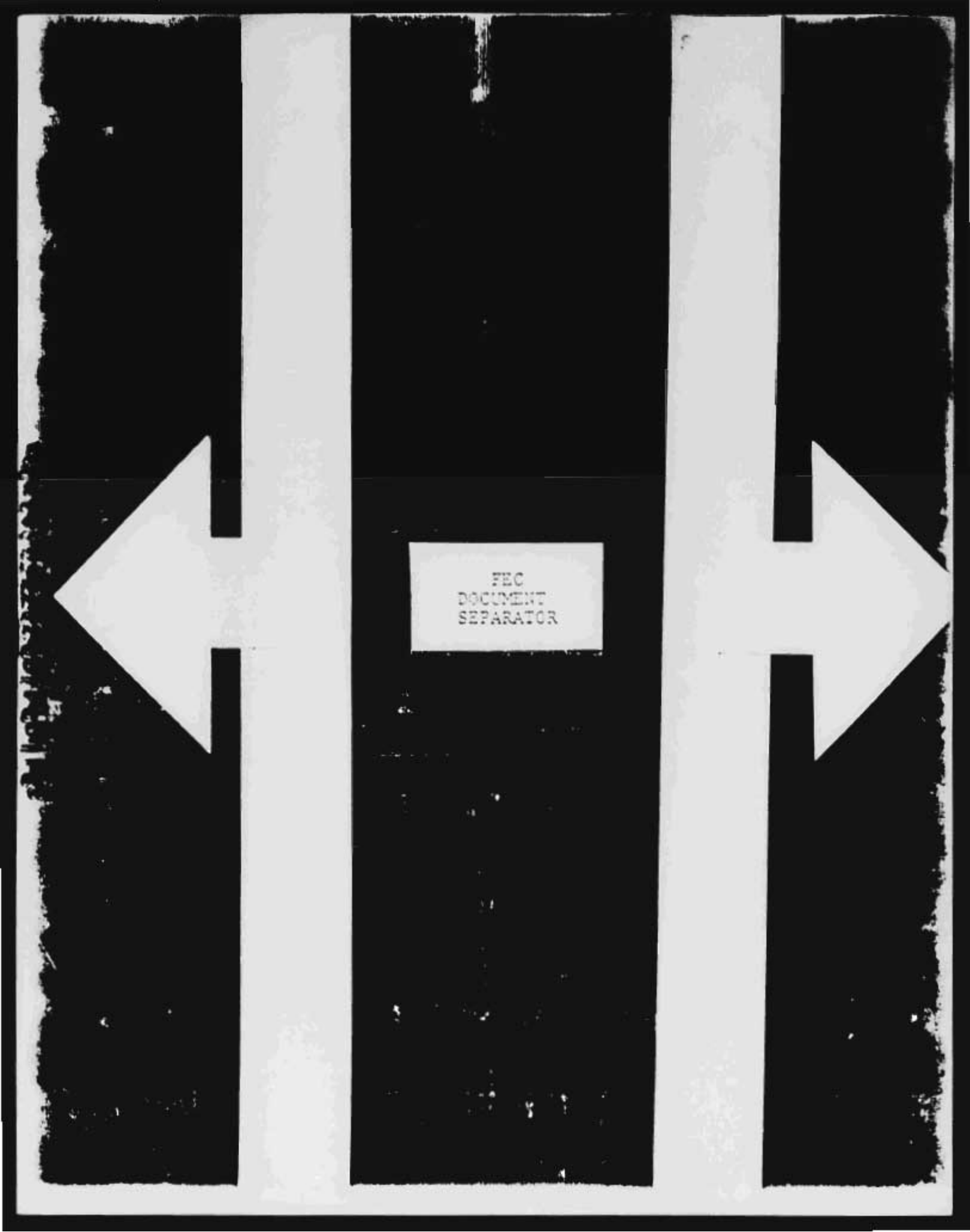
EXHIBIT 6

FRIDAY

While meeting with the VMPAC representatives, Wilkins made a number of excellent suggestions for their program in Virginia. Dr. Weyl and Mr. DeBolt were visibly pleased to have him at the meeting, as was I. As I mentioned in my memo on Virginia, both DeBolt and Weyl requested that George come back to the state on my next trip. If only because of the federated-giving reenforcement George receives on these outings, I would suggest that we consider doing this.

Following the meeting with VMPAC, we talked briefly about the effect we had during this trip. George again stated that this was all a new side of medical politics to him. He seemed very appreciative of having the opportunity to see at first hand.

In addition, George indicated that he felt the meeting with EMPAC last week was very useful. He indicated that in the future he would like to have me more directly involved with Udstuen and Larmer, especially on federal matters. I asked if I could be included on a "debrief" session scheduled for the next week or two with Governor Thompson's people. The topics to be discovered include congressional campaigns for 1978. He said he thought this would be a good idea and would check into it.


FEC
DOCUMENT
SEPARATOR

Ex. 21-49

"THE PRINCIPLES OF EFFECTIVE POLITICAL ACTION"

SUGGESTED REMARKS FOR

W. J. LEWIS, M.D.

LAMPAC SEMINAR

BATON ROUGE, LOUISIANA

MARCH 3, 1977

8102270259

THIS SEGMENT OF OUR LAMPAC - AMPAC POLITICAL ACTION SEMINAR IS GOING TO COVER SOME OF THE MOST BASIC, AND AT THE SAME TIME, THE MOST VITAL ELEMENTS THAT MUST BE UTILIZED IN ANY EFFECTIVE MEDICAL POLITICAL ACTION PROGRAM ... WITHOUT THESE, NO PROGRAM CAN REALLY SUCCEED ... AND WITH THESE, VIRTUALLY NO PROGRAM CAN FAIL.

BEFORE WE GET INTO THIS MUCH FURTHER THOUGH, I'D LIKE TO SHARE AN EXPERIENCE I'VE HAD. ACTUALLY, IT'S OCCURRED A NUMBER OF TIMES. IT GOES SOMETHING LIKE THIS.

A LEGISLATOR SPONSORS A BILL WHICH A PARTICULAR GROUP OF PEOPLE, ALL OF WHOM HAVE A COMMON INTEREST, SUDDENLY DECIDE IS NOT IN THEIR BEST INTEREST. ENRAGED, THEY MARCH EN MASSE INTO THIS POLITICIAN'S OFFICE AND DEMAND REDRESS. THE POLITICIAN WILL LISTEN TO THEIR COMPLAINTS, OFFER HIS SYMPATHIES -- AND THEN TOWARDS THE END OF THE SESSION WILL SUGGEST: "YOU KNOW, WHENEVER THE LEGISLATURE IS IN SESSION, I SEE AND HEAR A LOT FROM YOU GUYS, BUT, BY GOLLY, WHEN IT'S THE YEAR BEFORE AN ELECTION, OR EVEN THE WEEK BEFORE, I GENERALLY DON'T EVEN SEE YOUR NAMES APPEARING ON THE VOTER REGISTRATION LISTS. TELL YOU WHAT, I'LL THINK ABOUT YOUR REQUEST ... AND YOU CAN BE SURE I'LL DO 'WHATEVER IS APPROPRIATE'." AND YOU AND I KNOW THAT 'WHATEVER IS APPROPRIATE' IS NOTHING. TO A POLITICIAN, TALK IS CHEAP, BUT ACTION, ACCOUNTABILITY, VOTES -- THESE ARE EXPENSIVE ITEMS AND THESE ARE RELATIVE VALUES THAT THE POLITICIAN, WHETHER AT THE LOCAL, STATE, OR NATIONAL LEVEL CAN READILY UNDERSTAND -- OR AT LEAST HE'D BETTER, IF HE EXPECTS TO WIN AND STAY ELECTED.

THIS IS ULTIMATELY WHAT WE'RE TALKING ABOUT HERE TODAY -- THIS WHOLE SESSION IS A FUNCTION OF WINNING -- OF ACTION -- AND OF VOTES.

BUT HOW IS IT THAT THE PHYSICIAN COMMUNITY CAN DEVELOP THIS TYPE OF SITUATION -- SO THAT WHEN YOU STEP INTO THAT POL'S OFFICE -- YOU RECEIVE NOT ONLY 'WHAT'S APPROPRIATE', BUT ALSO, AN ACTUAL RESPONSE TO YOUR NEEDS???

LET'S GO BACK BRIEFLY AND TRACE THE EVOLUTION THAT LED ORGANIZED MEDICINE TO THIS STATE OF AFFAIRS. IN THE 1950's, IT BECAME INCREASINGLY CLEAR THAT THE FEDERAL AND STATE GOVERNMENTS WERE MORE AND MORE BENT ON INTERFERENCE IN THE DAY-TO-DAY OPERATION OF PRIVATE MEDICINE.

THIS DEVELOPMENT LED TO THE FORMATION OF AMPAC IN 1961 AND TO THE ESTABLISHMENT OF DOZENS OF OTHER STATE MEDICAL PACs, SUCH AS LAMPAC, WHICH ARE DESIGNED SPECIFICALLY TO BE MEDICAL POLITICAL ARMS. NONE OF THESE PACs ARE DESIGNED FOR LOBBYING PURPOSES. THIS IS THE FUNCTION OF THE STATE MEDICAL SOCIETIES. POLITICAL ACTION COMMITTEES ARE DESIGNED TO ACTIVATE AND EDUCATE THE PHYSICIAN COMMUNITY ON THE POLITICAL REALITIES OF THE DAY. IT WAS TRUE THEN, AND IS EVEN MORE TRUE TODAY, THAT POLITICAL EDUCATION -- AND POLITICAL ACTION -- MUST GO HAND IN HAND.

TODAY, THANKS TO THE CONSCIENTIOUS ACTIVITIES OF STATE OPERATIONS SUCH AS LAMPAC, AND TO THE CONTINUED PROGRAMS OF AMPAC, ORGANIZED MEDICINE IS WELL RECOGNIZED AS A NATIONAL FORCE ... TO THE EXTENT THAT MOST OTHER GROUPS ARE COMPARED TO OURS (ORGANIZED MEDICINE - AMPAC AND LAMPAC BEING THE NORM THAT OTHERS UNDER THEIR PERFORMANCE BY).

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NOW, IMPRESSIVE THOUGH ALL THIS MAY SOUND, GETTING OUR CONTRIBUTIONS AND TROOPS INTO THE POLITICAL TRENCHES JUST DOESN'T HAPPEN WITH A WAVE OF THE MAGIC WAND. IN FACT, IN SOME CASES, A WAVE OF THE MAGIC SEQUOIA TREE DOESN'T SEEM TO HAVE MUCH EFFECT.

BEGINNING TO FORM THE MEDICAL POLITICAL ACTION GROUP IS NO DIFFERENT THAN FORMING A STANDARD POLITICAL COMMITTEE. THE PRIMARY NEED OF ANY EFFECTIVE POLITICAL ORGANIZATION IS ALWAYS MEMBERSHIP. IT IS AS PLAIN AND SIMPLE AS THAT. WITHOUT THIS BASIC POLITICAL ELEMENT, YOU AREN'T GOING TO RAISE FUNDS, YOU WON'T HAVE BODIES TO HELP IN VOTER REGISTRATION, AND YOU WON'T HAVE PEOPLE VOTING AND WORKING AT THE POLLS ON ELECTION DAY...

BUT WHERE DO YOU START? WITHOUT TRYING TO MAKE YOUR PROBLEM OVERLY DIFFICULT, STARTING WITH "NATURALS" HELPS ANY MEMBERSHIP DRIVE. FOR LAMPAC, THE "NATURALS" INCLUDE PRIMARILY THE MEMBERSHIP OF THE LOUISIANA STATE MEDICAL SOCIETY AND THEIR FAMILIES. THIS IS THE SO-CALLED "NUCLEUS GROUP" WHICH HAS SHOWN ENOUGH INTEREST IN ORGANIZED MEDICINE TO BECOME INVOLVED WITH THE LSMS. THIS IS THE GROUP WHICH MUST BE REACHED AND THIS IS THE GROUP WHICH YOU MUST DEPEND ON FOR PRIMARY SUPPORT IN ALL ACITVITIES LAMPAC UNDERTAKES.

TARGETING IN ON THIS GROUP -- WHAT IS THE BEST WAY TO GET YOUR MESSAGE -- YOUR SELLING POINT -- ACROSS TO THEM? RECENT SURVEYS HAVE FOUND THAT AMONG THE BEST RECRUITING TOOLS AVAILABLE TO PHYSICIANS -- IS OTHER PHYSICIANS. DOCTOR-TO-DOCTOR, "EYEBALL-TO-EYEBALL". SOLICITATION IS CLEARLY ONE OF THE MOST VALUABLE MEANS WHICH STATE PACS CAN UTILIZE IN MEMBERSHIP WORK.

CERTAINLY, ONE OF THE STRONGEST, LONG-TERM PROGRAMS FOR SUSTAINED, PROLONGED PAC GROWTH IS COMBINED BILLING. THIS COMBINED BILLING IS AN INVOICE SENT BY THE STATE MEDICAL SOCIETY OR COUNTY MEDICAL SOCIETY WHICH INCLUDES THE PAC CONTRIBUTION IN THE TOTAL. THIS IS AN ESSENTIAL STEP WHICH LAMPAC HAS TAKEN.

GETTING THIS CONTRIBUTION ON THE MEDICAL SOCIETY BILLING TAKES COOPERATION FROM THE MEDICAL SOCIETY LEADERSHIP. MAINTAINING AND ENHANCING THIS PAC-TO-SOCIETY RELATIONSHIP IS THE KEY TO ANY SUCCESSFUL STATE MEMBERSHIP DRIVE -- ESPECIALLY WHEN IT IS FULLY REALIZED THAT WHATEVER IS GOOD FOR THE PAC, IS ULTIMATELY GOOD FOR THE SOCIETY.

WITH THE SUPPORT OF THE STATE SOCIETY, THESE ARE THE KINDS OF GOALS THAT CAN SPELL MEMBERSHIP SUCCESS FOR LAMPAC...

1. THE GOVERNING BOARD OF THE L.S.M.S., IN CONCERT WITH YOUR SOCIETY PRESIDENT AND PRESIDENT-ELECT OF THE L.S.M.S., CAN SEE THAT THE SOCIETY PROVIDES SOFT DOLLAR SUPPORT FOR PAC ACTIVITY.

2. THE PRESIDENT AND PRESIDENT-ELECT CAN RECRUIT PAC MEMBERS AND SUSTAINING MEMBERS THROUGH THEIR FORUM AS PUBLIC SPEAKERS BEFORE MEDICAL GROUPS.

3. THE CHAIRMAN OF YOUR STATE SOCIETY GOVERNING BOARD CAN SEE THAT YOU HAVE A PLACE ON THE STATE HOUSE OF DELEGATES PROGRAM IN ORDER FOR THE PAC TO PRESENT ITS MESSAGE TO THE STATE LEADERSHIP.

4. YOUR STATE SOCIETY PUBLICATION CAN PUBLISH ADVERTISEMENTS FOR MEMBERSHIP IN THE PAC AND CAN URGE THROUGH ITS EDITORIALS AND ARTICLES STRONG SUPPORT OF THE PAC.

5. YOUR PRESIDENT'S PAGE COULD CARRY RECRUITMENT MESSAGES FOR PAC MEMBERSHIP.

6. THE PAC BOOTH COULD HAVE A PROMINENT PLACE AT A STATE SOCIETY MEETING.

7. A PLACE COULD BE MADE ON THE ANNUAL MEETING SCHEDULE FOR THE PAC TO HOST A FUNCTION -- PERHAPS A BREAKFAST, LUNCH OR DINNER -- A WINE TASTING PARTY -- A DANCE -- A COCKTAIL PARTY -- OR ANY OTHER ACTIVITY THAT GIVES THE PAC HIGH VISIBILITY -- AND DESIRABILITY.

ANOTHER VERY IMPORTANT ITEM THAT HAS NETTED ASTOUNDING RESULTS IN OTHER STATES WHERE IT HAS NOT ONLY BEEN INSTITUTED, BUT ALSO CAREFULLY DEVELOPED, IS -- FAMILY MEMBERSHIP. THIS TYPE OF PAC BILLING BRINGS THE SPOUSE INTO THE PAC FOR APPROXIMATELY HALF THE COST. THIS THEN MEANS MORE MEMBERSHIP WITHIN YOUR POLITICAL BASE, AS WELL AS INCREASING YOUR WAR CHEST. IN STATES WHERE THIS HAS BEEN HEAVILY PROMOTED, ANNUAL MEMBERSHIP INCREASES OF 25, 35 AND EVEN 40 PERCENT HAVE BEEN RECORDED.

AGAIN, THE SUCCESS OF SUCH AN EFFORT DEPENDS LARGELY ON THE COOPERATION OF THE STATE SOCIETY, AS WELL AS THE SPIRIT AND INTEREST OF THE PHYSICIAN COMMUNITY.

IMPORTANTLY, ALL OF YOUR BEST MEMBERSHIP EFFORTS WILL GO FOR NAUGHT IF YOU DON'T FOLLOW UP YOUR INITIAL PROGRAMS. HERE ARE SOME IDEAS WHICH HAVE HAD GOOD SUCCESS ELSEWHERE:

IF A SOCIETY MEMBER IS SITTING ON THE LAMPAC BOARD, HE MUST REALIZE THAT A CERTAIN AMOUNT OF RESPONSIBILITY GOES WITH THE POSITION. WITH THIS IN MIND, BOARD MEMBERS SHOULD BE GIVEN PERSONAL FOLLOW-UP ASSIGNMENTS FOR THEIR CONGRESSIONAL OR STATE

REPRESENTATIVE DISTRICTS. THEY SHOULD NOT BE ALLOWED TO TAKE THIS RESPONSIBILITY LIGHTLY. SOME MEDICAL PACS ARE FORCED TO GO TO GREAT LENGTHS TO OBTAIN EFFECTIVE ACTION FROM THEIR BOARDS, (MUCH LESS PAC MEMBERSHIP). BUT IN THIS TYPE OF PROGRAM, IT IS ESSENTIAL, AND MUST OCCUR.

HERE AGAIN, THE SOCIETY CAN HELP OUT BY PROVIDING THE BOARD MEMBER WITH LISTINGS OF MEMBERSHIP IN HIS CONGRESSIONAL DISTRICT. URGE THE BOARD MEMBER TO CONTACT EACH ONE PERSONALLY AND REPORT BACK TO THE BOARD.

AS WE MENTIONED A MOMENT AGO, PHYSICIANS RESPOND TO PHYSICIANS AND THIS PERSONAL CONTACT WILL CREATE RESPONSE FOR YOUR PAC. IN ADDITION, THIS TYPE OF ACTIVITY WILL GIVE AN INDICATION OF THE GRASS ROOTS POLITICAL CONCERNS THAT THE PHYSICIANS OF YOUR STATE HAVE. THIS IS NOT TO MENTION THE VISIBILITY IT WILL GIVE YOUR PROGRAM.

LET ME TOUCH AGAIN ON THE POINT OF AUXILIARY INVOLVEMENT. THIS CAN NOT BE OVER EMPHASIZED. ANYONE WHO'S BEEN IN POLITICAL CAMPAIGNS KNOWS THAT YOU SIMPLY CANNOT RUN AN EFFECTIVE POLITICAL EFFORT TODAY WITHOUT THE WOMEN. THEY ARE THE ONES WHO CARRY THE WATER, TEND TO THE DAY-TO-DAY CAMPAIGN ACTIVITY, AND MORE AND MORE, ARE THE ONES WHO ACTUALLY RUN THE WHOLE SHOW. THIS DEVELOPMENT DIRECTLY REFLECTS THE TIME SPENT AND EXPERTISE GAINED WHILE LEARNING ABOUT THE IN'S AND OUT'S OF POLITICS. AND THE PEOPLE WHO UNDERSTAND THE POLITICAL UNDERCURRENTS ARE THE ONES WHO RUN THE POLITICAL OPERATIONS OF THIS COUNTRY. MORE AND MORE, IT IS THE WOMEN WHO ARE TAKING OVER THESE ROLES.

WITHIN THE MEDICAL AUXILIARY, THE WOMEN, AND THE MEN WHO ARE PHYSICIAN SPOUSES, SHOULD DEFINITELY BE URGED TO GET INVOLVED IN PAC. NINE TIMES OUT OF TEN, THE TIME EFFICIENCY OF A PHYSICIAN IS SUCH THAT HE OR SHE SIMPLY CANNOT DEVOTE ADEQUATE TIME TO MEDICAL POLITICAL ACTION -- SUCH IS THE NATURE OF THE BEAST. HOWEVER, MANY TIMES, THE PHYSICIAN SPOUSE HAS THIS TIME. THIS "TIME" IS POLITICAL POWER -- RAW POLITICAL POWER -- WHICH WHEN ENERGIZED AND PROPERLY UTILIZED, CAN TURN EVEN THE MOST DORMENT OF PACs INTO A POLITICAL POWERHOUSE.

A GOOD PLACE TO BEGIN WITH THIS UTILIZATION IS BY BRINGING THE AUXILIARY MEMBERS INTO THE PAC -- EITHER INDIVIDUALLY, OR THROUGH FAMILY MEMBERSHIP.

AUXILIARY MEMBERS SHOULD ALSO BE GIVEN POSITIONS ON YOUR PAC BOARD AND THEY SHOULD BE ENCOURAGED TO PARTICIPATE AND GET INVOLVED IN ALL WAYS POSSIBLE. LET ME MENTION THAT IN MANY STATES, EACH REPRESENTATIVE DISTRICT NOT ONLY HAS A PHYSICIAN REPRESENTATIVE, BUT ALSO AN AUXILIARY REP. A GOOD MEASURE OF THE SUCCESS AND IMPORTANCE OF AUXILIARY MEMBERSHIP IN PAC CAN BE SEEN IN IMPAC, THE ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE -- THE CHAIRMAN OF THIS POTENT MIDWESTERN MEDICAL POLITICAL ACTION UNIT IS A WOMAN AUXILIARY MEMBER, WHO IS NOT A PHYSICIAN.

ANOTEHR GOOD WAY TO FOLLOW UP YOUR INITIAL PAC CONTACTS IS THROUGH THE MAILS. RIGHT NOW, DIRECT MAIL SOLICITATION IS ONE OF THE HOTTEST POLITICAL TOOLS AROUND. IT IS WIDELY UTILIZED BY BOTH POLITICAL PARTIES, LABOR FORCES, AND OTHERS THAT FIGHT THE EVERYDAY BATTLES OF THE NATION'S POLITICS...

A MAILING, FOR EXAMPLE, SHOULD BE SENT TO ALL THOSE MEMBERS FROM LAST YEAR, WHO DID NOT JOIN THIS YEAR. THIS IS A TEDIOUS, SOMETIMES NEAR IMPOSSIBLE TASK, BUT WITH DIRECT MAIL'S IMPACT, IT CAN WORK.

A PIECE SHOULD BE SENT TO "FIRST-TIME" MEMBERS OUTLINING THE PAC'S ACTIVITIES AND THE IMPERATIVES OF PAC MEMBERSHIP. THIS SHOULD BE SENT AS SOON AFTER RECEIPT OF THE MEMBERSHIP DUES AS POSSIBLE.

WHEN YOU RECEIVE A SUSTAINING MEMBERSHIP, YOU SHOULD HAVE A SPECIAL LETTER AND PROGRAM ARRANGED TO QUICKLY THANK AND APPLAUD THIS CONTRIBUTION.

PROBABLY THE MOST IMPORTANT USE FOR DIRECT MAIL FOLLOW UP IS ACKNOWLEDGEMENT OF RECEIPT OF MEMBERSHIP -- AND STRONG REINFORCEMENTS THROUGHOUT THE YEAR.

LET ME TOUCH FOR A MOMENT ON THIS WHOLE QUESTION OF SUSTAINING MEMBERSHIP. AS WITH YOUR ACTIVE MEMBERSHIP LISTS, POTENTIAL LISTS OF SUSTAINING MEMBERSHIP SHOULD BE CAREFULLY DRAWN UP. WE SUGGEST THAT THE LEADERSHIP OF THE PAC AND THE SOCIETY BE STRONGLY URGED TO BECOME SUSTAINING MEMBERS. IT IS ONLY LOGICAL THAT THOSE WHO ARE BEING LOOKED TO FOR LEADERSHIP MUST ALSO BE THE ONES WHO TAKE ON RESPONSIBILITY FOR MAKING STRONG GESTURES OF PAC SUPPORT. BECOMING A SUSTAINING MEMBER, PUTTING YOUR MONEY ON THE LINE, AND THEN SAYING TO THE ACTIVE MEMBERSHIP -- "I BELIEVE IN LAMPAC, AND I'M FIRMLY COMMITTED TO MEDICAL POLITICAL ACTION" CAN HAVE DRAMATIC EFFECTS THROUGHOUT THE PHYSICIAN COMMUNITY. AGAIN, LET'S RECALL THAT ANOTHER OF THE STRONGEST MEMBERSHIP TOOLS IS PHYSICIAN TO PHYSICIAN SOLICITATION -- THIS ACT OF BECOMING A

SUSTAINING MEMBER TELLS YOUR PEERS THEY SHOULD BE AWARE OF WHAT IS GOING ON IN THIS AREA -- AND THAT IS HALF THE BATTLE.

WE SUGGEST THEN THAT THE PAC CHAIRMAN, THE PAC BOARD, THE STATE SOCIETY PRESIDENT AND PRESIDENT-ELECT; THE AUXILIARY, AND ALL PAC AND STATE STAFF -- SHOULD BE SUSTAINERS.

AND ONCE YOU HAVE RECEIVED THIS PIN, WEAR IT EVERYWHERE -- NO EFFECTIVE POLITICIAN GETS HIS PHILOSOPHY OR IMAGE ACROSS BY HIDING AWAY IN CORNERS. BE PROUD OF YOUR INVOLVEMENT. DISCUSS YOUR INVOLVEMENT WITH PHYSICIANS AND YOUR FRIENDS. DON'T SHY AWAY FROM THE FACT THAT YOU ARE AMONG THE MOST ARDENT MEDICAL POLITICAL ACTION SUPPORTERS IN THE STATE. AND MOST IMPORTANTLY, WEAR THIS PIN WHILE CARRYING ON YOUR OFFICE HOURS. IF YOUR PATIENTS BEGIN TO UNDERSTAND YOUR CONCERN, THEY WILL ALSO BEGIN TO UNDERSTAND THE IMPORTANCE YOU ATTACH TO,THIS INVOLVEMENT.

ONE PARTICULARLY EFFECTIVE WAY OF DEALING WITH THIS ENTIRE SUSTAINING MEMBERSHIP PROGRAM IS TO APPOINT A "SUSTAINING MEMBERSHIP COMMITTEE" WITHIN YOUR PAC BOARD AND CHARGE THEM WITH GOALS, AND REPORTING RESPONSIBILITIES. IN MANY STATES, WE HAVE FOUND THE AUXILIARY ASSISTANCE ON THIS PROJECT HAS BEEN INVALUABLE.

IF LAMPAC FOLLOWS MANY OF THESE SUGGESTIONS, CHANCES ARE THAT, VERY SHORTLY, THAT FIRST, ALL-IMPORTANT INGREDIENT OF ANY POLITICAL OPERATION WILL BE WELL SET. WITH A STRONG MEMBERSHIP, YOU ARE READY TO MOVE INTO THE NEXT PHASE -- THIS BEING POLITICAL EDUCATION AND POLITICAL ACTION.

BEFORE LAMPAC MEMBERSHIP CAN BE PLACED INTO THE POLITICAL TRENCHES, IT MUST RECEIVE SOME DIRECTION AS TO HOW IT CAN BEST UTILIZE ITS FORCE. IT MUST UNDERSTAND MUCH OF HOW POLITICS IN LOUISIANA AND AT THE NATIONAL LEVEL OPERATES. THAT IS WHAT THIS SEMINAR IS ALL ABOUT TODAY -- WE ARE ATTEMPTING HERE TO SHARE OUR KNOWLEDGE OF WHAT WE PERCEIVE TO BE TODAY'S SITUATION ON THE NATIONAL AND STATE POLITICAL SCENE IN ORDER THAT YOU MAY ASSIMILATE THIS INTO YOUR UNDERSTANDING OF WHAT MEDICAL POLITICS IS ALL ABOUT.

AND "WHAT-WE-ARE-ALL-ABOUT" IS IDENTIFYING, TALKING WITH, AND FINALLY, HELPING TO ELECT THOSE CANDIDATES WHO ARE GOING TO LISTEN TO THE PROBLEMS OF MEDICINE.

HOW DO YOU CHOOSE AND FIND THAT KIND OF CANDIDATE? THIS IS A BASIC FIRST WHICH MUST BE TAKEN, SO LET ME OUTLINE OUR SUGGESTIONS ON THIS:

FIRST, YOU -- EACH OF YOU -- IS IMPORTANT TO ANY CANDIDATE. IF YOU HAVE AN INTEREST IN SUPPORTING A CANDIDATE, FIND OUT IF:

1. THE PERSON IS ETHICAL.

2. WILL HE OR SHE LISTEN TO ORGANIZED MEDICINE'S POINT OF VIEW AND DOES HE APPRECIATE THE PROBLEMS THAT MEDICINE IS FACED WITH TODAY?

3. IS THIS PERSON SUPPORTED BY OTHER LOCAL PHYSICIANS AND HAVE THESE PHYSICIANS STARTED CANDIDATE SUPPORT ACTIVITIES FOR THIS PERSON?

4. IS THIS CANDIDATE COMMITTED TO RUNNING A PROFESSIONAL CAMPAIGN?

5. IS THIS CANDIDATE CAPABLE OF AMASSING ADEQUATE FUNDS TO RUN FOR OFFICE?

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6. AND, FINALLY, AND MOST IMPORTANTLY, DOES THIS PERSON HAVE A CHANCE OF WINNING?

I'M SURE THAT YOU HERE AT LAMPAC SHARE AMPAC'S DISTASTE FOR LOSERS. LOSERS CAN'T HELP US SO THAT IF ALL OF THE OTHER QUALIFICATIONS ARE MET -- AND YOUR CANDIDATE CAN'T WIN -- YOU'RE SIDESTEPPING YOUR PRIMARY RESPONSIBILITY TO LAMPAC. THAT BEING TO FIND VIABLE CANDIDATES WHO HAVE A GOOD TO EXCELLENT CHANCE OF WINNING.

IF YOU FIND A PERSON WHO MEETS WITH THESE CIRTERIA, INVITE HIM OR HER TO MEET WITH YOU AND OTHER LAMPAC PHYSICIANS. GET TO KNOW THE PERSON AND FIND OUT WHAT YOU CAN DO TO ASSIST HIM. THIS IS PARTICULARLY TRUE WITH CONGRESSMEN WHO ARE ALREADY ELECTED. INCUMBENTS MUST RECEIVE INPUT FROM LAMPAC -- AND ONLY YOU CAN EFFECTIVELY DELIVER THIS POINT OF VIEW. GET TO KNOW YOUR SITTING CONGRESSMEN, FIND OUT WHERE THEY STAND REGARDING ORGANIZED MEDICINE AND ITS GOALS, AND THEN EITHER GET BEHIND THE PERSON 100% OR START LOOKING FOR AN OPPONENT, NOW.

FOR AMPAC'S PART, WHERE YOUR CONTRIBUTION GOES IS ONE OF THE MOST IMPORTANT DECISONS MEMBERS OF THE AMPAC BOARD OF DIRECTORS MAKE. IT IS ONLY AFTER WE RECEIVE SUBSTANTIAL LOCAL INPUT FROM YOU HERE IN LOUISIANA, THAT OUR BOARD WILL GO AHEAD AND MAKE CONTRIBUTIONS TO CAMPAIGNS. AGAIN, THE AMPAC BOARD USES ESSENTIALLY THE SAME CRITERIA LIST THAT WE SUGGEST YOU USE. HOWEVER, WE ADDRESS A NUMBER OF ADDITIONAL NATIONAL CONCERNS IN OUR CONSIDERATION PROCESS.

As a bi-partisan group, I should also mention here that we have found we are supporting almost equal numbers of Democrats and Republicans. Again, applying the final test of possible victory as the key factor in any candidate support decision, it is imperative that personal philosophies be subverted. If we accept that we are neither Democrats, nor Republicans -- but members of the Organized Medicine Party -- the pragmatism of this outlook will be rewarded.

Let me also re-emphasize at this point, that we are not in the business of "buying" candidates. Indeed, today, with the $5,000 limitation on contributions, candidates would be a very hot item on the market if they could be "purchased" for only that amount. We do not ask a candidate to vote in accordance with our views. He doesn't have to promise <u>anything</u> to have our support. However, he should indicate a willingness to hear our side of the story as the occasion arises.

With your membership contributions in, and your decision as to which candidate you want to support made, it's now time for you to move into what I call the "fun" part of politics -- political action.

Members of AMPAC and LAMPAC basically protect their investment by getting involved in this end of the political process. The Medical Candidate Support Committee has always been and will certainly be in the future, the basic unit of the medical PAC movement.

LET ME ALSO MENTION HERE THAT WITHIN THE NEXT FOUR TO SIX YEARS, WE EXPECT PUBLIC FINANCING, SUCH AS WAS USED IN THIS YEAR'S PRESIDENTIAL CAMPAIGN, TO BE PUT INTO EFFECT FOR THE NATIONAL SENATORIAL AND CONGRESSIONAL RACES. WHAT THIS MEANS SIMPLY IS THAT ORGANIZED MEDICINE'S TRADITIONAL ROUTE OF INPUT, I.E., THE POLITICAL CONTRIBUTION, WILL BE NEGATED -- WE WILL BE FORCED TO RELY ON THE SO-CALLED "IN-KIND CONTRIBUTION" WHICH WILL HAVE TO BE MADE WITHOUT CONSULTATION OR THE KNOWLEDGE OF THE CANDIDATE THAT YOU WANT TO SUPPORT (CERTAINLY, THIS IS OF QUESTIONABLE VALUE...) -- OR WE WILL HAVE TO "TURN-OUT-THE-BODIES", AS THE PRECINCT CAPTAINS SAY.

NOW THIS PROSPECT MAY RUN COUNTER TO THE FEELINGS AND EXPERIENCE OF THE VAST MAJORITY OF THE PHYSICIAN COMMUNITY. CERTAINLY THIS IS UNDERSTANDABLE, AGAIN CONSIDERING THE TIME FACTORS THAT ARE CONSTANT CONCERNS IN EVERY PHYSICIAN'S LIFE. BUT LET'S LOOK AT WHAT SOME OF THE OTHER POLITICAL ACTION UNITS IN THE COUNTRY ARE UP TO.

WHEN CONSIDERING THE "HARD" AMOUNTS OF DOLLARS ACTUALLY CONTRIBUTED, AMPAC USUALLY ENDS UP ON TOP OF THE HEAP -- BUT ONLY BY A FEW THOUSAND DOLLARS. HOWEVER, OUR "COMPETITORS", IF YOU WILL THE AFL-CIO'S COPE AND THE NATIONAL EDUCATION ASSOCIATION'S NEAPAC -- TRADITIONALLY EXERT THEIR REAL POLITICAL MUSCLE IN TERMS OF VOTER REGISTRATION AND SO-CALLED "SOFT" DOLLAR SUPPORT IN THE AREAS OF "VOTER EDUCATION" AND ELECTION DAY ACTIVITIES. THESE INCLUDE PROVIDING BUSES TO THE POLLS ON ELECTION DAY, TELEPHONE BANK OPERATORS, ETC. THEY KILL US WITH THESE ACTIVITIES, IN TERMS OF

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REPORTED DOLLARS CONTRIBUTED -- AND THESE ARE PRECISELY THE AREAS WHERE WE WILL HAVE TO LEARN TO OPERATE, IF THE PUBLIC FINANCING BILL IS INTRODUCED AND PASSED.

BUT LET ME HASTEN TO POINT OUT HERE -- THAT AS PHYSICIANS -- YOU POSSESS AN INTANGIBLE THAT THE LABOR AND EDUCATION FORCES WILL NEVER HAVE -- AND THAT IS CREDIBILITY. POLL AFTER POLL, YEAR AFTER YEAR, CONTINUE TO SHOW THAT THE AMERICAN PHYSICIAN IS AMONG THE MOST RESPECTED PERSONS IN ANY COMMUNITY. THIS WE MUST TRANSLATE INTO POLITICAL POWER.

BUT BACK TO THE ACTIVE CONSTRUCTION OF YOUR CANDIDATE SUPPORT COMMITTEE ...

A MAJOR CONCERN YOU MUST BE AWARE OF IS BUILDING A CANDIDATE SUPPORT OPERATION WHICH REPRESENTS THE GEOGRAPHICAL AND POLITICAL BALANCE OF THE DISTRICT. CANDIDATE SUPPORT COMMITTEE MEMBERS SHOULD BE WELL RESPECTED WITHIN THE MEDICAL COMMUNITY, BUT THEY SHOULD ALSO HAVE EXCELLENT MARKS WITH THE COMMUNITY-AT-LARGE.

THE CANDIDATE SUPPORT COMMITTEE HAS THREE MAIN FUNCTIONS IN THE CAMPAIGN. THE FIRST, TO SOLICIT CONTRIBUTIONS FOR THE CANDIDATE; THE SECOND, TO RECRUIT VOLUNTEER WORKERS FOR THE CANDIDATE; AND THE THIRD, TO DELIVER VOTES ON ELECTION DAY.

ONE OF THE BIGGEST MISTAKES MADE BY CANDIDATE SUPPORT COMMITTEES IS PROMISING TOO MUCH TOO SOON. A CANDIDATE SUPPORT COMMITTEE SHOULD SET ITS GOALS AS REALISTICALLY AS POSSIBLE. IF THOSE GOALS ARE EXCEEDED, EVERYONE WILL BE PLEASED. HOWEVER, IF YOUR GOALS ARE SET TOO HIGH, OR TOO SOON, AND THE CANDIDATE SUPPORT COMMITTEE DOES NOT DELIVER AS PROMISED, THERE'S NOTHING BUT TROUBLE AHEAD.

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WITH THIS IN MIND, LAY OUT REALISTIC GOALS. DECIDE HOW MUCH MONEY CAN BE RAISED AGAINST THE NEEDS OF THE CAMPAIGN, THEN HOW MUCH CAN BE GIVEN WITHOUT DISCREDITING OR SOMEHOW TARNISHING THE INTENTIONS OF YOUR CANDIDATE SUPPORT COMMITTEE. WHAT ARE YOUR PRIORITY AREAS FOR THIS TYPE OF WORK? KEEP IN MIND, A WORKING NORM OF MOST GOOD CAMPAIGNS IS THAT ONCE A PERSON PUTS MONEY DOWN ON A CANDIDATE, MANY TIMES HE AUTOMATICALLY BECOMES A VOLUNTEER AS HE WANTS TO SEE HIS DOLLARS GOING TO A WINNING CAUSE.

UTILIZATION OF THIS NORM IN THE MEDICAL POLITICAL ACTION GROUP MEANS CONTRIBUTIONS ARE EXTREMELY IMPORTANT AND THEY SHOULD BE HEAVILY RECRUITED. ONCE YOU HAVE WORKING LISTS OF CONTRIBUTORS, YOU MOST LIKELY WILL HAVE A GOOD VOLUNTEER RESOURCE.

VOLUNTEERS ARE THE BACKBONE OF MOST CAMPAIGNS NOWADAYS. WITH LIMITED CONTRIBUTIONS, THE VOLUNTEER IS TAKING ON MORE AND MORE RESPONSIBILITY FOR ACTUALLY RUNNING THE CAMPAIGN. AGAIN, GIVEN THE RESPECT THE PHYSICIAN HAS IN THE COMMUNITY, IT IS GENERALLY QUITE EASY FOR THE PHYSICIAN VOLUNTEER TO BE ACCORDED A HIGH AND RESPONSIBLE POSITION IN THE CAMPAIGN APPARATUS -- WHICH IS EXACTLY WHAT YOU'RE ULTIMATELY AFTER. THIS IS JUST AS TRUE FOR AUXILIARY MEMBERS WHO ARE ABLE TO VOLUNTEER.

THE POINT HERE IS -- THAT ONCE YOUR PAC MEMBERSHIP IS UP TO SNUFF -- ONCE YOU HAVE YOUR CANDIDATE FOR SUPPORT CHOSEN, AND ONCE YOUR CANDIDATE AND VOLUNTEER EFFORTS ARE UNDERWAY, YOUR OVERALL CONTRIBUTION TO THE CAMPAIGN IS ONLY GOING TO BE AS GOOD AS YOUR TENACITY -- THE MORE YOU CAN INVOLVE YOURSELF -- THE GREATER THE IMPRESSION YOU WILL LEAVE.

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ULTIMATELY, THE WHOLE PROCESS BOILS DOWN TO ONE DAY -- ELECTION DAY. HERE YOUR TWO YEARS OF EFFORT, OR WHATEVER TIME SPAN HAS ELAPSED SINCE YOUR CANDIDATE SUPPORT ACTIVITY ACTUALLY BEGAN, EITHER FAILS OR SUCCEEDS. BUT THIS ELECTION DAY JUST DOENS'T OCCUR. THIS IS AN OPERATION THAT IS THE CULMINATION OF MONTHS AND WEEKS OF PLANNING -- WHICH IF CARRIED OFF SUCCESSFULLY -- WILL NOT ONLY WORK -- BUT WILL ALSO FIND THE MEDICAL POLITICAL UNIT CLOSELY TIED INTO ALL ASPECTS OF THE EFFORT. AS AN EXAMPLE, IF LAMPAC CAN GUARANTEE 25 WORKERS FOR THE ENTIRE ELECTION DAY ROUTINE, IN EACH ONE OF THE CONGRESSIONAL DISTRICTS, IN EACH OF THE CAMPAIGNS THAT YOU ARE SUPPORTING, THE EFFECT WOULD BE TREMENDOUS. ASK ANY CAMPAIGN MANAGER HOW HE WOULD FEEL ABOUT A GUARANTEE OF 25 TOP-FLIGHT PEOPLE FOR ELECTION DAY ACTIVITIES -- AND I THINK YOU'D BE SURPRISED AT THE POSITIVE RESPONSE.

SO YOUR GROUP GOES THROUGH THE ELECTION, -- YOU WIN, OR LOSE. IS THIS WHERE THE POLITICAL ACTION COMMITTEE CLOSES UP SHOP? AS AWFUL AS IT MAY SOUND, ABSOLUTELY NOT. TO BE A TRULY EFFECTIVE POLITICAL ENTITY, THE PROGRAM MUST LITERALLY RUN 52 WEEKS A YEAR. AND ALTHOUGH SOME MAY SCOFF AT THIS PROSPECT, IT IS THE PRICE WE MUST PAY IF WE BELIEVE WE ARE GOING TO CONTINUE TO HAVE TRUE IMPACT ON THE POLITICAL PROCESS OF THIS COUNTRY.

IN A NUTSHELL THEN, THIS IS OUR FORMULA FOR EFFECTIVE POLITICAL ACTION. ONCE AGAIN:

-- ESTABLISH AND STRENGTHEN EXISTING PAC MEMBERSHIP.

-- FIND AND ESTABLISH LIAISON WITH SITTING CONGRESSMEN, OR FORM NEWSOM COMMITTEES TO SEEK WINNING CANDIDATES.

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-- SET UP CONTRIBUTION PROGRAMS FOR THE CANDIDATE.

-- SET UP VOLUNTEER PROGRAMS.

-- ESTABLISH GOALS FOR THE TOTAL CAMPAIGN INVOLVEMENT.

-- BECOME AN INTEGRAL PART OF THAT ENTIRE EFFORT, INCLUDING AND MOST IMPORTANTLY, THE ELECTION DAY ACTIVITY.

-- AND MAINTAIN YOUR POLITICAL ACTION ACTIVITES ON A YEAR ROUND BASIS.

THIS THEN IS OUR CHALLENGE TO YOU. WE NEED YOU. WE APPRECIATE YOUR SUPPORT. AND WE HOPE YOU WON'T HESITATE TO CALL US WHENEVER WE MAY ASSIST YOU IN ACHIEVING THESE GOALS.

THANK YOU.

AMPAC

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AN AWFUL SUGGESTION

For most campaign workers, the best part of an election is when it's over. The conclusion of the campaign, its miserable hours and breakneck pace, can only bring sighs of relief from all involved (especially the candidate).

As euphoric as this prospect might seem, AMPAC would like to make the following awful suggestion: high quality political work is based, in large part, on tenacious followup efforts. Right now is the best possible time to continue your medical political activity.

Consider the following:

- At this point your group is well known to the candidate (now hopefully a Congressman) and he understands your group's potential.
- You now know who your good and bad workers are.
- You understand where your medical activity is strong and where it isn't.
- Most importantly, you and your medical political activists have a good, first hand knowledge of what it takes to win an election and run a political campaign.
- You know what went wrong in your campaign, and how to correct it. Now it is fresh in your mind.

Why not keep your effort going? Your wisest move would be to get your group together in an informal social situation and go over what you did wrong and what you did right in the last election. Resolve to continue with your political action, whether or not your candidate won.

It is clearly an awful suggestion, and certainly not a pleasant prospect. However, extra efforts such as this will pay you tremendous dividends in 1978.

DEMOCRATS CONTROL EXECUTIVE AND LEGISLATIVE GOVERNMENT

The Democratic party in 1977 will take over the reins of government with a Democratic President and Vice President, 62 Democrats in the U.S. Senate to 38 Republicans, and 289 Democrats in the House to 143 Republicans (three races are too close to call).

Jimmy Carter, who once appeared headed for the landslide of the century, won the presidency by a margin of about 1.7 million votes. In the electoral vote, Carter's margin is the smallest of the century.

79.6 million Americans voted in the November 2nd election.







Left: Freshman Ron Paul, M.D. (D-22) is 94 votes behind his challenger. The race is considered too close to call at this time. Center: Congressman Larry P. McDonald, M.D. (D-7) of Georgia was reelected to his second term. Right: Congressman Tim Lee Carter, M.D. (R-5) of Kentucky is the senior physician of the House and was reelected to the 95th Congress. Congressman Carter is the ranking Republican member on the House subcommittee on public health and environment.

(See Chairman's Message on page 7.)

SEVENTEEN NEW FACES IN THE UNITED STATES SENATE

Democrats will retain their 62 to 38 majority in the United States Senate in 1977 (95th Congress—First Session) despite a change of party in 14 seats and the election of 17 new Senators on November 2.

Nine incumbents—five Democrats and four Republicans—were defeat-

(Continued on page 6.)

HOUSE STAYS THE SAME

As a result of the 435 House races up in 1976, the United States House of Representatives will look much like the House elected in 1974.

The House of Representatives in the 95th Congress (takes office in January 1977) will hold 289 Democrats, and 143 Republicans, with three House races too close to call at this time. The 94th Congress held 290 Democrats and 145 Republicans.

There were 55 open House races. Of those 55, 10 changed party control. Eleven House members were defeated for reelection. They include Burt Talcott (R-16) of California, Tim Hall (D-15) of Illinois, Edward Roush (D-4) of Indiana, Edward Mezvinsky (D-1) of Iowa, Garner E. Shriver (R-4) of Kansas, Richard VanderVeen (D-5) of Michigan, Henry Helstoski (D-9) of New Jersey, Donald D. Clancy (R-2) of Ohio, Albert Johnson (R-23) and Joseph Vigorito (D-24) of Pennsylvania, and Allen T. Howe (D-2) of Utah.

The three House races too close to call at this time include the Illinois 10th, where Sam Young (R) is running against the incumbent Abner Mikva (D); the Texas 22nd, where the incumbent Ron Paul, M.D. (R) is 94 votes behind his Democratic challenger Bob Gammage; and, the Washington 2nd District, where the Republican John Nance Garner and the Democratic incumbent Lloyd Meeds are locked in a tight race where Meeds is some 200 votes ahead.

It has been 20 years since there was so narrow a shift in party division. Only 21 seats changed party control.

In 1974 Republicans lost 43 seats to the Democrats.

The new House will not be a carbon copy of its predecessor. It will have more than 60 new members and a larger proportion of junior members than any Congress in recent years, with about one-third having no more than two years of congressional service.

AMPAC

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HOUSE LINE-UP BY STATE



DEMOCRATS NET ONE GOVERNORSHIP

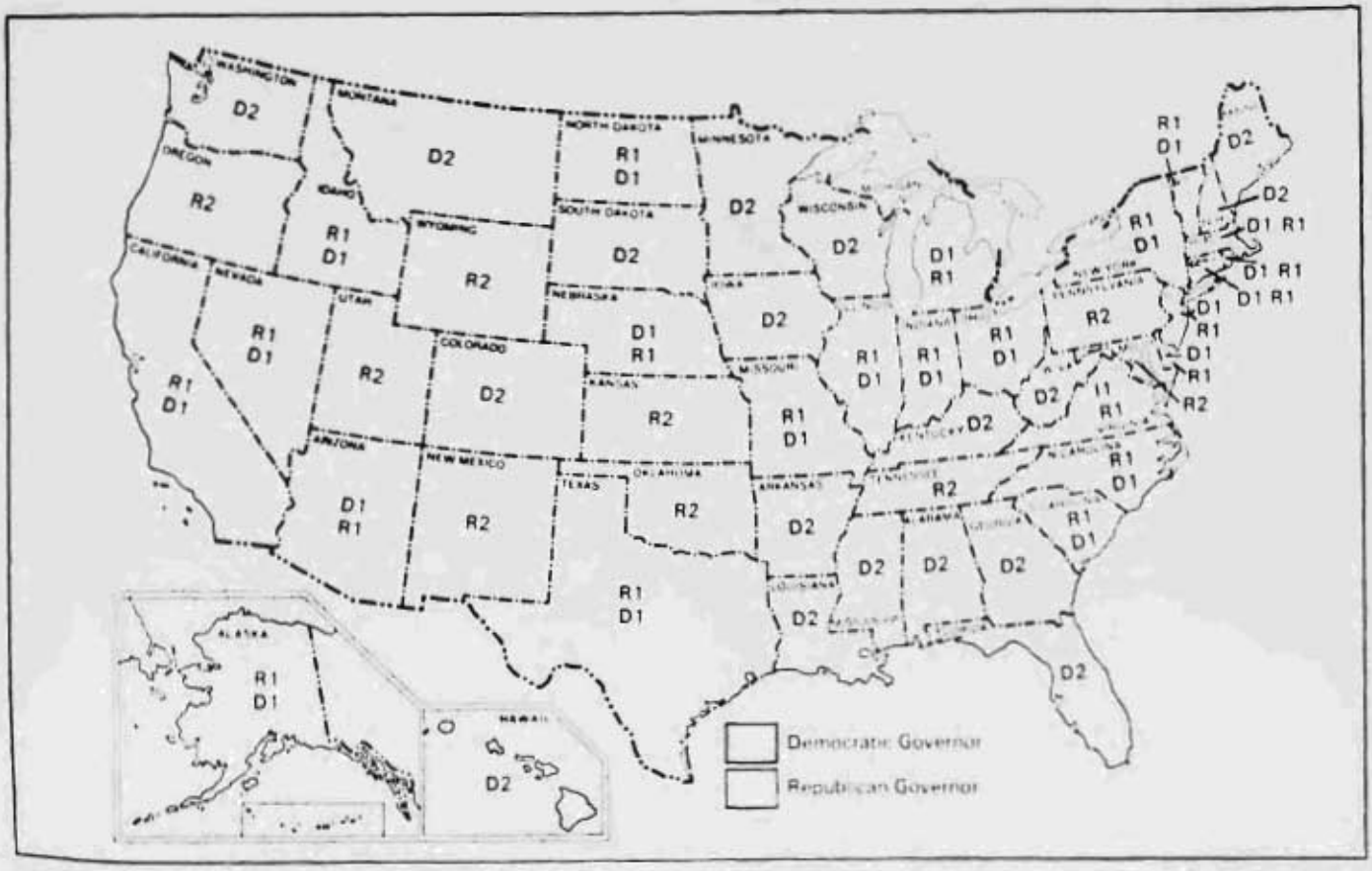
In 1976, there were 36 Democratic Governors, 13 Republicans and one Independent. In 1977 there will be 37 Democrats, 12 Republicans and one Independent. This represents a net gain of one Democratic Governorship.

Fourteen Governor's races were up this year in the 50 states. Of the 14, 8 were Democrats and 6 were Republicans. Two Incumbent Governors were defeated. They were Sherman Tribitt (D) of Delaware. He was defeated by Pierre S. duPont IV (R). Governor Christopher Bond (R) of Missouri was defeated by Joseph Teasdale (D).

In five races for Governor where there was no incumbent, the Govvernorship changed party hands. James Thompson (R) of Illinois defeated Michael Howlett (D). Howlett had earlier defeated incumbent Governor Daniel Walker. In Vermont, Richard Snelling (R) will replace Governor Thomas P. Salmon (D), who unsuccessfully sought the Senate seat in the general election. In Washington Dixie Lee Ray (D) will replace Daniel J. Evans (R) who did not seek reelection. In North Carolina, James B. Hunt (D) will replace James Holshouser (R) who could not seek reelection. In West Virginia, Jay Rockefeller (D) will replace Arch Moore (R) who was prevented from seeking reelection.

Here's a look at the nation's eight new Governors. In Delaware, Pierre S. duPont IV (R) is the current At Large House member. James Thompson (R), a former U.S. Attorney, is a 39 year old 6 ft. 6 in. newcomer to politics who defeated his opponent Michael Howlett by the largest margin any gubernatorial candidate has defeated another candidate in Illinois. In Missouri, Joseph P. Teasdale (D) is a Kansas City lawyer, 40 years old and a former Jackson County Prosecutor. James B. (Jim) Hunt, Jr., (D) is the new Governor of North Carolina. He is 39 years old and currently serves as Lt. Governor. J. Joseph Garrahy (D) of Providence has been quoted as saying he plans to make Rhode Island "a model health care state". He currently serves as Lt. Governor. Richard A. Snelling (R) is a 49 year old member of the Vermont state legislature where he serves as House Majority Leader. Dixie Lee Ray (D), new Governor of Washington, is female, 61 years old, a Ph.D. and a former Chairman of the Atomic Energy Commission. Jay Rockefeller (D), new Governor of West Virginia, is a former West Virginia Secretary of State, and in real life he is known as John D. Rockefeller IV, heir to Rockefeller millions. He is 38 years old and married to Sharon Percy, daughter of United States Senator Charles H. Percy of Illinois.

GOVERNORSHIPS AND SENATE LINE-UP BY STATE



HOUSE MEMBERSHIP IN THE 95th CONGRESS, 1st

HOUSE LINE-UP

Democrats 289 Republicans 143

Freshman Democrats 46 Freshman Republicans 20

***Three House races too close to call**

ALABAMA
1 Jack Edwards (R)
2 William L. "Bill" Dickinson (R)
3 William Nichols (D)
4 Tom Bevill (D)
f 5 Ronnie G. Flippo (D)
6 John H. Buchanan (R)
7 Walter W. Flowers, Jr. (D)

ALASKA
AL Don Young (R)

ARIZONA
1 John J. Rhodes (R)
2 Morris K. Udall (D)
f 3 Bob Stump (D)
f 4 Eldon Rudd (R)

ARKANSAS
1 William V. Alexander (D)
f 2 Jim Guy Tucker (D)
3 John P. Hammerschmidt (R)
4 Ray Thornton, Jr. (D)

CALIFORNIA
1 Harold T. Johnson (D)
2 Don H. Clausen (R)
3 John E. Moss (D)
4 Robert L. Leggett (D)
5 John L. Burton (D)
6 Phillip Burton (D)
7 George Miller, III (D)
8 Ronald V. Dellums (D)
9 Fortney H. "Pete" Stark (D)
10 W. Donlan Edwards (D)
11 Leo J. Ryan (D)
12 Paul "Pete" N. McCloskey, Jr. (R)
13 Norman Y. Mineta (D)
14 John F. McFall (D)
15 B. F. Sisk (D)
f 16 Leon E. Panetta (D)
17 John Krebs (D)
18 William M. Ketchum (R)
19 Robert J. Lagomarsino (R)
20 Barry Goldwater, Jr. (R)
21 James C. Corman (D)
22 Carlos J. Moorhead (R)
f 23 Anthony C. Beilenson (D)
24 Henry A. Waxman (D)
25 Edward R. Roybal (D)
26 John H. Rousselot (R)
f 27 Robert K. Dornan (R)
28 Yvonne W. Brathwaite Burke (D)
29 Augustus F. Hawkins (D)
30 George Danielson (D)
31 Charles H. Wilson (D)
32 Glenn M. Anderson (D)
33 Delman M. Clawson (R)
34 Mark W. Hannaford (D)
35 James Lloyd (D)
36 George E. Brown, Jr. (D)
37 Shirley N. Pettis (R)
38 Jerry M. Patterson (D)
39 Charles E. Wiggins (R)
f 40 Robert E. Badham (R)
41 Bob Wilson (R)
42 Lionel Van Deerlin (D)
43 Clair W. Burgener (R)

COLORADO
1 Patricia Schroeder (D)
2 Timothy E. Wirth (D)
3 Frank E. Evans (D)
4 James P. Johnson (R)
5 William L. Armstrong (R)

CONNECTICUT
1 William R. Cotter (D)
2 Christopher J. Dodd (D)
3 Robert Giaimo (D)
4 Stewart B. McKinney (R)
5 Ronald A. Sarasin (R)
6 Anthony "Toby" Moffett (D)

DELAWARE
f AL Thomas B. Evans (R)

FLORIDA
1 Robert L. F. Sikes (D)
2 Don Fuqua (D)
3 Charles E. Bennett (D)
4 Bill Chappell, Jr. (D)
5 Richard Kelly (R)
6 C. W. Bill Young (R)
7 Sam Gibbons (D)
f 8 Andy Ireland (D)
9 Lou Frey, Jr. (R)
10 L. A. "Skip" Bafalis (R)
11 Paul G. Rogers (D)
12 J. Herbert Burke (R)
13 William Lehman (D)
14 Claude Pepper (D)
15 Dante B. Fascell (D)

GEORGIA
1 Ronald B. "Bo" Ginn (D)
2 Dawson Mathis (D)
3 Jack Brinkley (D)
4 Elliott H. Levitas (D)
5 Andrew Young (D)
6 John J. Flynt, Jr. (D)
7 Lawrence McDonald, M.D. (D)
f 8 J. W. "Billy" Lee Evans (D)
f 9 Ed Jenkins (D)
f 10 D. Douglas Barnard (D)

HAWAII
f 1 Cecil Heftel (D)
f 2 Daniel K. Akaka (D)

IDAHO
1 Steven Symms (R)
2 George V. Hansen (R)

ILLINOIS
1 Ralph H. Metcalfe (D)
2 Morgan F. Murphy (D)
3 Martin A. Russo (D)
4 Edward J. Derwinski (R)
5 John Fary (D)
6 Henry J. Hyde (R)
7 Mrs. Cardiss Collins (D)
8 Daniel D. Rostenkowski (D)
9 Sidney R. Yates (D)
* 10
11 Frank Annunzio (D)
12 Philip M. Crane (R)
13 Robert McClory (R)
14 John Erlenborn (R)
f 15 Tom Corcoran (R)
16 John B. Anderson (R)
17 George M. O'Brien (R)
18 Robert H. Michel (R)
19 Thomas F. Railsback (R)
20 Paul Findley (R)
21 Edward R. Madigan (R)
22 George E. Shipley (D)
23 Melvin Price (D)
24 Paul Simon (D)

INDIANA
f 1 Adam Benjamin, Jr. (D)
2 Floyd J. Fithian (D)
3 John Brademas (D)
f 4 J. Danforth Quayle (R)
5 Elwood Hillis (R)
6 David Walter Evans (D)
7 John T. Myers (R)
f 8 David L. Cornwell (D)
9 Lee H. Hamilton (D)
10 Philip R. Sharp (D)
11 Andrew Jacobs, Jr. (D)

IOWA
f 1 James A. S. Leach (R)
2 Michael Blouin (D)
3 Charles E. Grassley (R)
4 Neal Smith (D)
5 Tom Harkin (D)
6 Berkley Bedell (D)

KANSAS
1 Keith G. Sebelius (R)
2 Martha Keys (D)
3 Larry Winn, Jr. (R)
f 4 Dan Glickman (D)
5 Joe Skubitz (R)

KENTUCKY
1 Carroll Hubbard, Jr. (D)
2 William H. Natcher (D)
3 Romano L. Mazzoli (D)
4 M. Gene Snyder (R)
5 Tim Lee Carter, M.D. (R)
6 John Breckinridge (D)
7 Carl D. Perkins (D)

LOUISIANA
f 1 Richard A. Tonry (D)
2 Mrs. Hale "Lindy" Boggs (D)
3 David C. Treen (R)
4 Joe D. Waggonner, Jr. (D)
f 5 Jerry Huckaby (D)
6 W. Henson Moore (R)
7 John B. Breaux (D)
8 Gillis W. Long (D)

MAINE
1 David F. Emery (R)
2 William S. Cohen (R)

MARYLAND
1 Robert E. Bauman (R)
2 Clarence D. Long (D)
f 3 Barbara A. Mikulski (D)
4 Marjorie Holt (R)
5 Gladys Noon Spellman (D)
6 Goodloe E. Byron (D)
7 Parren J. Mitchell (D)
f 8 Newton I. Steers (R)

MASSACHUSETTS
1 Silvio O. Conte (R)
2 Edward P. Boland (D)
3 Joseph D. Early (D)
4 Robert F. Drinan, S.J. (D)
5 Paul E. Tsongas (D)
6 Michael J. Harrington (D)
f 7 Edward J. Markey (D)
8 Thomas P. O'Neill, Jr. (D)
9 John Joseph Moakley (D)
10 Margaret M. Heckler (R)
11 James A. Burke (D)
12 Gerry E. Studds (D)

MICHIGAN
1 John Conyers, Jr. (D)
f 2 Carl Pursell (R)
3 Garry Brown (R)
f 4 Dave Stockman (R)
f 5 Harold S. Sawyer (R)
6 M. Robert Carr (D)
f 7 Dale E. Kildee (D)
8 Robert Traxler (D)
9 Guy A. Vander Jagt (R)
10 Elford A. Cederberg (R)
11 Philip E. Ruppe (R)
f 12 David E. Bonior (D)
13 Charles C. Diggs, Jr. (D)
14 Lucien N. Nedzi (D)
15 William D. Ford (D)
16 John D. Dingell (D)
17 William M. Brodhead (D)
18 James J. Blanchard (D)
19 William S. Broomfield (R)

MINNESOTA
1 Albert H. Quie (R)
2 Thomas M. Hagedorn (R)
3 William Frenzel (R)
f 4 Bruce F. Vento (D)
5 Donald M. Fraser (D)
6 Richard "Rick" Nolan (D)
7 Bob Bergland (D)
8 James L. Oberstar (D)

MISSISSIPPI
1 Jamie L. Whitten (D)
2 David R. Bowen (D)
3 G. V. "Sonny" Montgomery (D)
4 Thad Cochran (R)
5 Trent Lott (R)

MISSOURI
1 William Clay (D)
f 2 Robert A. Young (D)
f 3 Richard A. Gephardt (D)
f 4 Ike Skelton (D)
5 Richard Bolling (D)
f 6 E. Thomas Coleman (R)
7 Gene Taylor (R)
8 Richard H. Ichord (D)
f 9 Harold L. Volkmer (D)
10 Bill D. Burlison (D)

MONTANA
1 Max S. Baucus (D)
f 2 Ron Marlenee (R)

t SESSION . . . 289 DEMOCRATS, 143 REPUBLICANS*

NEBRASKA
1 Charles Thone (R)
f 2 John J. Cavanaugh (D)
3 Virginia Smith (R)

NEVADA
AL James Santini (D)

NEW HAMPSHIRE
1 Norman E. D'Amours (D)
2 James R. Cleveland (R)

NEW JERSEY
1 James J. Florio (D)
2 William J. Hughes (D)
3 James J. Howard (D)
4 Frank Thompson, Jr. (D)
5 Millicent Fenwick (R)
6 Edwin B. Forsythe (R)
7 Andrew Maguire (D)
8 Robert A. Roe (D)
f 9 Harold C. Hollenbeck (R)
10 Peter W. Rodino, Jr. (D)
11 Joseph G. Minish (D)
12 Matthew J. Rinaldo (R)
13 Helen S. Meyner (D)
f 14 Joseph A. Le Fante (D)
15 Edward J. Patten (D)

NEW MEXICO
1 Manuel Lujan, Jr. (R)
2 Harold Runnels (D)

NEW YORK
1 Otis G. Pike (D)
2 Thomas J. Downey (D)
3 Jerome A. Ambro, Jr. (D)
4 Norman F. Lent (R)
5 John W. Wydler (R)
6 Lester L. Wolff (D)
7 Joseph P. Addabbo (D)
8 Benjamin S. Rosenthal (D)
9 James J. Delaney (D)
10 Mario Biaggi (D)
11 James H. Scheuer (D)
12 Shirley Chisholm (D)
13 Stephen J. Solarz (D)
14 Frederick W. Richmond (D)
15 Leo C. Zeferetti (D)
16 Elizabeth Holtzman (D)
17 John M. Murphy (D)
18 Edward I. Koch (D)
19 Charles Rangel (D)
f 20 Theodore S. Weiss (D)
21 Herman Badillo (D)
22 Jonathan B. Bingham (D)
f 23 Bruce F. Caputo (R)
24 Richard L. Ottinger (D)
25 Hamilton Fish, Jr. (R)
26 Benjamin A. Gilman (R)
27 Matthew F. McHugh (D)
28 Samuel S. Stratton (D)
29 Edward W. Pattison (D)
30 Robert C. McEwen (R)
31 Donald J. Mitchell (R)
32 James M. Hanley (D)
33 William F. Walsh (R)
34 Frank Horton (R)
35 Barber B. Conable, Jr. (R)
36 John LaFalce (D)
37 Henry J. Nowak (D)
38 Jack F. Kemp (R)
39 Stanley N. Lundine (D)

NORTH CAROLINA
1 Walter B. Jones (D)
2 L. H. Fountain (D)
f 3 Charles Whitley (D)
4 Ike F. Andrews (D)
5 Stephen L. Neal (D)
6 L. Richardson Preyer (D)
7 Charles G. Rose, III (D)
8 W. G. "Bill" Hefner (D)
9 James G. Martin (R)
10 James T. Broyhill (R)
f 11 Lamar Gudger (D)

NORTH DAKOTA
AL Mark Andrews (R)

OHIO
1 Willis D. Gradison, Jr. (R)
f 2 Thomas A. Luken (D)
3 Charles W. Whalen, Jr. (R)
4 Tennyson Guyer (R)
5 Delbert L. Latta (R)
6 William H. Harsha (R)
7 Clarence J. Brown, Jr. (R)
8 Thomas N. Kindness (R)
9 Thomas L. Ashley (D)
10 Clarence E. Miller (R)
11 J. William Stanton (R)
12 Samuel L. Devine (R)
f 13 Donald J. Pease (D)
14 John F. Seiberling, Jr. (D)
15 Chalmers P. Wylie (R)
16 Ralph S. Regula (R)
17 John M. Ashbrook (R)
f 18 Douglas Applegate (D)
19 Charles J. Carney (D)
f 20 Mary Rose Oakar (D)
21 Louis Stokes (D)
22 Charles A. Vanik (D)
23 Ronald M. Mottl (D)

OKLAHOMA
1 James R. Jones (D)
2 Theodore M. "Ted" Risenhoover (D)
f 3 Wes Watkins (D)
4 Tom Steed (D)
f 5 Mickey Edwards (R)
6 Glen English (D)

OREGON
1 Les AuCoin (D)
2 Al Ullman (D)
3 Robert B. Duncan (D)
4 James Weaver (D)

PENNSYLVANIA
f 1 Michael "Ozzie" Myers (D)
2 Robert N. C. Nix (D)
f 3 Raymond Lederer (D)
4 Joshua Eilberg (D)
5 Richard T. Schulze (R)
6 Gus Yatron (D)
7 Robert W. Edgar (D)
f 8 Peter H. Kostmayer (D)
9 E. G. Bud Shuster (R)
10 Joseph M. McDade (R)
11 Daniel J. Flood (D)
12 John P. Murtha (D)
13 Lawrence Coughlin (R)
14 William S. Moorhead (D)
15 Fred B. Rooney (D)
f 16 Robert Walker (R)
f 17 Allen Ertel (D)
f 18 Doug Walgren (D)
19 William F. Goodling (R)
20 Joseph M. Gaydos (D)
21 John H. Dent (D)
f 22 Austin J. Murphy (D)
f 23 Joseph Ammerman (D)
f 24 Marc Marks (R)
25 Gary A. Myers (R)

RHODE ISLAND
1 Fernand St. Germain (D)
2 Edward Beard (D)

SOUTH CAROLINA
1 Mendel J. Davis (D)
2 Floyd Spence (R)
3 Butler C. Derrick (D)
4 James R. Mann (D)
5 Kenneth Holland (D)
6 John W. Jenrette, Jr. (D)

SOUTH DAKOTA
1 Larry Pressler (R)
2 James Abdnor (R)

TENNESSEE
1 James H. Quillen (R)
2 John J. Duncan (R)
3 Marilyn L. Lloyd (D)
f 4 Albert Gore, Jr. (D)
5 Clifford Allen (D)
6 Robin L. Beard (R)
7 Ed Jones (D)
8 Harold E. Ford (D)

TEXAS
1 Sam B. Hall, Jr. (D)
2 Charles Wilson (D)
3 James M. Collins (R)
4 Ray Roberts (D)
* 5 Jim Mattox (D)
6 Olin E. Teague (D)
7 William R. Archer (R)
8 Bob Eckhardt (D)
9 Jack Brooks (D)
10 J. J. Pickle (D)
11 W. R. Poage (D)
12 Jim Wright (D)
13 Jack Hightower (D)
14 John Young (D)
15 Eligio de la Garza (D)
16 Richard C. White (D)
17 Omar Burleson (D)
18 Barbara Jordan (D)
19 George H. Mahon (D)
20 Henry B. Gonzalez (D)
21 Robert Krueger (D)
* 22
23 Abraham Kazen, Jr. (D)
24 Dale Milford (D)

UTAH
1 K. Gunn McKay (D)
f 2 Dan Marriott (R)

VERMONT
AL James M. Jeffords (R)

VIRGINIA
f 1 Paul S. Trible, Jr. (R)
2 G. William Whitehurst (R)
3 David E. Satterfield, III (D)
4 Robert W. Daniel, Jr. (R)
5 W. C. "Dan" Daniel (D)
6 M. Caldwell Butler (R)
7 J. Kenneth Robinson (R)
8 Herbert E. Harris, II (D)
9 William C. Wampler (R)
10 Joseph L. Fisher (D)

WASHINGTON
1 Joel Pritchard (R)
* 2
3 Don Bonker (D)
4 Mike McCormack (D)
5 Thomas S. Foley (D)
f 6 Norm Dicks (D)
7 Brock Adams (D)

WEST VIRGINIA
1 Robert H. Mollohan (D)
2 Harley O. Staggers (D)
3 John M. Slack, Jr. (D)
f 4 Nick Joe Rahall (D)

WISCONSIN
1 Les Aspin (D)
2 Robert W. Kastenmeier (D)
3 Alvin Baldus, III (D)
4 Clement J. Zablocki (D)
5 Henry S. Reuss (D)
6 William A. Steiger (R)
7 David R. Obey (D)
8 Robert J. Cornell (D)
9 Robert W. Kasten, Jr. (R)

WYOMING
AL Teno Roncalio (D)

f-Freshman Representative * Three House races are too close to call



Senator Elect Dennis De Concini (D) of Arizona



Senator Elect S. I. Hayakawa (R) of California



Senator Elect Spark Matsunaga (D) of Hawaii



Senator Elect Richard Lugar (R) of Indiana



Senator Elect Paul S. Sarbanes (D) of Maryland



Senator Elect Donald W. Riegle, Jr. (D) of Michigan



Senator Elect John Danforth (R) of Missouri



Senator Elect John Melcher (D) of Montana



Senator Elect Edward Zorinsky (D) of Nebraska



Senator Elect Jack Schmitt (R) of New Mexico



Senator Elect Daniel Moynihan (D) of New York



Senator Elect Howard Metzenbaum (D) of Ohio



Senator Elect John Heinz III (R) of Pennsylvania



Senator Elect John Chafee (R) of Rhode Island



Senator Elect Jim Sasser (D) of Tennessee



Senator Elect Orrin Hatch (R) of Utah



Senator Elect Malcolm Wallop (R) of Wyoming

NEW FACES

Continued from page 5

ed. Each Party took over seven seats held by the opposition.

Among the new members in the United States Senate will be Dennis DeConcini (D) of Arizona, the Prosecutor for Pima County; S.I. Hayakawa (R) of California, a Ph.D. semanticist and retired San Francisco University President; Spark Matsunaga (D) of Hawaii, U.S. Representative in the First Congressional District; Richard G. Lugar (R) of Indiana, Mayor of Indianapolis; Paul S. Sarbanes (D) of Maryland, U.S. Representative in the 3rd Congressional District; Donald W. Riegle (D) of Michigan, U.S. Representative in the 7th Congressional District and a former Republican; John C. Danforth (R) of Missouri, the Missouri Attorney General and a former Episcopalian Minister; Edward Zorinsky (D) of Nebraska, the Mayor of Omaha and a former Republican; John Melcher (D) of Montana, U.S. Representative in the 2nd Congressional District and a Veterinarian; Harrison Jack Schmitt (R) of New Mexico, an Astronaut who walked on the moon; Daniel Moynihan (D) of New York, a former United Nations Ambassador and Advisor to several Presidents of both parties; Howard Metzenbaum (D) of Ohio, a former appointed Senator, an attorney, and businessman; H. John Heinz III (R) of Pennsylvania, the U.S. Representative from the 18th Congressional District and heir to the Heinz Catsup fortune; John Chafee (R) of Rhode Island, a former Governor and former Secretary of the Navy; James Sasser (D) of Tennessee, a former Democratic State Chairman and Attorney; Orrin G. Hatch (R) of Utah, an attorney and political newcomer; Malcolm Wallop (R) of Wyoming, a rancher and environmentalist presently serving in the Wyoming State Senate.

Nine incumbents were defeated in their race for the United States Senate. They include John Tunney (D) of California, Vance Hartke (D) of Indiana, J. Glenn Beall (R) of Maryland, Joseph Montoya (D) of New Mexico, James Buckley (R) of New York, Robert Taft (R) of Ohio, William Brock (R) of Tennessee, Frank E. Moss (D) of Utah, Gale McGee (D) of Wyoming.

Eight Senators did not seek re-election. Of those eight seats, five changed party in the 1976 election. Those five include Arizona, Hawaii, Missouri, Nebraska and Rhode Island.

The makeup of the United States Senate remains the same with 62 Democrats and 38 Republicans. Of the 33 United States Senate races up in 1976, 14 changed party. There were seven Republican pickups and seven Democratic pickups.



James C. MacLaggan, M.D.

CHAIRMAN'S MESSAGE

As in previous years, many physicians and physicians' wives sought public office in this election. Over 30 physicians sought offices at the Congressional level. Fourteen emerged from the primaries as their party's nominee.

Among the physicians and one physician's wife who sought public office, two were successful. They were incumbent Congressman Larry McDonald, M.D. of Georgia and Congressman Tim Lee Carter, M.D. of Kentucky. Congressman Thomas Morgan, M.D. of Pennsylvania served in the 94th Congress but did not seek reelection. Congressman Ron Paul, M.D. of Texas is 94 votes behind his challenger and that race is too close to call.

Those medical family members who sought offices at the congressional level but were unsuccessful in the general election include Mrs. Carol Harner of California, John W. Grady, M.D. of Florida, David G. Crane, M.D. of Indiana, Edward C. Pierce, M.D. of Michigan, Joe Carron, M.D. of Missouri, Ralph Argen, M.D. of New York, Joseph M. Ward, M.D. and Johnny L. Gallemore, M.D. of North Carolina and Gerald Beasley, M.D. of Oklahoma and Adolf Gundersen, M.D. of Wisconsin. Two other physicians unsuccessfully sought election as the American Party's nominee in the general election. They were Albert G. J. Cullum, M.D. of Kentucky and James B. Hutt, M.D. of Virginia.

In Indiana, Governor Otis Bowen, M.D. was reelected to his second term as the nation's only physician governor.

These few physicians and physicians' wives represent only the tip of the iceberg of physician involvement in the election process. At least ten physicians and spouses sought election to their state Senate. At least 31 physicians and spouses sought election to their state House of Representatives.

These figures represent the general election campaign. Before the primary, nearly 100 physicians and spouses were seeking their party's nomination.

But public office wasn't the only place that physicians excelled in this election year. Over 200 physician candidate support committees were formed and supported candidates for Congress in this year's general election. An indeterminate number of physicians and physician's wives were actively involved in U.S. House and U.S. Senate races throughout the United States.

In addition, 2000 state PAC leaders throughout the United States served on State PAC Boards.

In a recent article in Medical Economics (October 4, 1976) entitled "Doctors Buy Seats on the Bandwagon", Author Marianne G. Deckker said, "The General Populace May Be Turned Off To The Political Process, But Not Doctors." According to the article, 48% of doctors surveyed by the author have made contributions to their candidate or party in 1976. The survey also pointed out that individual physician's contributions are not large—63% of the donors who responded gave $100 or less—but they do represent commitment to goals.

For years AMPAC has known that physicians and their spouses were willing to contribute to political candidates with both their time and money. And this year, this commitment showed in the results of the '76 election.

Help For Medical Family Candidates

With the advent of new election laws restricting individual contributions to campaigns, political action committees and group political efforts became much more important. Thus AMPAC witnessed this year many candidates actively seeking our contributions.

In some instances, candidates and their campaigns sought AMPAC help on the basis of personal relationships with physicians and spouses. In a few instances, those physicians who sought AMPAC help for their candidate were not 1976 members of AMPAC nor had they ever been members of AMPAC.

While this is certainly not a criteria for AMPAC support of a candidate, a contributor to medical political action does show that he has experience, dedication and commitment in the political arena. If a physician is not a member of AMPAC, it shows that he has either not had an opportunity to join or worse, has had an opportunity and rejected it. He is probably not in the leadership nor is he politically astute.

This message is not to chastise but to guide those physicians and spouses who will be seeking help for their candidate in the next election. While AMPAC accepts requests for political support from any individual, certain requests receive special consideration. Requests that receive special consideration include: requests from physicians; requests from physicians who are members of AMPAC; requests from member physicians or spouses active in their political party; and requests from physicians and spouses who serve in leadership positions in a State PAC.

Many physicians feel that AMPAC should give special consideration to physician candidates. AMPAC bases its support on objective criteria such as the candidate's integrity, the candidate's openness to medicine's views, the candidate's degree of sophistication in his campaign, and the candidate's ability to win the election. AMPAC does spend extra time and effort investigating the races where a physician or his spouse is involved as a candidate. And in most cases, AMPAC does support the physician.

However, it can be proved by example and by logic that supporting the physician candidate every time is not the wise thing to do. In many cases, the physician candidate is not even supported by his peers in his own Congressional District. If the physician candidate holds views that are so out of tune with the majority of the people in his district that he cannot be elected, support would waste our limited resources. While the emotions and ideology of the physician candidate may be in tune with his peers, he may not be able to garner enough support among the *voters* in his district to win the election.

Political amateurs see the members of Congress in a philosophical light only. It is the amateurs who believe that members of Congress are interchangeable parts, each having an equal weight. Neither is realistic.

(Continued on page 8)

CHAIRMAN'S MESSAGE

(Continued from page 7)

Members of the Congress are more influential concerning the legislation which is passed, depending upon their seniority, their position on a particular committee, the stature of the committee to which they are assigned, as well as their own personality.

The members of the Congress do not sit like crows on a fence in careful arrangement between ultra liberal and ultra conservative, so that we can pick out on some type of philosophical basis those that we might wish to support.

The political reality is that the choice between candidates is usually limited to two in any congressional race. Sometimes the choice is between two very good candidates. Sometimes the choice is between two very bad candidates. Sometimes the choice is between a mediocre and a bad candidate. Unless you know the political facts in a particular congressional district, the voting history, something about the campaign plan and staff, it is very difficult to judge a political race.

Somewhere in all the criteria lies the candidate's profession—be he doctor, lawyer or Indian chief. Somewhere in all the criteria lies the fact that the candidate is close to a physician, be he husband, wife, son or close family friend.

MORE MEMBERS IN MORE STATES

There are more AMPAC members in more states than ever before in AMPAC's history. Twenty-one states now have more AMPAC members than ever before. Congratulations to those states for this outstanding membership achievement.

If you are a physician who sought help for a candidate and didn't get it —keep working. Start right now for your candidate's campaign for 1978. Join AMPAC. Join your State PAC. Get involved in your local political party. Recruit other physicians and their spouses to get involved for your political candidate right now. Change the political facts in your race. I can't think of a better way to receive AMPAC support in 1978. I can't think of a better way to improve the Congress of the United States.

Sincerely,

James C. MacLaggan, M.D.
Chairman
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HANDBOOK

FOR

CANDIDATE SUPPORT COMMITTEES

Prepared by
The American Medical Political Action Committee
520 North Michigan Avenue
Chicago, Illinois 60611
1972

HANDBOOK FOR CANDIDATE SUPPORT COMMITTEES

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FOREWARD

The purpose of this handbook is to train physicians and their wives in the medical candidate support committee technique. It is not meant to be an overall campaign technique handbook, but is intended solely for the healing arts segment of the campaign.

This handbook was prepared for limited distribution by the American Medical Political Action Committee to educate physicians and their wives in the role of the district candidate support committee.

PART 1

Establishing the Need

For The

Candidate Support Committee

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DEFINITION OF A CANDIDATE SUPPORT COMMITTEE

The district medical candidate support committee is a group of physicians and their wives in a given congressional district who have voluntarily and temporarily formed an organizatien to help elect a candidate to the Congress.

Physicians, their families, and their friends have the same rights and obligations as other American citizens, and those rights and obligations include the support of political candidates of their choice. This is participation in government at the most basic level.

In today's society, politics cannot be separated from government. To have a voice in government, political activity is necessary. Increasing numbers of physicians, recognizing these truths, form candidate support committees to provide financial support as well as volunteer manpower for candidates of superior quality.

Money in itself does not win elections. Elections are won by votes, and these votes are won by the hard work of many people. How well physicians and their families help to meet this need is vital to medicine's future.

Physicians throughout the country take part in the elective process by supporting the candidates of their own preferences, and by supporting the American Medical Political Action Committee (AMPAC) and their own state political action committees. Through this support, physicians influence the selection of the men who ultimately decide which course the nation is to follow. Through active participation, physicians can effectively contribute toward assuring that there will be an open channel of communication between medicine and government when legislation is being considered that will affect the profession and the public.

As individuals, the members of the candidate support committee are either Democrats, Republicans or Independents, working within the ranks of their respective parties. As members of the medical candidate support committee, they recognize that political principles are more important than party labels. They make the decisiott to support the better candidate, regardless of their own individual party affiliation, or the party affiliation of the candidate.

The members of the candidate support committee are referred to as "physicians", since physicians make up the major portion of medical candidate support committees. However, this does not preclude the inclusion of all members

DEFINITION OF A CANDIDATE SUPPORT COMMITTEE (cont.)

of the healing arts professions, such as: nurses, anesthetists, medical assistants, laboratory technicians, dentists, dental assistants, pharmacists, hospital staff members, veterinarians, physical and occupational therapists and osteopaths. All members of these health professions are not only included in candidate support committees, but their participation is encouraged. From this point on in this handbook, members of the candidate support committee, and that segment of the population which the committee appeals to are referred to as "physicians". However, this includes all members of the healing arts professions.

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ROLE OF THE CANDIDATE SUPPORT COMMITTEE IN THE CAMPAIGN

Candidate support committees have a unique function and should never be thought of as competitors to the candidate's own organization, or the party organizations that may exist in the congressional district. The candidate support committee's role in the campaign is to provide visible and solid support on the part of the medical profession in the district for the candidate. This support may take the form of:

1) financial contributions from members of the medical profession

2) the registration of eligible members of the medical profession and their families

3) the vote of members of the medical profession and their families on election day

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REASON FOR THE CANDIDATE SUPPORT COMMITTEE IN THE CAMPAIGN

The candidate support committee is organized in a congressional district to give group identification to the political activities of the medical profession. Throughout history, physicians have given generously of their assets and their time to see that honorable candidates, who are also friendly to the medical profession, are elected to Congress. However, this support was given on an individual basis and lacked the identification as a group to be listened to and reckoned with after the candidate's election. The candidate support committee provides the physician with a double identification:

1) as a politically-active individual

2) as a politically-active member of the medical profession

The candidate support committee is organized to appeal to a certain voting segment of the population, the members of the healing arts professions. It is a proven fact that physicians are most influenced by other physicians, just as any professional is influenced by a member of his profession.

Candidates like to have candidate support committees organized by members of the medical profession, because a candidate support committee is bi-partisan and attracts a bi-partisan following in the district. The medical community becomes a part of the organizational strength of the candidate with the profession equivalent to the precinct.

PART 2

Organizing The Candidate Support Committee

THE CHAIRMAN

The physician who leads this candidate support committee should be an individual who is well respected and well-known by the members of the medical community in the congressional district. He should have all the qualities of leadership: confidence, integrity, strength and dedication to his cause.

The candidate support committee chairman should work well with the candidate and the campaign manager.

The chairman should be a pleasing and impressive public spokesman, as well as sincere and persuasive in his individual contacts.

Every political committee is required by law to have a chairman and a treasurer. No contribution and no expenditure can be accepted or made by or on behalf of a political committee at a time when there is a vacancy in the office of chairman or treasurer. No expenditure can be made for or on behalf of a political committee without the authorization of its chairman or treasurer or their designated agents. These requirements can be found in The Federal Election Campaign Act of 1971, which became law on April 7, 1972. (PL 92-225) An analysis of this law can be found in the Appendix of this Handbook.

This law also requires that any activity on the part of a political committee for a candidate for a federal office must have the written permission of the candidate. It should be the responsibility of the chairman of the candidate support committee to obtain the permission of the candidate in writing before the candidate support committee begins its activities.

Full instructions for compliance with The Federal Election Campaign Act may be obtained from the Clerk of the U.S. House of Representatives (in the event that a committee receives funds or makes expenditures for a candidate for the U.S. House); the Secretary of the Senate (in the event that a committee receives funds or makes expenditures for a candidate for the U.S. Senate); and, the Comptroller (in the event that a committee receives funds or makes expenditures for Presidential or Vice-Presidential candidates.

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THE TREASURER

Every political committee is required by federal law to have a treasurer. No contribution and no expenditure can be accepted or made by or on behalf of a political committee at a time when there is a vacancy in the office of treasurer or chairman. No expenditure can be made for or on behalf of a political committee without the authorization of its treasurer or his designated agent.

The treasurer should open a bank account immediately.

The treasurer of the candidate support committee, which is supporting a candidate for federal office, is required by law to do the following:

1) Statement of organization

The treasurer must file a statement of organization within ten (10) days after the committee's organization. The statement of organization includes:

a) the name and address of the committee

b) the name, addresses, and relationships of affiliated or connected organizations

c) the area, scope or jurisdiction of the committee

d) the name, address and position of the custodian of books and accounts

e) the name, address, and position of other principal officers, including officers and members of the finance committee, if any

f) the name, address, office sought, and party affiliation of each candidate whom the committee is supporting for nomination for election, or election, to any public office, or if the committee is supporting the entire ticket of any party, the name of the party

g) a statement whether the committee is a continuing one

h) the disposition of residual funds which will be made in the event of dissolution

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THE TREASURER (cont.)

i) a listing of all banks, safety deposit boxes or other repositories used

j) a statement of the reports required to be filed by the committee with state or local officers, and if reports are so required, the names, addresses and positions of these state and local officers

k) other information required by the supervisory officer

The supervisory officer is the Clerk of the U.S. House of Representatives (in the case where a candidate support committee is supporting a candidate for the U.S. House) and the Secretary of the Senate (in the case where a candidate support committee is supporting a candidate for the U.S. Senate). A duplicate should be filed with the Secretary of State (or equivalent officer) of the state in which the committee operates.

Any change in the statement of organization must be reported to the supervisory officer within ten days.

Any committee which, after having filed one or more statements of organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000, would so notify the supervisory officer.

2) Committee Reports

The treasurer of a candidate support committee is required to file with the appropriate supervisory officer cumulative reports of receipts and expenditures in connection with the candidate's election on forms to be prescribed or approved by the supervisory officer.

These reports would be filed by the tenth day of March, June, and September in each year, and on the fifteenth and fifth days preceding the date on which a primary or general election is held, and also by the 31st day of January. These reports would be completed as of the date the supervisory officer prescribed, which would not be less than five days before the date of election, except that any contribution of $1,000 or more received after the last report is filed, prior to the election, would be reported within 48 hours of its receipt.

THE TREASURER (cont.)

Any report required under The Federal Election Campaign Act of 1971 to be filed by the treasurer of a candidate support committee, must be verified by the oath or affirmation of the person filing the report or statement taken before any officer authorized to administrate oaths. A copy of all reports must be filed with the Secretary of State of the state in which the candidate support committee operates.

The treasurer of a candidate support committee is required to report contributions and expenditures of over $100.

The supervisory officer will provide the treasurer with the proper forms on which to file these committee reports.

3) Committee Records Required By The Supervisory Officer

The treasurer is also required to keep a detailed and exact account of all contributions made to or for the committee. This includes:

a) the full name, mailing address, occupation, and principal place of business of every person making a contribution in excess of ten dollars and the date and amount of the contribution

b) all expenditures made by or on behalf of the committee

c) the full name and mailing address of every person to whom any expenditure is made, the date and the amount of the expenditure

d) the name and address of, and the office sought by each candidate on whose behalf the expenditure was made

The treasurer must keep receipts of all expenditures over $100, and for any expenditure in a lesser amount if the aggregate amount of these expenditures to the same person during a calendar year exceeds $100.

Full instructions for compliance with The Federal Election Campaign Act may be obtained from the Clerk of the U.S. House of Representatives (in the event that a committee receives funds or makes expenditures for a candidate for the U.S. House); the Secretary of the Senate (in the event that a committee receives funds or makes expenditures for a candidate for the U.S. Senate); and the Comptroller (in the event that a committee receives funds or makes expenditures for a candidate for Vice President or for President).

THE TREASURER (cont.)

4) Committee Records Required By The Internal Revenue Service

An individual taxpayer filing a joint return who donates to the candidate support committee is allowed to take a tax credit (reduce his tax liability) equal to one-half of his total contribution up to a maximum of $25 ($12.50 on a separate return). As an alternative an individual taxpayer filing a joint return who donates to the candidate support committee is allowed to take a tax deduction (reduces his taxable income) for his total contributions up to a maximum of $100 ($50 on a separate return).

Contributions to candidate support committees are eligible for this favorable tax treatment.

The treasurer of the candidate support committee should keep accurate and adequate records of the amounts of contributions which are and are not eligible for the deduction or the credit. As a general rule, a candidate support committee which receives a contribution from an individual of $100 or less should account for it as an eligible contribution; any portion of any contribution to a candidate support committee from an individual which exceeds $100 will be accounted for by the candidate support committee as ineligible. It is not necessary to maintain separate bank accounts for eligible and ineligible funds.

The candidate support committee treasurer must file IRS Form 4909 with the IRS before the end of the calendar year in which the contribution was made. A candidate support committee should file this form as soon as it is organized.

The candidate support committee treasurer should use the special receipt, authorized by the IRS, for verification of the contribution. (see Sample, Part 2-8)

Full instructions for compliance with the Revenue Act of 1971 may be obtained from the Internal Revenue Service.

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ELECTION YEAR CALENDAR

JANUARY Obtain permission from the candidate, in writing, to form a candidate support committee on his behalf. After the primary (preferably), form the candidate support committee. File the statement of organization with the appropriate supervisory officer and with the Secretary of State. File IRS Form 4909.

FEBRUARY

MARCH File cumulative report of receipts and expenditures with the supervisory officer and the Secretary of State by March 10. Report should be postmarked no later than 48 hours before it is due. Reporting period ends the last day of the preceding month.

APRIL

MAY

JUNE File cumulative report of receipts and expenditures with the supervisory officer and the Secretary of State by June 10. Report should be postmarked no later than 48 hours before it is due. Reporting period ends the last day of the preceding month.

JULY

AUGUST

SEPTEMBER File cumulative report of receipts and expenditures with the supervisory officer and the Secretary of State by September 10. Report should be postmarked no later than 48 hours before it is due. Reporting period ends the last day of the preceding month.

OCTOBER File cumulative report of receipts and expenditures with the supervisory officer and the Secretary of State 15 days before the election. Report should be postmarked no later than 48 hours before it is due. Reporting period ends midnight of the 22nd day preceding the election.

NOVEMBER File cumulative report of receipts and expenditures with the supervisory officer and the Secretary of State five (5) days before the election. Report should be postmarked no later than 48 hours before

NOVEMBER (cont.)

it is due. Reporting period ends midnight of the 12th day preceding the election.

DECEMBER

JANUARY File cumulative report of receipts and expenditures with the supervisory officer and the Secretary of State by January 31. Report should be postmarked no later than 48 hours before it is due. Reporting period ends midnight of the last day of the preceding month, and includes all receipts and expenditures since the period covered by the September 10 report.

NOTE: If a candidate support committee does become involved financially in a congressional race, before the primary, it must consider the primary as an election, and file those reports required before an election (five days and fifteen days before the date of the primary).

SAMPLE RECEIPT (authorized by the IRS) for Campaign Committee for Named Candidates

The Healing Arts Committee for John Doe of (state) for the nomination and election of John Doe to the United States Senate in (calendar year):

(1) acknowledges receipt during (calendar year) of $_____

from _____, and

(2) declares that Internal Revenue Service Form 4909 was or will have been properly filed before the end of this calendar year, and that the undertakings in such form will be observed.

Healing Arts Committee for John Doe

By _____

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OTHER OFFICERS OF THE CANDIDATE SUPPORT COMMITTEE

Many candidate support committees select a director of volunteer activities. This person coordinates any projects which the committee undertakes such as registration drives, get-out-the-vote drives and any other functions which the committee decides to sponsor.

Many times the volunteer director is the wife of a physician. She is uniquely qualified for this type of work because she has often acquired the organization skills from her other activities in the community, and she usually has free hours to devote to volunteer work.

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OTHER MEMBERS OF THE CANDIDATE SUPPORT COMMITTEE

The composition of the candidate support committee should be representative of the varying views of the medical community as a whole. The candidate support committee should be balanced politically, geographically, financially and in any other way which might make the full committee a harmonious and composite unit. There should be female representation on the candidate support committee.

The other members of the committee should also be well-respected and well known in the medical community, as well as in the community as a whole.

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RELATIONSHIP OF THE CANDIDATE SUPPORT COMMITTEE TO THE STATE POLITICAL ACTION COMMITTEE

A district candidate support committee should be organized under the auspices of the state political action committee. Many state PACs are organized so that there is a representative from every congressional district on the state PAC Board of Directors. In such a case, then the logical person to work with, or through, is the district representative on the PAC Board. In any case, the candidate support committee functions more effectively and vigorously if it is a spin-off of the state political action committee. This enhances the professional identification, while keeping the lines of communication open between state and national leaders. Coordination between the district PAC and the state PAC, and the state PAC and AMPAC makes for easier administration of the overall effort.

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ESTABLISHING GOALS FOR THE CANDIDATE SUPPORT COMMITTEE

The candidate support committee should establish realistic goals early in its organization. Its central goal should be to take the responsibility for a certain segment of the population (the medical profession) and see that their participation in the candidate's campaign is at the highest level possible. To do this the candidate support committee raises money from the physicians and tries to win all their votes for the candidate.

The single biggest mistake a candidate support committee can make is to promise something, financial support or volunteer activity, to a candidate or his campaign manager and fail to produce.

The second biggest mistake is the failure to deliver promised activity at the time that it was promised.

A candidate support committee should never promise what it cannot deliver. It is most important to set realistic goals and then surpass them to everyone's pleasure.

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TOOLS OF ORGANIZATION

1) Obtaining A List Of The Physicians In The District

The basic tool of organization needed to begin the activities of the candidate support committee is a list of the physicians in the congressional district.

This list may be obtained from the yellow pages of the phone book, or from county, regional or state medical associations.

2) Making The Card System (See Sample Card, Part 2-15)

This list of physicians should be transferred to a card file. Every card represents a physician and his wife (two votes plus the votes of any adult member of the family living in the household). The card should contain the following information:

a) the physician's name and his wife's name (if possible)

b) home and office addresses

c) home and office phone numbers

d) medical specialty

e) hospital affiliation

f) voter registration status (can be obtained from the county election official)

g) party affiliation (from the county election official if state registration is by party, from knowledge of fellow committee members if state registration is not by party)

h) voting precinct (a precinct locator can be obtained from the county election official. A precinct locator is an alphabetical listing of streets, with street numbers specified, which tells the precinct of every address in the area. For example, a listing might read: Elm Street, 100-500, Precinct #42)

i) other adult members of the household

There should be room on the card for entering additional information as the campaign progresses.

TOOLS OF ORGANIZATION (cont.)

Obtaining this list of the physicians in the district, and transferring this list to a card system, with the necessary pertinent information, is the basis of success for any medical candidate support committee.

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CANDIDATE SUPPORT COMMITTEE'S

PHYSICIAN IDENTIFICATION CARD

Name _____

Res. Address _____ Phone___

Bus. Address _____ Phone___

Spouses Name _____ Other Potential Electors _____

Medical Specialty _____ Precinct Number _____

Hospital Affiliation _____

Registered? ___Yes ___No Party Affiliation _____

Comments

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PART 3

RAISING CAMPAIGN FUNDS

THE PERSONAL APPROACH

The candidate support committee should, in every case, try to raise funds on a person to person basis. The physician, more than any other individual who is supporting the candidate, is in a better position to successfully solicit campaign funds from his colleagues. There is no other way to successfully raise money in the medical community than eyeball-to-eyevall contact. Other fund-raising methods are far down the list in comparative effectiveness.

1) When To Begin

Most candidate support committees don't begin their activities until after the primary is over. Most begin just as soon as the PAC decides who it will support, and as soon as the campaign manager sees a need for such a committee.

In those districts where the primary is tantamount to election, candidate support committees begin their activities after the filing dates.

In most cases, activities of candidate support committees should begin about six to eight months before the election and should continue throughout the campaign.

2) Where To Start

The candidate support committee should obtain a list of physicians in the district. This list should be transferred to a card file, each card representing a physician's household. (see sample, Part 2-15)

Each physician, now represented by a card, should be ranked according to his ability to contribute. This could and should be done by a code system (for example, on a scale from one to five, the most affluent physicians would be ranked "one"; the least affluent physicians would be ranked "five").

This ranking system represents the amount which the physician should be asked to contribute (for example, a physician ranked "one" might be asked to contribute $1,000; a physician ranked "five" might be asked to contribute $100).

Each member of the candidate support committee should be assigned certain physicians whom they should contact, in person, to raise money for the candidate. The assignments should reflect the "ranking" of the committee member (for example, a committee-member physician ranked "one" should

THE PERSONAL APPROACH (cont.)

have the "ones" assigned to him for campaign solicitation).

The solicitation assignments should be recorded so that there is no confusion as to what physicians are assigned to what committee members. Perhaps a duplicate set of cards might be kept by the Chairman or the Treasurer with the assignments recorded on the duplicate set.

3) The First Contact

Physicians know best how to approach their colleagues successfully. However, the following points should be kept in mind when raising money on the eyeball-to-eyeball basis:

a) Try not to ask for a specific amount; if this becomes necessary, don't be timid about asking for large amounts; when in doubt ask for the larger amount.

b) Stress the good qualities of the candidate; say nothing of the bad qualities of the opponent; try not to mention the opponent.

c) Stress the benefit to the community, along with the benefit to the profession, if the candidate is elected.

d) Vary the approach according to the information on the card.

Committee members should record successful solicitations on the physicians' card. Other information gleaned from the first contact should be entered on the card (for example, physician says he'll contribute at a later date; or physician says his wife wants to work for the candidate).

4) The Second Contact

Those physicians who did not contribute as a result of the first contact should receive follow-up contacts from the committee member. Perhaps the first time the physician was contacted, circumstances at the time prompted his negative response. A second personal contact, by phone or in person, should be made to see if his attitude has softened towards the candidate to any degree.

Successful solicitations as a result of the second contact should be noted on the card. Attempts for solicitations should be noted on the card by date (for example, "first contact made March 10; second contact made May 4).

THE FUND-RAISING LETTER (See Sample, Part 3-6)

1) Choosing A Name For The Candidate Support Committee

The candidate support committee should choose a name which readily identifies the medical profession with the candidate. Some clever candidate support committee names have emerged in the past few years.

Doctors for Donaldson
Medics for Matthews
Physicians for McNamara
Healing Arts Committe for Smith
Health Professions for Watson
Health Team for Harrison
Physicians Committee For Good Government
Doctors for Better Government

2) Printing The Letterhead

The first step in printing letterhead is to obtain permission from the candidate to solicit funds on his behalf by direct mail. Federal law also instructs candidate support committees to show notice that the committee files with the correct supervisory officer. This notice, must appear on all fund-raising material and must read:

> "A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402"

The next step in printing letterhead is to decide whose names will appear on the letterhead. If the candidate support committee is a well-balanced one, all members' names should appear. If this is not suitable, alternative names are the Chairman's and the Treasurer's names; or, an Honorary Chairman's name (usually an older, well-respected, all-time favorite of the medical community).

Whatever names are used, they should appeal to the audience, that is, the medical profession. A physician who is loved and respected by the candidate, but is neither loved nor respected by the medical community, should not appear on the letterhead. The candidate support committee must be ever mindful that it is organized to appeal to the medical profession, not to the district as a whole.

THE FUND-RAISING LETTER (cont.)

3) Writing The Letter

Keep the letter brief, concise and direct. State all the right reasons why physicians should donate to the candidate. Never say anything derogatory about the opponent.

Don't ask for a specific amount, unless the letter is carefully worded. When a specific amount is asked for, many times a physician who could give more, gives the amount requested because it's easier for him to do so.

Word the letter carefully so that it begins with the name of the candidate, the office he's seeking and the date of the election.

Allow the campaign manager and/or the candidate to approve the letter. They may suggest that you mention other details about the candidate such as his party affiliation. However, it is the candidate support committee's job to appeal to the profession. Remind the candidate of this fact, if necessary. If the committee feels that mention of particular details would harm the candidate in the medical community, remain firm. Convince the candidate to allow the best approach for the medical community. However, the letter must be sent out with the candidate's approval. Abide by the final decision of the candidate and his campaign manager.

4) Following Up The Letter

A follow-up contact should be made about two weeks after the letter is sent, if a contribution has not been received. A simple telephone call asking the physician if he received the letter, and if the committee could expect a contribution is the best follow-up for direct mail solicitation. If by this time, the physician is still a decisive and adamant "No", the committee member can be fairly confident that the physician will probably support the opponent. Make a notation of this fact on the card.

THE FUND-RAISING LETTER (cont.)

If a contribution is received, whether in answer to a personal contact, or through direct mail, a prompt, warm and extremely appreciative thank-you note from the committee and/or the candidate is a necessity. Lack of common courtesy in this instance not only costs the candidate, but it costs the committee members any chance of future funds from this individual for any candidate.

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DOCTORS FOR BIGGE COMMITTEE

David G. Miller, M.D.
Chairman
Robert M. Watson, M.D.
Treasurer

June 15, 1972

Dear Doctor _____:

As you know, Congressman Win Bigge is seeking reelection for Congress in the Fifty-fifth Congressional District of Nevada. He will seek this office on November 7, 1972. I urge you and your friends who reside in the Fifty-fifth District to vote for him.

List Other committee members here.

Congressman Bigge has an excellent record of service in Congress. He has maintained a high degree of communication with his constituents, and while he holds the interests of the Fifty-fifth District in high priority, he also has shown his ability to think clearly and act objectively on national issues.

You know as well as I do that political campaigns cost money. Win has to raise money to pay the expenses necessary for a successful campaign. This is where you and I can play an important role. May we count on you for financial help? Make your check payable to the "Doctors For Bigge Committee". Please do it today.

Contributions to this committee are deductible for federal income tax purposes up to certain limits, unless you have already exhausted your limit for this year.

Thank you.

Sincerely,

_____ _____
David G. Miller, M.D.
Chairman

A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402.

DOCTORS FOR BIGGE COMMITTEE, POST OFFICE BOX 360,
Racine, Nevada 99034

HELP FROM THE STATE PAC AND AMPAC

If additional financial help is needed, the committee may apply to the state PAC, which may or may not decide to put more money into the race. The decision of the state PAC is based on political realism; not on ideological whimsy. Can the candidate win, especially if that extra amount of money is contributed to the campaign.

If the state PAC agrees that the candidate should receive the extra help, it honors the request of the candidate support committee to the degree that it is able with state PAC funds.

The state PAC may feel that its own contribution to the race requires further augmentation. It then formally requests that AMPAC get involved.

AMPAC supports candidates who have the potential to win, and who are supported strongly by the district candidate support committee. It is the candidate support committee who decides who will be supported. This decision is not made by a "higher authority" and passed down to the committee. It is made at the district level and passed up to the state PAC and AMPAC. The way the candidate support committee makes that decision is by the degree to which it commits itself to see that the candidate is elected. To put it simply: If a candidate gathers a ground-swell of support from the medical community, in terms of campaign dollars and vote activity, then AMPAC and the state PAC see that his support might be reflective of the community as a whole, and the candidate's chances of winning are increased. The degree of candidate support committee activity in a district influences the degree of support received from AMPAC and the state PAC.

A committee of the AMPAC Board makes recommendations as to which candidates AMPAC supports. This committee tries to be absolutely political, and does not rely on wishful thinking.

The philosophy of the candidate is just one factor which needs to be considered. The candidate's chances of winning are very important. AMPAC does not support candidates who are clearly winners, neither does it support candidates who are clearly losers. As a rule, AMPAC concentrates its efforts in statistically marginal districts and vulnerable districts.

HELP FROM THE STATE PAC AND AMPAC (cont.)

A marginal district is one in which a shift of five per cent or less of the vote would change the incumbent. A vulnerable district is one in which the incumbent's chances of winning have been decreased due to some factor other than statistics, such as a personal problem or any action on the part of the incumbent which has caused disaffection among his constituents.

AMPAC takes into account the campaign organization, budget, and whether the campaign has a professional consultant when it evaluates a congressional race. Also important is whether the campaign has included research in the budget.

A candidate who spends for fingernail files, plastic rain coats, and other campaign frills is seldom spending his campaign budget wisely.

The attitude of opinion makers in the community and in the political parties is often important.

The one factor that AMPAC does not consider important in deciding upon candidates is the party label.

Conducting interviews and mailing questionnaires to candidates is not a procedure used by AMPAC, or recommended. This often alienates candidates who do not receive support by the PAC movement and seriously troubles those candidates who do receive support. Every candidate has a track record somewhere, such as a state legislative record, that is a better guide to his philosophy than a series of "Yes" or "No" questions.

DELIVERING CAMPAIGN FUNDS TO THE CANDIDATE

When the candidate support committee is ready to transfer its funds to the candidate, this should be done by the leadership of the committee, in person. It should never be mailed. It should be hand-delivered.

When money from the candidate support committee is given to the candidate, AMPAC, the state PAC and the local committee, should not look for any publicity or credit. This money should be identified with the medical profession, and specifically with the physicians in the district. It is up to the candidate and the campaign manager whether contributions from the medical community should be made known to the public.

Political funds from the candidate support committee (and/or AMPAC and the state PAC) should be presented to the candidate or his campaign manager at a small meeting with a few members of the candidate support committee. There should be a series of these meetings with these two persons throughout the campaign to report to the campaign manager the progress made by the candidate support committee.

Candidates often appear and speak at meetings and leave after an exchange of views. The campaign manager will sometimes remain for a short time to discuss specifics of the campaign and will gladly accept the contribution on the candidate's behalf.

Contributions should always be made in check form. A cancelled check or some type or receipt is necessary to comply with the federal election laws.

Checks should never be mailed, but should be delivered in person to maximize identification of the medical profession as stated earlier. The purpose of the contribution is to ensure for the PAC a receptive hearing by the candidate and is never intended to influence his vote on a particular issue.

Part 4

Winning Votes

WINNING VOTES

The candidate support committee not only is responsible for contributing money to the candidate's campaign from the medical profession, it also tries to win votes for the candidate from the medical profession.

Again, the best method to win votes is through personal contact. Studies have shown that the majority of people make up their minds to vote for a candidate because a friend or colleague asked them to vote for the candidate; because they happen to know the candidate personally, or even because they know someone personally who is a volunteer worker for the candidate. All these personal associations convince many individuals, who are normally on the periphery of political activism, to vote for a particular candidate.

THE VOTER REGISTRATION DRIVE

1) Gathering The Tools

Before beginning the organized activity to get votes for the candidate, the volunteer director should gather some basic campaign materials and information:

a) A precinct and/or county map of the congressional district. (this can be obtained from the county election official, or from the county headquarters of either party).

b) A copy of the state election laws. This will give important data on registration dates, registration requirements and election dates. These election laws should be the most recent passed by the legislature. Confusion regarding the law can be clarified by contacting the state or county election official, or the state or local officials of either party.

c) The county election official can provide a list of polling places for each precinct. He can also give information as to county voter registration, such as office hours of the registration office, whether there are deputy registrars in the county, who can register voters outside of the registration office, what the procedure is for registering confined persons (the ill or the aged), absentee ballot information and special registration days in the precinct.

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THE VOTER REGISTRATION DRIVE (cont.)

d) The candidate's literature provides each volunteer with information about the candidate and the campaign.

2) Establishing A Target Date

The candidate support committee should establish a target date for registering all physicians and their wives. Usually this date is either the day on which precinct registration will occur (precinct registration is conducted by the county election official at every polling place in the county) or a date which is very close to the final registration date before the November elections.

If the particular state or county allows persons to register to vote without appearing in person at the central registration place, or at the precinct registration place, find out how this is done and arm the volunteers with this information. They can then offer this as a service to potential registrants, while at the same time making a friend for the candidate.

3) Using The Card System

The volunteer director should have a list of all physicians in the congressional district. This list should be transferred to a card system. The financial ranking system, explained in Part Three, should not appear on this card system.

The cards should be arranged by precinct. Volunteers should be assigned certain precincts to cover. Each volunteer is responsible for finding out which physicians in the precincts assigned to her are registered. If registration is by party, party affiliation should be noted on the card. (If your card system was prepared thoroughly for the fund-raising project, this will already be on the card, as will other pertinent information.)

4) Making The First Contact

Those physicians and their wives who are not registered should be contacted personally by a member of the volunteer force and asked to register. Of course, the volunteer should be armed with all necessary voter registration information.

If the voter registration drive is conducted with a particular precinct registration date as the goal, then the volunteer's first contact with the potential voter goes something like this:

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THE VOTER REGISTRATION DRIVE (cont.)

> "Hello, I'm (volunteer's name) with the Healing Arts Committee to Re-Elect (candidate's name). We're trying to get all of (candidate's name) 's supporters registered to vote. You can register in your precinct on (date) at the (place) anytime between (time) a.m. and (time) p.m.

As a result of this kind of message, not only will the potential voter be informed of the registration information, but the volunteer will also find out if he (or she) is a supporter of the candidate. If he indicates that he does not intend to support the candidate, the volunteer should note that on his card and should not make any further contact with him.

5) Following Up The First Contact

A few days before the target registration date, the second contact should be made. Ideally, this should be made by a personal visit or a telephone call. It should be short and to the point.

> "Hello, this is (volunteer's name) again. I just wanted to remind you that you will be able to register to vote in your precinct on (date) at (place) from (time) a.m. to (time) p.m."

A personal post card can be sent in place of the personal contact. However, the personal approach is far more effective than mail.

6) Registration Day

If possible, on registration day, a volunteer should be at every place of registration. This volunteer should report in from time to time the physicians and their wives who have registered. The volunteer, who is responsible for those particular precincts, makes a registration day call to those physicians and wives who have not yet registered.

> "Hello, this is (volunteer's name). This is just a reminder that today is the only day you can register in your precinct. After today, it will be necessary for you to register downtown at the county election official's office."

7) Post-Registration Wrap-Up

The volunteer should check the official voting list at the county election official's office to up-date her own card file. Of course, if there was a volunteer in every voting precinct, then that volunteer should virtually have the same information. If the target date was the last day to register before the November elections, then all those who did not register should be forgotten about for this election. They cannot legally vote, so time would be wasted trying to win their votes for your candidate.

If the target date was not the last day to register before the November elections, then the volunteer should flag those who did not register in the precinct and should try from time to time to get that potential voting physician down to the central place for registration. Here's where deputy registrars can come in handy. If the county provides for deputy registrars, see if several of the volunteers can qualify, and let those volunteers travel to those non-registered physicians and their wives, armed with their registration equipment.

THE ABSENTEE BALLOT CAMPAIGN

1) When To Begin

This effort should begin two to three months before Election Day, depending upon the state and county election laws.

2) Where To Start

An effort should be made to contact every physician and his wife to find out if they plan to be out of the area on Election Day. This should be done by the volunteer team, and each volunteer should be responsible for the same precincts which she worked in the Voter Registration Drive. Many states' election laws now provide absentee ballots to those persons who are not necessarily going to be out of the area on Election Day, but whose schedules will not allow them to vote in person on that day. A busy physician in these states would do well to obtain an absentee ballot and vote in advance.

3) Voting By Absentee Ballot

Most state laws differ regarding the necessary details in voting by absentee ballot. However, the system usually works something like this.

The absentee voter must contact the county election official and request an absentee ballot. In some states this must be done in writing or by application; in others it may be done by phone. The absentee ballot, in most cases, can be mailed by the county election official to the absentee voter.

The absentee voter has a certain amount of time after he receives the ballot before he must return the ballot to the county election official. In most states, the absentee ballot must be notarized.

Whatever the requirements for absentee voting, each volunteer assigned tothis project must be familiar with these requirements and must be sure that those physicians voting absentee in her precincts are informed of those requirements.

A week before the deadline for returning the absentee ballot to the county election official, each volunteer should contact those physicians in her precincts who are voting absentee and make sure that they will return the absentee ballot, and that it will be properly executed. A surprising

THE ABSENTEE BALLOT CAMPAIGN (cont.)

number of absentee ballots are invalidated by the county official because of improper execution on the part of the voter (eg. making a check instead of an x in the ballot box; marking outside the ballot box, no notary signature).

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THE GET-OUT-THE-VOTE DRIVE

1) When To Begin

A month to two weeks before the election, the volunteer team should begin the task of making sure that every physician and his wife votes for the candidate on election day. Volunteers should be impressed with the fact that it does no good to make sure that an individual is registered, if that individual does not vote on Election Day. All efforts to get them to register are wasted without their vote on Election Day.

2) The First Contact

The volunteer should begin making calls (this usually is done by phone) to the physicians and their wives in the precincts for which she is responsible. Her first contact should go something like this.

> "Hello, this is (volunteer's name) and I'm calling on behalf of the Healing Arts Committee to Re-elect (candidate's name). He was wondering if he could count on your vote on Tuesday, November ___? How about Mrs. _____?

The answers should be noted on the volunteer's card. You may want to print on the card the following categories:

Definitely for the candidate ___
Leans toward the candidate _____
Leans toward the opponent _____
Definitely for the opponent ____
Don't know _____
No response _____

If these categories are not included on the identification cards, acquaint the volunteer with these possibilities. Sometimes the potential voter will not give an answer to the question, but the volunteer should use her own good judgment to assess the voter's true feelings.

For example, the voter may simply say "Well, I really never tell anyone who I'm going to vote for, but I appreciate your asking me". This is a kind answer and possibly the voter is being kind because he truly is for the candidate, but does not like to divulge how he's going to vote. In this case the volunteer must judge.

THE GET-OUT-THE-VOTE DRIVE (cont.)

Depending upon whom the caller reaches (the physician or his wife) the vote of the spouse should be ascertained, if possible. Whether contacting in person, or by phone, the volunteer should try the physician's home, rather than his office.

Volunteers should be reminded to be courteous in these contacts. They should call between the hours of nine and twelve in the mornings, between one and four in the afternoons, and after six, but before nine in the evenings. Callers should never argue with the voter. If the voter tries to keep the caller for any length of time, the caller should extricate herself from the conversation as politely as possible.

3) The Second Contact

The "definitely for the opponent" answers should have been returned to the card file before the second contact. The volunteer should be told that the "definitely for the opponent" voter is lowest on her priority list, ie. she does not want this person to vote. His vote will be against the candidate. Consequently, she should not make or have further contact with this voter.

The "definitely for the candidate" and "leans toward the candidate", as well as the "don't knows" and "no responses" should be flagged by the volunteer for the second contact. This second contact occurs shortly before the election, and is a reminder to the voter that Election Day is coming up. The caller should say something like this:

> "Hello, this is (volunteer's name) calling for the Healing Arts Committee to Re-Elect (candidate's name). I'm just calling to remind you that Tuesday, November ____ is Election Day and we're counting on your vote."

The caller can also mention the polling hours and suggest to the voter to vote early to avoid the rush.

If the Get-Out-The-Vote Drive conducted by the medical candidate support committee is working closely with the candidate's own organization (and this should be the case), then callers can offer voters the services which are being offered by the candidate. Most candidates offer transportation to the polls and baby-sitting services.

THE GET-OUT-THE-VOTE DRIVE (cont.)

4) Election Day Activities

If the medical candidate support committee is working hand-in-hand with the candidate's organization (again, this is the ideal) then each volunteer should be part of the candidate's election day activities.

The candidate should have a worker at every polling place. This worker checks off those who vote in that precinct, and calls the candidate's headquarters from time to time with the candidate's supporters who have voted. Volunteers at the candidate's headquarters then call those supporters who have not voted. The candidate support committee volunteer should be working alongside the candidate's volunteers, and should take the responsibility for calling all the physicians and their wives in the various precincts who have not yet voted.

Volunteers should make preparations to work long and hard hours on election day. The effectiveness of election day activities can win or lose an election.

5) Election Night Activities

After the polls close, the medical candidate support committee has done all it can. It's time to celebrate.

The candidate will have a victory party. Encourage all members of the candidate support committee and members of the volunteer team to attend, whether the candidate wins or loses. The support of the group will be remembered and appreciated all the more. If the candidate support committee plans a celebration all its own, some members of the committee should at least stop by the candidate's party. The candidate support committee chairman may want to call the candidate sometime during the evening.

Part 5

Additional Fund-raising and Vote-getting Activities

FUND-RAISING PROJECTS AND TIPS FOR THEIR SUCCESS

There is no better method for raising money or for winning votes than the eyeball-to-eyeball approach.

However, there are ways to promote enthusiasm and support which can be used in addition to the personal approach.

The candidate support committee may decide to hold a fund-raising function. This not only raises money but it promotes enthusiasm and support for the candidate.

Fund-raising functions which might be considered are:

a) the out-door barbeque or picnic

b) the cocktail party

c) the dinner

d) the luncheon

e) the coffee

f) the tea

g) the bake sale

h) the rummage or garage sale

i) the golf outing

j) the dance or ball

Here are some tips to keep in mind if the candidate support committee decides to hold a fund-raising social function for physicians and their wives.

a) Clear the project with the campaign manager

b) Determine the right project for the right group and the right area. Some ways work best in rural areas, some in urban, some in suburban areas.

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FUND RAISING PROJECTS AND TIPS FOR THEIR SUCCESS (cont.)

c) Keep the financial investment of the project at a minimum. This pushes up the profits and, hopefully, increases the attendance.

d) Add the little extras to the function which will make it a success. Give the beverages unusual names, candidates names, or a name that means something within the profession. Distribute the candidate's literature at the function. Give door prizes and favors.

e) Choose the right time for the social function. Don't select dates which conflict with county, state and national medical society meetings.

f) Invite the candidate and/or his wife. If the candidate cannot attend, be understanding. If the decision is made that the candidate's time would be better spent elsewhere, accept that decision with graciousness.

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VOTE-WINNING FUNCTIONS AND PROJECTS

The candidate support committee may decide to print its own literature in support of the candidate, or to send out a letter asking for the votes of the profession. Keep these points in mind when promoting the candidate.

1) Printing Campaign Literature

If the candidate support committee prints a brochure promoting the candidate, it must first obtain the written permission of the candidate. Federal law requires that candidate support committees show notice of filing with the correct supervisory officer on brochures.

The candidate support committee should seek professional guidance (advertising and public relations experts).

The candidate support committee should decide the distribution before preparing the content of the brochure (physicians only, wives of physicians also, health-related professions, physicians waiting rooms, etc.).

The brochure should contain all positive aspects of the candidate, and no negative aspects of the opponent.

The literature should promote the candidate as a potential benefactor of the community and the district as a whole, in addition to his advantages to the medical profession.

2) Sending A Letter Asking For Votes

If the candidate support committee decides to send a letter asking for support on Election Day, it should first obtain the permission of the candidate and/or the campaign manager.

The committee should decide on the mailing list (physicians only, physicians wives, patients, health-related professions).

The letter should be one page only and should be concise and to the point.

The letter should be sent to the addressee's home address. Office mail is often screened, and the letter may never reach the physician.

VOTE WINNING FUNCTIONS AND PROJECTS (cont.)

This letter should be sent out in the last two weeks of the campaign, because it will have maximum effect at that time. However, the campaign manager should have final approval on its content, as well as the mailing date.

Consider including medical students on the mailing list. If there is a medical school in the congressional district, there will be a large number of medical students. These students are usually too burdened to give financially, and too confined to work for a candidate, but they are usually able to vote.

Be positive about the candidate.

Emphasize the candidate's potential good to the area, as well as his advantages to the medical profession.

Consider including campaign literature in the mailing.

Any returned envelopes should be noted and the card system should be updated to show the correct address.

3) Campaigning At Professional Gatherings

Caution should be used in campaigning at professional gatherings. The personal physician's judgment should decide whether to promote the candidate during the informal or social parts of the county or state medical society meeting. If the group has been known to object to mixing politics with the profession, keep the promotion on a one-to-one basis. If the group has been known to welcome political activity at organized professional functions, make the promotion more visible and vocal, yet keep it at a low key. Hard sell used on physicians (or any other profession, for that matter) has been known to have an adverse effect.

4) "Television Candidate Support"

The "Television Candidate Support" technique is a technique especially appropriate for physicians' wives. It provides widespread candidate support committee mobilization throughout a district with varying levels of time commitment ranging from a physician's wife serving as the overall project coordinator to a wife who merely hosts a coffee party in her home. The "Television Candidate Support" technique gives the candidate valuable exposure to an undecided electorate early in the campaign -- and generates an army of volunteers.

VOTE WINNING FUNCTIONS AND PROJECTS (cont.)

The "Television Candidate Support" technique works in the following manner. On a given day, in specific television markets within the district, individual "official" coffee parties are held in each precinct. These coffee parties center around a special one-half hour television program.

Appearing on this live program would be the candidate and a panel of four or five citizens. A moderator is included in the program, as well as a celebrity who makes the volunteer "pitch".

Each coffee party can call the candidate on a special studio number and have their questions answered immediately by the candidate.

Those not participating in an official coffee can also call in their questions at a different number that is shown on the screen.

The "Television Candidate Support" technique was created by a professional political advertising agency. A special booklet on this technique is available from the American Medical Political Action Committee in Chicago, Illinois.

5) "Evaluating The Campaign" (ETC)

Preparing for an election takes time, takes study, and requires a lot of work. The first major step is the decision of whether or not to support a particular candidate. This decision involves more than just emotional appeal. PAC members must be prepared to evaluate the prospective candidate and his proposed campaign with objective guidelines.

To assist in this process, a course has been developed especially for the American Medical Political Action Committee for physicians and their wives entitled "Evaluating The Campaign".

ETC is a concise and complete analysis of a Congressional campaign; however, its principles apply to political races on any level. Anyone can participate in the course and, after a short time, learn what questions to ask and what signs to look for in evaluating a campaign. The final decision is then based on sound judgment.

To establish guidelines for the evaluation, the course provides insight into the mechanics of a campaign. Because of this, ETC can be studied in varying degrees of depth --- general for the new PAC member --- specific for the political

VOTE WINNING FUNCTIONS AND PROJECTS (cont.)

sophisticate.

"Evaluating The Campaign" may be obtained from the American Medical Political Action Committee in Chicago, Illinois.

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AIDING THE CANDIDATE OUTSIDE THE CANDIDATE SUPPORT COMMITTEE ORGANIZATION

After attaining the goal which the candidate support committee set when it organized, that is, obtaining a maximum of financial and voting support for the candidate, the candidate support committee may want to branch out into other areas of the campaign. Here are some other ways in which the medical profession can give aid to the candidate.

1) It can involve medically related professions, such as

   a) nurses
   b) anesthetists
   c) medical assistants
   d) dentists
   e) dental assistants
   f) pharmacists
   g) veterinarians
   h) laboratory technicians

2) It can involve those persons who depend upon health-related professionals, such as

   a) the aged
   b) the confined
   c) the infirm
   d) hospital patients

3) It can involve the candidate support committee workers in the candidate's own organization:

   a) distributing literature
   b) volunteering at campaign headquarters (the candidate support committee may want to take a certain day each week and supply the campaign headquarters with volunteers).
   c) The candidate may want to use the physician as a spokesman. Many times a candidate will have a speakers bureau and will use leaders of the community as back-up speakers when he cannot attend a function.
   d) The candidate may ask the physician to serve on his "kitchen cabinet". This is a close group around the candidate, composed of community and civic leaders, who advise the candidate on issues which are related to their own particular field of expertise.

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office could not exceed (1) during the 45 days preceding the date of a primary or primary runoff election, and during the 60 days preceding the date of a general or special election in which the person is a candidate, the lowest unit charge of the station for the same class and amount of time for the same period, and (2) at any other time, the charges made for comparable use of the station by other users. *Limits.*

The Communications Act of 1934 would further be amended to provide that a station license could be revoked for willful or repeated failure to allow reasonable access to or to permit purchase of reasonable amounts of time for the use of a broadcasting station by a legally qualified candidate for federal elective office on behalf of his candidacy. *Penalties.*

The bill would provide that to the extent that any person sells space in any newspaper or magazine to a legally qualified candidate for federal elective office or for nomination to a federal elective office in connection with the candidate's campaign, the charges made for the use of this space in connection with this campaign could not exceed the charges made for comparable use of this space for other purposes. *Newspaper and magazine rates.*

Expenditures for Communications Media

Subject to provisions below, no legally qualified candidate in any election, including a primary or primary runoff election for a federal elective office other than President, for a federal elective office could (a) spend for the use of communications media on behalf of his candidacy in the election a total amount in excess of the greater of (1) ten cents multiplied by the voting age population of the geographical area in which the election for this office is held, or (2) $50,000, or (b) spend for the use of broadcast stations on behalf of his candidacy in this election a total amount in excess of 60% of the amount above determined with respect to that election. For purposes of this provision, a primary runoff election would be treated as a separate primary election. *Limits.*

No person who is a candidate for Presidential nomination could spend (1) for the use of communications media in a state, or (2) for the use of broadcast stations in a state, on behalf of his candidacy for this nomination, a total amount in excess of the amounts which would have been determined above had he been a candidate for election for the office of Senator, Delegate, or Resident Commissioner in that state. *Presidential limits.*

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Definition of Presidential candidate.

A person would be deemed to be a candidate for Presidential nomination if he makes, or any other person makes on his behalf, an expenditure for the use of any communications medium on behalf of his candidacy for any political party's nomination for election to the office of President. He would be considered to be such a candidate during the period (1) beginning on the date on which he or some other person first makes an expenditure or, if later, January 1 of the year in which the election for the office of President is held, and (2) ending on the date on which the political party nominates a candidate for the office of President. For the purposes of these provisions, a candidate for Presidential nomination would be considered a legally qualified candidate for public office.

Apportionment.

The Comptroller General would prescribe regulations under which any expenditure by a candidate for Presidential nomination for the use of a communication medium in two or more states would be attributed to the candidate's expenditure limitation in each state. These regulations would be based on the number of persons in the state who could reasonable be expected to be reached by the communications medium.

Price index and base period defined.

The term "price index" would mean the average over a calendar year of the consumer price index (all items - United States city average) published monthly by the Bureau of Labor Statistics. The term "base period" would mean the calendar year 1970.

Limits adjusted.

At the beginning of each calendar year, commencing in 1972, as the necessary data becomes available from the Bureau of Labor Statistics, the Secretary of Labor would certify to the comptroller General and publish in the Federal Register the percentage difference between the price index for the 12 months preceding the beginning of that calendar year and the price index for the base period. Each amount determined to be an allowable amount to be spent for use of broadcast stations as provided above, would be increased by this percentage difference. Each amount as increased would be the amount in effect for that calendar year.

Voting age population estimate.

Within 60 days after the date of enactment of this bill, and during the first week of January in each year, the Secretary of Commerce would certify to the Comptroller General and publish in the Federal Register an estimate of the voting age population of each state and congressional district for the last calendar year ending before the date of certification.

Funds attributed to Candidates.

Amounts spent for the use of communications media on behalf of any legally qualified candidate for federal elective office, or for nomination to this office, would be deemed to have been spent by the candidate. Amounts spent for the use of communications media by or on behalf of any legally qualified candidate for the office of Vice President of the United States would be deemed to have been spent by the candidate for the office of President of the United States with whom he is running.

For purposes of the bill, spending and charges for the use of communications media would include not only the direct charges of the media, but also agent's commissions. Any expenditure for the use of any communication medium by or on behalf of the candidacy of a candidate for federal elective office or nomination to this office would be charged against the expenditure limitation applicable to the election in which the medium is used.

Approval of Expenditures

Written approval of expenses required.

No person could make any charge for the use by or on behalf of any legally qualified candidate for federal elective office or for nomination to this office of any newspaper, magazine, or outdoor advertising facility unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies in writing to the person making the charge that the payment of the charge would not violate the expenditure limitations provided above.

The bill would provide that no station licensee could make any charge for the use of the station by or on behalf of any legally qualified candidate for federal elective office or nomination to this office unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies to the licensee in writing that the payment of the charge would not violate any of the provisions relating to limits on expenditures for communications media.

If a state by law expressly (1) has provided that a primary or other election for any office of the state or a political subdivision is subject to this provision, (2) has specified a limitation upon total expenditures for the use of broadcasting stations on behalf of the candidacy of each legally qualified candidate in the election, (3) has provided in any such law an unequivocal expression of intent to be bound by this provision, and (4) has stipulated that the amount of the limitation could not exceed the amount which would be determined for the election under the

provisions of this bill if the election had been for a federal elective office or for nomination to this federal elective office, then no station licensee could make any charge for the use of the station by or on behalf of any legally qualified candidate in that election unless the candidate, or a person specifically authorized by the candidate in writing to do so, certifies to the licensee in writing that the payment of the charge would not violate the state limitations.

Penalties.

Whoever willfully and knowingly violates the above provisions requiring notice to station licensees would be punished by a fine not to exceed $5,000 or imprisonment for a period not to exceed 5 years, or both. The present penalty provisions of the Communications Act would not apply to violations of either of the above provisions.

Broadcasting station defined.

The bill would define a "broadcasting station" to include a community antenna television system. When used with respect to a community antenna television system, the term "licensee" and "station licensee" would mean the operator of this system.

Penalties.

Persons who willfully and knowingly violate provisions of this bill relating to allowable charges for space in newspapers or magazines or for allowable expenses for use of communications media or of regulations implementing these provisions, would be punished by a fine of not more than $5,000 or imprisonment of not more than 5 years, or both.

Title II - Criminal Code Amendments

Definitions

The bill amends provisions of the U.S. criminal code relating to elections and political activities.

Election.

The term "election" would mean (1) a general, special, primary, or runoff election, (2) a convention or caucus of a political party held to nominate a candidate, (3) a primary election held for the selection of delegates to a national nominating convention of a political party, (4) a primary election held for the expression of a preference for the nomination of persons for election to the office of President, and (5) the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States.

Candidate.

The term "candidate" would mean an individual who seeks nomination for election, or election to federal office whether or not the individual is elected. An individual

would be deemed to seek nomination for election, or election, to federal office if he has (1) taken the action necessary under the law of the state to qualify himself for nomination for election, or election, or (2) has received contributions or made expenditures or has given his consent for any other person to receive contributions or make expenditures with a view to bringing about his nomination for election, or election to this office.

Federal office.

The term "federal office" would mean the office of President, Vice President, Senator, Representative, Delegate, or Resident Commissioner.

Political committee.

The term "political committee" would mean any individual, committee, association, or organization which accepts contributions or makes expenditures during a calendar year in an aggregate amount exceeding $1,000.

Contribution.

The term "contribution" would mean (1) a gift, subscription, loan, advance, or deposit of money or anything of value, except a loan of money by a national or state bank made in accordance with the applicable banking laws and regulations and in the ordinary course of business, made for the purpose of influencing the nomination or the election of any person to federal office, for the purpose of influencing the results of a primary held for the selection of delegates to a national nominating convention of a political party, or for the expression of a preference for the nomination of persons to the office of President, or for the purpose of influencing the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States, (2) a contract, promise, or agreement express or implied, whether or not legally enforceable, to make a contribution for these purposes, (3) a transfer of funds between political committees, and (4) the payment, by any person other than a candidate or political committee, of compensation for the personal services of another person which are rendered to the candidate or political committee without charge for these purposes. Notwithstanding the above meanings of "contribution", the word could not be construed to include services provided without compensation by individuals volunteering a portion or all of their time on behalf of a candidate or political committee.

Expenditure.

The term "expenditure" would mean (1) a purchase, payment, distribution, loan, advance, deposit, or gift of money or anything of value, except a loan of money by a national or state bank as provided under the definition of contribution made for the purpose of influencing the nomination

for election, or the election of any person to federal office, for the purpose of influencing the result of a primary held for the selection of delegates to a national nominating convention of a political party, or for the expression of a preference for the nomination of persons for election for the office of President, or for the purpose of influencing the election of delegates to a constitutional convention for proposing amendments to the Constitution of the United States, (2) a contract, promise, or agreement, express or implied, whether or not legally enforceable, to make any expenditure, and (3) a transfer of funds between political committees.

The terms "person" and "whoever" would mean an individual, partnership, committee, association, corporation, or any other organization or group of persons.

Promise of Employment

The bill would provide that whoever, directly or indirectly, promises any employment, position, compensation, contract, appointment, or other benefit provided for or made possible, in whole or in part, by any act of Congress, or any special consideration in obtaining this benefit, to any person as consideration, favor, or reward for any political activity or for the support of or opposition to any candidate or any political office in connection with any general or special election to any political office, or in connection with any primary election or political convention or caucus held to select candidates for any political office, would be fined not more than $1,000 or imprisoned not more than 1 year, or both.

Contribution and Expenditure Limitations

Candidate's spending.

No candidate could make expenditures from his personal funds or the personal funds of his immediate family, in connection with his campaign for nomination for election, or for election, to federal office in excess of (a) $50,000 in the case of a candidate for the office of President or Vice President, (b) $35,000 in the case of a candidate for the office of Senator, or (c) $25,000 in the case of a candidate for the office of Representative, Delegate, or Resident Commissioner.

The term "immediate family" would mean a candidate's spouse, and any child, parent, grandparent, brother or sister of the candidate and the spouses of these persons.

No candidate or political committee could knowingly accept any contribution or authorize any expenditure in violation

of the provisions of this bill. Violations of the provisions of this bill relating to expenditures by the candidate would be punishable by a fine not to exceed $1,000, imprisonment not to exceed 1 year, or both. The bill would repeal the present law relating to maximum contributions and expenditures by political committees. *Penalties.*

Contributions by Banks, Corporations or Labor Organizations

Provisions of present law relating to contributions or expenditures by national banks, corporations, or labor organizations would be amended to add the following provision which would define "contribution or expenditure" to include any direct or indirect payment, distribution, loan, advance, deposit, or gift of money or any services or anything of value, except a properly executed loan of money by a national or state bank, to any candidate, campaign committee, or political party or organization in connection with any election to any of the offices referred to in this bill, but would not include communications by a corporation to its stockholders and their families or by a labor organization to its members and their families on any subject; non-partisan registration and get out the vote campaigns by a corporation aimed at its stockholders and their families or by a labor organization aimed at its members and their families; or the establishment, administration, and solicitation of contributions to a separate, segregated, fund to be utilized for political purposes by a corporation or labor organization: provided that it would be unlawful for such a fund to make a contribution or expenditure by utilizing money or anything of value secured by physical force, job discrimination, financial reprisals, or the threat of force, job discrimination, or financial reprisal, or by dues, fees, or other monies required as a condition of membership in a labor organization or as a condition of employment or by monies obtained in any commercial transaction. *Defined.*

Contributions by Government Contractors

Present provisions relating to contributions by government contractors would be amended to provide that whoever (a) entering into any contract with the U.S. or any department or agency of the U.S., either for the rendition of personal services or the furnishing of any material, supplies, or equipment to the U.S. or any department or agency, or for selling any land or building to the U.S., if payment for the performance of the contract or payment for the material, supplies, equipment, land, or building is to be made in whole or in part from funds appropriated by the Congress, at any time between the commencement of negotiations for and the later of (1) the completion of the performance under, or (2) the termination of negotiations for, the contract or the furnishing of the material, supplies, *Prohibited activity.*

equipment, land, or buildings, directly or indirectly makes any contribution of money or other thing of value or promises expressly or impliedly to make any such contribution to any political party, committee, or candidate for public office or to any person for any political purpose or use, or (b) knowingly solicits any such contribution from any such person for any such purpose during any such period, would be fined not more than $5,000 or imprisoned not more than 5 years, or both.

Title III - Disclosure of Federal Campaign Funds

Title III defines the terms election, candidate, federal office, political committee, contribution, expenditure, and person in the same way as these terms are defined in Title II. It also defines the term "supervisory office" to mean the Secretary of the Senate in the case of Senatorial candidates, the Clerk of the House of Representatives for candidates as Representative, Delegate, or Resident Commissioner, and the Comptroller General in any other case. *Supervisory officer.*

Organization of Political Committees

Every political committee would have to have a chairman and a treasurer. No contribution and no expenditure could be accepted or made by or on behalf of a political committee at a time when there is a vacancy in the office of chairman or treasurer. No expenditure could be made for or on behalf of a political committee without the authorization of its chairman or treasurer or their designated agents. *Requirements.*

Every person who receives a contribution in excess of ten dollars for a political committee would have to, on demand of the treasurer, and in any event within five days after receipt of the contribution, render to the treasurer a detailed account of the contribution including the amount, the name and address, occupation, and the principle place of business, if any, of the person making the contribution, and the date on which it was received. All funds of a political committee would have to be segregated from and could not be commingled with any personal funds of officers, members, or associates of the committee. *Reports to treasurer.*

Records of Treasurer

It would be the duty of the treasurer of a political committee to keep a detailed and exact account of (1) all contributions made to or for the committee, (2) the full name and mailing address of every person making a contribution in excess of ten dollars and the date and amount of the contribution, (3) all expenditures made by or on behalf of

the committee and (4) the full name and mailing address of every person to whom any expenditure is made, the date and amount of the expenditure and the name and address of and the office sought by each candidate on whose behalf the expenditure was made.

It would be the duty of the treasurer to obtain and keep a receipted bill stating the particulars for every expenditure made by or on behalf of a political committee in excess of $100 in amount and for any expenditure in a lesser amount if the aggregate amount of these expenditures to the same person during a calendar year exceeds $100. The treasurer would preserve all receipted bills and accounts which are required to be kept for periods of time to be determined by the supervisory office.

Notice of lack of authority.

Any political committee which solicits or receives contributions or makes expenditures on behalf of any candidate that is not authorized in writing by the candidate to do so, would include a notice on the face or front page of all literature and advertisements published in connection with the candidate's campaign by the committee, or on its behalf, stating that the committee is not authorized by the candidate and that the candidate is not responsible for the activities of the committee.

Report availability.

Any political committee would have to include the following notice on the face or front page of all literature and advertisements soliciting funds: "A copy of our report, filed with the appropriate supervisory officer is (or will be) available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C., 20402."

Annual report.

The supervisory officer would compile and furnish to the public printer, not later than the last day of March of each year, an annual report for each political committee which has filed a report with him under this title during the period from March 10 of the preceding calendar year, through January 31 of the year in which the annual report is made available to the public printer. Each annual report would contain (1) a copy of the statement of organization of the political committee as required below together with any amendments to this statement of organization, and (2) a copy of each report filed by the committee, also as provided below, from March 10 of the preceding year through January 31 of the year in which the annual report is furnished through the public printer.

Contents.

The public printer would make copies of the annual reports available for sale to the public by the Superintendent of Documents as soon as practicable after they are received from the supervisory officer.

Registration of Political Committees

Each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 would file with the supervisory officer a statement of organization within ten days after its organization, or if later, ten days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000. Each committee in existence at the date of enactment of this bill would file a statement of organization with the supervisory officer at the time he prescribes. *Who required.*

The statement of organization would include (1) the name and address of the committee; (2) the name, addresses, and relationships of affiliated or connected organizations; (3) the area, scope, or jurisdiction of the committee; (4) the name, address and position of the custodian of books and accounts; (5) the name, address, and position of other principle officers, including officers and members of the finance committee, if any; (6) the name, address, office sought, and party affiliation of (a) each candidate whom the committee is supporting for nomination for election, or election, to any public office whatever, or if the committee is supporting the entire ticket of any party, the name of the party; (7) a statement whether the committee is a continuing one; (8) the disposition of residual funds which will be made in the event of dissolution; (9) a listing of all banks, safety deposit boxes, or other repositories used; (10) a statement of the reports required to be filed by the committee with state or local officers, and if reports are so required, the names, addresses and positions of these state and local officers; and (11) other information required by the supervisory officer. *Information required.*

Any change in information which has previously been submitted in a statement of organization would have to be reported to the supervisory officer within a ten-day period following the change.

Any committee which, after having filed one or more statements of organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000, would so notify the supervisory officer.

Committee Reports

Each treasurer of a political committee supporting a candidate or candidates for election to federal office, and each candidate for election to office, would file with the

appropriative supervisory officer reports of receipts and expenditures on forms to be prescribed or approved by him. These reports would be filed on the tenth day of March, June, and September in each year and on the fifteenth and fifth days preceding the date on which an election is held, and also by the 31st day of January. These reports would be completed as of the date the supervisory officer prescribes, which would not be less than five days before the date of election, except that any contribution of $5,000 or more received after the last report is filed, prior to the election, would be reported within 48 hours of it's receipt.

Information required.

Each report under these provisions would disclose, (1) the amount of cash on hand at the beginning of the reporting period; (2) the full name and mailing address of each person who has made one or more contributions to or for the committee or candidate, including the purchase of tickets for events such as dinners, luncheons, rallies, and similar fund-raising events within the calendar year in an aggregate amount or value in excess of $100 together with the amount and date of these contributions; (3) the total sum of individual contributions made to or for the committee or candidate during the reporting period and not reported under number (2) above; (4) the name and address of each political committee or candidate from which the reporting committee or the candidate received, or to which that committee or candidate made, any transfer of funds together with the amounts and dates of all transfers; (5) each loan to or from any person within the calendar year in an aggregate amount or value in excess of $100 together with the full names and mailing addresses of the lender and endorsers, if any, and the date and amount of the loans; (6) the total amount of proceeds from (a) the sale of tickets to each dinner, luncheon, rally, and other fund-raising event, (b) mass collections made at these events, and (c) sales of items such as political campaign pins, buttons, badges, flags, emblems, hats, banners, literature, and similar materials; (7) each contribution, rebate, refund, or other receipt in excess of $100 which has not otherwise been listed under the above provisions; (8) the total sums of all receipts by or for the committee or candidate during the reporting period; (9) the full name and mailing address of each person to whom expenditures have been made by the committee or on behalf of the committee or candidate within the calendar year in an aggregate amount or value in excess of $100, the amount, date and purpose of each expenditure and the name and address of and office sought by each candidate on whose behalf the expenditure was made; (10) the full name and mailing address of each person to whom an expenditure for personal services, salaries, and reimbursed expenses in

excess of $100 has been made and which is not otherwise reported, including the amount, date, and purpose of the expenditure; (11) the total sum of expenditures made by the committee or candidate during the calendar year; (12) the amount and nature of debts and obligations owed by or to the committee, in the form the supervisory officer prescribes, and a continuous reporting of their debts and obligations after the election, at the periods the supervisory officer requires, until the debts and obligations are extinguished; and (13) other information required by the supervisory officer.

The above required reports would be cumulative during the calendar year to which they relate, but where there has been no change in an item reported in a previous report during the year, only the amount need be carried forward. If no contributions or expenditures have been accepted or expended during a calendar year, the treasurer of the political committee or candidate would file a statement to that effect.

Reports by Others

Every person, other than a political committee or candidate, who makes contributions or expenditures, other than to a political committee or candidate, in an aggregate amount in excess of $100 within a calendar year, would file with the supervisory officer a statement containing the information required for reports by political committees and candidates. The statements required by this provision would be filed on the dates on which the reports by political committees are filed but would not have to be cumulative.

Formal Requirements

A report or statement required under this bill to be filed by a treasurer of a political committee, a candidate, or by any other person, would be verified by the oath or affirmation of the person filing the report or statement taken before any officer authorized to administer oaths.

A copy of a report or statement would be preserved by the person filing it for a period of time to be designated by the supervisory officer in a published regulation.

Exception.

The supervisory officer could, by published regulation of general applicability, relieve any category of political committees of the obligations to comply with the required reports if the committee (1) primarily supports persons seeking state or local office and does not substantially support candidates (as defined in this bill), and (2) does not operate in more than one state or on a state-wide basis.

The supervisory officer would, by published regulations of general applicability, prescribe the manner in which contributions and expenditures in the nature of debts and other contracts, agreements, and promises to make contributions or expenditures would be reported. These regulations would provide that they be reported in separate schedules. In determining the aggregate amount of contributions and expenditures, amounts reported as provided in the regulations would not be considered until actual payment is made.

Reports on Convention Financing

Each committee or other organization which (1) represents a state or a political subdivision of the state or any group of persons, in dealing with officials of a national political party with respect to matters involving a convention held in the state or political subdivision to nominate a candidate for the office of President or Vice President, or (2) represents a national political party in making arrangements for the convention of the party held to nominate a candidate for the office of President or Vice President would, within 60 days following the end of the convention, but not later than 20 days before the date on which presidential and vice presidential electors are chosen, file with the Comptroller General of the U.S. a full and complete financial statement, in the form and detail prescribed by the Comptroller General of the sources from which it derived its funds and the purposes for which the funds were expended.

Duties of Supervisory Officer

It would be the duty of the supervisory officer (1) to develop and furnish to the person required by the provisions of this bill prescribed forms for the making of the reports and statements required to be filed with him; (2) to prepare, publish, and furnish to the person required to file these reports and statements a manual setting forth recommended uniform methods of bookkeeping and reporting; (3) to develop a filing, coding, and cross-indexing system consonant with the purposes of this bill; (4) to make the reports and statements filed with him available for public inspection, commencing as soon as practicable but no later than the end of the second day following the day during which it was received, and to permit copying of any report or statement by hand or by duplicating machine, as requested by any person, at the expense of that person, provided that any information copied from the reports and statements could not be sold or utilized by any person for the purpose of soliciting contributions or for any commercial purpose; (5) to

preserve the reports and statements for a period of ten years from the date of receipt, except that reports and statements relating solely to candidates for the House of Representatives would be preserved for only five years from the date of receipt; (6) to compile and maintain a current list of all statements or parts of statements pertaining to each candidate; (7) to prepare and publish an annual report including compilation of (a) total reported contributions and expenditures for all candidates, political committees, and other persons during the year, (b) total amounts expended, according to such categories as he determines, and broken down into candidate, party, and non-party expenditures on a national, state, and local level, (c) total amounts expended for influencing nominations and elections stated separately, (d) total amounts contributed according to such categories of amounts as he determines and broken down into contributions on the national, state, and local levels for candidates and political committees, and (e) aggregate amounts contributed by any contributor shown to have contributed in excess of $100; (8) to prepare and publish from time to time special reports comparing the various totals and categories of contributions and expenditures made with respect to preceding elections; (9) to prepare and publish other reports he deems appropriate; (10) to assure wide dissemination of statistics, summaries, and reports prepared under this bill; (11) to make, from time to time, audits and field investigations with respect to reports and statements filed under the provisions of this bill and with respect to alleged failures to file a report or statement which is required under the bill; (12) to report apparent violations of law to the appropriate law enforcement authorities; and (13) to prescribe suitable rules and regulations to carry out the provisions of this bill.

Streamlining procedures.

The supervisory officer would encourage, and cooperate with, the election officials in the several states to develop procedures which would eliminate the necessity of multiple filings by permitting the filing of copies of federal records to satisfy the state requirements.

Studies of election administration.

It would be the duty of the Comptroller General to serve as a national clearinghouse for information in respect to the administration of elections. In carrying out these duries, the Comptroller General would enter into contracts for the purpose of conducting independent studies of the administration of elections. These studies would include, but not be limited to, studies of (1) the method of selection of and type of duties assigned to officials and personnel working on boards of elections, (2) practices relating to the registration of voters, and (3) voting and

counting methods. Studies made under this provision would be made public by the Comptroller General and copies would be available to the general public upon the payment of the cost of the copy. Nothing in this provision would be contrued to authorize the Comptroller General to require the inclusion of any comment or recommendation of the Comptroller General in any study.

Filing complaints.

Any person who believes a violation of this bill has occurred could file a complaint with the supervisory officer. If the supervisory officer determines there is substantial reason to believe a violation has occurred he would expeditiously make an investigation which would also include an investigation of reports and statements filed by the complainant, if he is a candidate of the matter complained of. Whenever in the judgment of the supervisory officer, after affording due notice and an opportunity for a hearing, any person has engaged or is about to engage in any acts or practices which constitute or will constitute a violation of any provision of this bill or any regulation or order issued under the bill, the Attorney General, on behalf of the United States, would institue a civil action for relief including a permanent or temporary injunction, restraining order, or any other appropriate order, in the district court of the United States for the district in which the person is found, resides, or transacts business. Upon a proper showing that the person has engaged, or is about to engage, in these acts or practices, a permanent or temporary injunction, restraining order, or other order would be granted without bond by the court.

Federal action.

In any action brought under the above provision, subpenas for witnesses who are required to attend a United States district court, could run into any other district.

Judicial review.

Any party aggrieved by an order granted under the above provision could at any time within 60 days after the date of entry, file a petition with the U.S. Court of Appeals for the circuit in which the person is found, resides, or transacts business for judicial review of the order.

The judgment of the court of appeals affirming or setting aside, in whole or in part, any order of the district court would be final subject to review by the Supreme Court of the United States.

Any action brought under the above provision would be advanced on the docket of the court in which filed and put ahead of all other actions other than other actions brought under this provision.

Statements Filed with State Officers

A copy of each statement which is required to be filed with a supervisory officer would be filed with the Secretary of State or the equivalent state officer of the appropriate state. For the purposes of this provision, the term "appropriate state" would mean (1) for reports relating to expenditures and contributions in connection with the campaign for nomination for election, or election of a candidate to the office of President or Vice President of the United States, each state in which an expenditure is made by him or on his behalf, and (2) for reports relating to expenditures and contributions in connection with the campaign for nomination for election, or election of a candidate to the office of Senator, Representative, Delegate, or Resident Commissioner, the state in which he seeks election.

Duties of state officer.

It would be the duty of the Secretary of State or the equivalent state officer (1) to receive and maintain in an orderly manner all reports and statements required by this bill to be filed with him, (2) to preserve these reports and statements for a period of ten years from date of receipt except that the reports and statements relating solely to candidates for the House of Representatives would be preserved for only five years, (3) to make the reports and statements filed with him available for public inspection and copying during regular office hours commencing as soon as practicable but not later than the end of the day during which it was received, and to permit copying of any report or statement by hand or by duplicating machine, requested by any person, at the expense of the person, and (4) to compile and maintain a current list of all statements or parts of statements pertaining to each candidate.

No person could make a contribution in the name of another person and no person could knowingly accept a contribution made by one person in the name of another person.

Penalties

Any person who violates any of the provisions of this title would be fined not more than $1,000 or imprisoned not more than one year, or both.

In the case of any conviction under this title where the punishment inflicted does not include imprisonment, the conviction would be deemed a misdemeanor conviction only.

Title IV - General Provisions

Extension of Credit by Regulated Industries

The Civil Aeronautics Board, the Federal Communications Commission, and the Interstate Commerce Commission would each promulgate, within 90 days after enactment of this bill, it's own regulations with respect to the extension of credit without security by any person regulated by the Board of Commission to any candidate for federal office or to any person on behalf of the candidate, for goods furnished or services rendered in connection with a campaign of the candidate for nomination for election, or election, to the office.

Prohibition of Use of Certain Federal Funds

No part of any funds appropriated to carry out the Economic Opportunity Act of 1964 could be used to finance, directly or indirectly, any activity designed to influence the outcome of any election to federal office or any voter registration activity or to pay the salary of any officer or employee of the Office of Economic Opportunity who in his official capacity engages in any such activity.

Effect on State Law

Nothing in this bill would be deemed to invalidate or make inapplicable any provision of any state law except where compliance with that provision of law would result in a violation of a provision of this bill.

Notwithstanding the above provision, no provision of state law could be construed to prohibit any person from taking any action authorized by this bill or from taking any expenditure which he could lawfully make under this bill.

If any provision of this bill, or the application of any provision to any person or circumstance is held invalid, the validity of the remainder of the bill and the application of the provision to other persons and circumstances would not be effected.

The bill would repeal the present Federal Corrupt Practices Act.

The provisions of this bill would become effective on December 31, 1971 or 60 days after the date of enactment, whichever is later. *Effective date.*

Public Law 92-178

The Revenue Act of 1971

Enacted December 10, 1971

The Revenue Act of 1971 contains eight titles providing broad amendments to the Internal Revenue Code. The following analysis is of those provisions which may be of interest to medicine.

Bribes, Kickbacks, Medical Referral Payments, etc.

Kickback defined.

Prohibition of deduction.

The law amends past provisions relating to allowable business deductions by providing that the term "kickback", would include a payment in consideration of the referral of a client, patient, or customer. The law provides that no deductions would be allowed for any payment made directly or indirectly to any person if the payment constitutes any illegal bribe, illegal kickback, or other illegal payment under any law of the United States or under any law of a state (but only if the state law is generally enforced) which subjects the payor to a criminal penalty or the loss of license or privilege to engage in a trade or business.

Burden of proof.

The burden of proof with respect to the issue as to whether a payment constitutes an illegal bribe, illegal kickback, or other illegal payment will be upon the Secretary or his delegate to the same extent as he bears this burden of proof when the issue relates to fraud.

Kickbacks, Rebates, and Bribes under Medicare and Medicaid

Prohibition of deduction.

No deduction will be allowed for any kickback, rebate, or bribe made by any provider of services, supplier, physician, or other person who furnishes items or services for which payment is or may be made under the Social Security Act, or in whole or in part out of federal funds under a state plan approved under the Social Security Act, if the kickback, rebate, or bribe is made in connection with the furnishing of these items or services or the making or receipt of these payments. For the above purposes, a kickback includes a payment in consideration of the referral of a client, patient, or customer.

Effective date.

The above provisions relating to Medicare and Medicaid apply only with respect to kickbacks, rebates, and bribes, the payment of which is made on or after the date of enactment of this bill. Other provisions above relating to kickbacks rebates, and bribes, apply with respect to payments after December 30, 1969.

-- Legislative Department, American Medical Association --

Expenses for Household and Dependent Care Services Necessary for Gainful Employment

The law provides that in the case of an individual who maintains a household which includes as a member, one or more qualifying individuals, as defined below, there will be allowed as a deduction the employment related expenses, as defined below, paid by him during the taxable year.

Qualifying individual defined.

The term "qualifying individual" means (a) a dependent of the taxpayer who is under the age of 15 and with respect to whom the taxpayer is entitled to a deduction, (b) a dependent of the taxpayer who is physically or mentally incapable of caring for himself, or (c) the spouse of the taxpayer if he is physically or mentally incapable of caring for himself.

Employment related expenses defined.

The term "employment related expenses" means amounts paid for the following expenses, but only if they are incurred to enable a taxpayer to be gainfully employed: (a) expenses for household services and (b) expenses for the care of a qualifying individual.

An individual will be treated as maintaining a household for any period only if over half of the cost of maintaining that household during that period is furnished by the individual and his spouse.

Deduction limit.

A deduction will be allowed under these provisions for employment related expenses incurred during any month only to the extent that the expenses do not exceed $400.

Condition.

Except as provided below, a deduction will be allowed for employment related expenses only if they are incurred for services in the taxpayers household.

Allowable out of household expenses.

Employment related expenses which are incurred for services outside the taxpayer's household will be taken into account only if they are incurred for the care of a qualifying individual and only to the extent that the expenses incurred during any month do not exceed $200 in the case of one individual, $300 in the case of two individuals, and $400 in the case of three or more individuals.

Income limitation.

If the adjusted gross income of the taxpayer exceeds $18,000 for the taxable year during which the expenses are incurred, the amount of the employment related expenses incurred during any month of the year which may be taken into account will be further reduced by that portion of one-half of the excess of the adjusted gross income over $18,000 which is properly

allocable to that month. For the purpose of the above sentence, if the taxpayer is married during any period of the taxable year, there will be taken into account the combined adjusted gross income of the taxpayer and his spouse for that period.

Further conditions.

For purposes of these provisions, if the taxpayer is married at the close of the taxable year, the deduction will be allowed only if the taxpayer and his spouse file a single return jointly for that taxable year. If the taxpayer is married for any period during the taxable year, there will be taken into account employment related expenses incurred during any month only if (a) both spouses are gainfully employed on a substantially full-time basis, or (b) the spouse is a qualifying individual as described above.

An individual who, for the taxable year would be treated as not married under provisions of the Internal Revenue Code because his spouse had died during the year, will be treated as not married under these provisions for that taxable year.

No deduction will be allowed for any amount paid by the taxpayer to an individual bearing a relationship to the taxpayer which would qualify the individual as a dependent of the taxpayer.

Further reductions.

In the case of employment related expenses incurred during any taxable year solely with respect to a qualifying individual other than an individual who is also a dependent of the taxpayer and who is under the age of 15, and with respect to whom the taxpayer is entitled to a deduction, the amount of the expenses which may be taken into account for purposes of these provisions before application of the provisions limiting the amount that can be deducted will be reduced (a) if the individual is a physically or mentally impaired dependent of the taxpayer by the amount by which the sum of (1) the individual's adjusted gross income for the taxable year, and (2) the disability payments received by the individual during that year, exceeds $750, or (b) in the case of a qualifying individual who is a physically or mentally impaired spouse of the taxpayer, by the amount of disability payments received by the individual during the taxable year.

Disability payment defined.

The term "disability payment" means a payment other than a gift which is made on account of the physical or mental condition of an individual and which is not included in gross income.

The Secretary or his delegate will prescribe those regulations necessary to carry out the purposes of these provisions.

The above amendments will apply to taxable years beginning after December 30, 1971. *Effective date.*

Tax Incentives for Contributions to Candidates

This law establishes new provisions providing for tax incentives for contributions to candidates for public office. The law provides that in the case of an individual, there will be allowed, subject to the limitations described below, as a credit against the taxes imposed under the Internal Revenue Code for the taxable year, an amount equal to one- half of all political contributions the payment of which is made by the taxpayer within the taxable year. *Tax credit authorized.*

The above authorized credit will be limited to $12.50 for an individual or $25 in the case of a joint return. *Amount*

This credit will not exceed the amount of the tax imposed for the taxable year reduced by the sum of the credits allowed for foreign taxes, partially tax exempt interests, retirement income, and investment in certain depreciable property.

This credit will be allowed with respect to any political contribution only if the contribution is verified in the manner the Secretary or his delegate prescribes by regulations. *Verification required.*

The term "political contribution" means a contribution or gift to (a) an individual who is a candidate for nomination or election to any federal, state, or local elective public office in any primary, general, or special election, for use by the individual to further his candidacy for nomination or election to the office, (b) any committee, association, or organization, whether or not incorporated, organized and operated exclusively for the purpose of influencing or attempting to influence the nomination or election of one or more individuals who are candidates for nomination or election to any federal, state, or local elective public office for use by the committee, association, or organization to further the candidacy of the individual or individuals for nomination or election to that office, (c) the national committees of a national political party, (d) the state committee of a national political party, as designated by the national committee of the party, or (e) the local committee of a national political party as designated by the state committee of the party. *Political contribution defined.*

Candidate defined.

The term "candidate" means with respect to any federal, state, or local elective public office an individual who (a) has publicly announced that he is a candidate for nomination or election to the office, and (b) meets the qualifications prescribed by law to hold that office.

National political party defined.

The term "national political party" means (a) in the case of contributions made during a taxable year of the taxpayer in which the electors of President and Vice President are chosen, a political party presenting candidates or electors for these offices on the official election ballot of ten or more states, or (b) in the case of contributions made during any other taxable year of the taxpayer, a political party which met the qualifications described above in the last preceding election of a President and Vice President.

State and local defined.

The term "state" means the various states and the District of Columbia and the term "local" means a political subdivision or part, or two or more political subdivisions or parts, of a state.

The law provides that an estate or trust will not be allowed to take the tax credit for political contributions authorized above.

Tax deduction authorized.

The law further provides that a tax deduction will be allowed in lieu of the above authorized credit.

For purposes of the tax deduction, in the case of an individual there will be allowed as a deduction any political contribution the payment of which is made by the individual during the taxable year.

Amount allowed

The deduction will not exceed $50 for an individual or $100 in the case of a joint return.

Verification required.

The deduction will be allowed with respect to any political contribution only if the political contribution is verified in the manner the Secretary or his delegate prescribes by regulation.

Choice of credit or deduction.

This provision for a tax deduction will not apply in the case of any taxpayer who, for the taxable year, elects to take the credit against tax provided above. This election will be made in the manner and at the time the Secretary or his delegate prescribes by regulations.

An estate or trust will also not be allowed the deduction for contributions to candidates for public office.

These amendments relating to credits and deductions for political contributions will apply to taxable years after December 31, 1971, but only with respect to political contributions the payment of which is made after that date. *Effective date.*

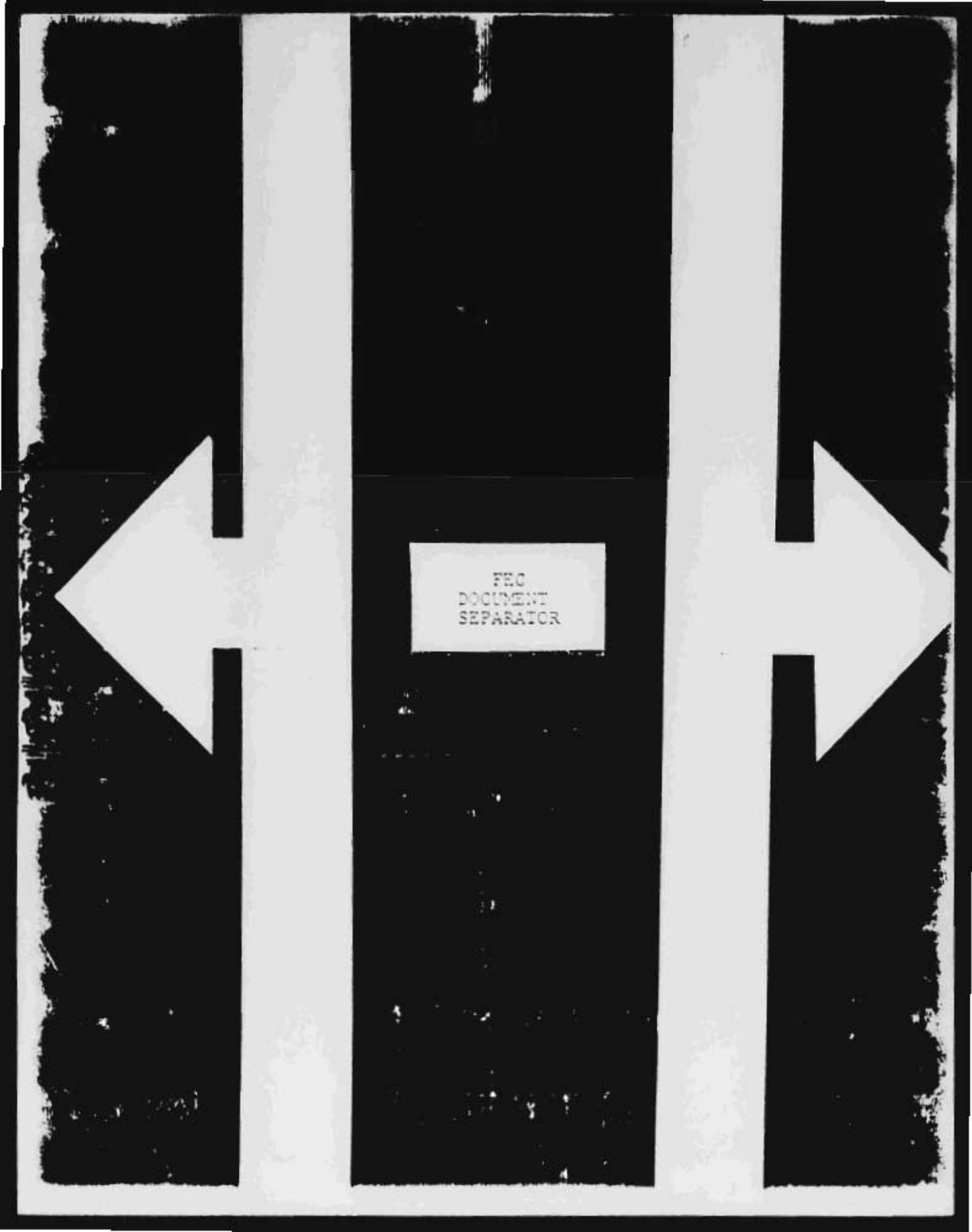
Financing of Presidential Election Campaigns

Beginning with tax year 1972, the law authorizes each individual to designate that one dollar of his tax funds be paid to the presidential election campaign fund for the party of his choice. If he does not designate a particular party but does authorize the one dollar deduction, the money would go into a general account for all candidates. *Authorization*

Presidential and vice presidential candidates of a major political party, one which had received over 25% of the vote in the preceding election, would be entitled to receive payments equal to 15 cents multiplied by the total number of residents within the United States who have attained the age of 18 as of the first day of June of the year preceding the year of the presidential election. *Amount paid to parties.*

Candidates of a minor party, one which had received between 5% and 25% of the vote in the previous election, would receive payments in proportion to the number of popular votes received by that party in that election compared to the votes received by the major parties.

Amounts received by the parties from the Presidential Election Campaign Fund can be used to meet qualified campaign expenses, as that term is defined in the bill, which are incurred during the course of the election.


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The Medical Candidate Support Committee (CSC). What it is, how it's formed, and what to do first.

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: 14 Months To Election Day **September 26, 1975-1**
November 2, 1976

Your state PAC has advised AMPAC that you will be coordinating the candidate support committee effort in your congressional district. Because you have this important responsibility, you will receive the Candidate Support Committee Newsletter. This will be published as there is need, and will include information to make your job easier. Your job is, of course, to coordinate the medical candidate support effort in your congressional district.

The format of the CSC Newsletter is simple. Notice the punch marks at left. This is for your convenience in keeping the CSC Newsletter in a three-hole binder. In the box, top right, you will find the subject matter of the issue. This is for your easy reference to a particular aspect of candidate support activity. Every issue will begin with the number of months to Election Day. This is to keep our goal, Election Day, in the proper time perspective. Above right you will find the date of the issue, with a number following the year. That number denotes the issue. This will help you keep your issues in order. Each succeeding page will carry the date and issue number, to help you keep these pages in order, and filed with the right issue.

The CSC Newsletter is an informal publication. It may be one page, or twenty. It may be original copy, or reprints. It will all be helpful.

The Federal Election Commission is issuing Advisory Opinions on the 1974 Amendments to the Federal Election Campaign Act of 1971 continuously. Those opinions which are pertinent to the operation of a CSC will be included in the CSC Newsletter.

WHAT IS A MEDICAL CANDIDATE SUPPORT COMMITTEE?

The medical candidate support committee (CSC) is the basic unit of medical political action. The committee is composed of physicians and their spouses in a given congressional district who have voluntarily and temporarily formed an organization to help elect a candidate to the Congress.

WHAT ARE THE GOALS OF THE MEDICAL CANDIDATE SUPPORT COMMITTEE?

The medical CSC gives group identification to the political activities of the medical profession. The CSC provides the physician with a double identification; 1) as a politically-active individual; and 2) as a politically-active member of the medical profession.

Because the CSC is organized to appeal to a certain voting segment of the population (the allied medical professions), it is not in competition with the candidate's campaign, but is, in fact, an effort in addition to the campaign.

Medical professionals are most influenced by their colleagues, just as in any profession. For this reason, medical CSC efforts have a built-in factor for success.

Candidates like to have CSC efforts because a CSC is bi-partisan and attracts a bi-partisan following in the district. The medical community becomes a part of the organizational strength of the candidate with the profession equivalent to the precinct.

HOW TO BEGIN

As CSC Chairman, there is some preliminary work which should be done which will make your job easier.

Take A Medical Inventory

State PAC-Know the state PAC leaders in your district.
Medical Community-Know the medical leaders in your district (county presidents, presidents-elect, Delegates and Alternate Delegates to your state medical association's House of Delegates, Delegates and Alternate Delegates to the AMA's House of Delegates, and any other leaders among your professional associates).
Auxiliary-Know the leadership of the Auxiliary in your district (county, state and national officers, and the movers and shakers in Auxiliary activities).
Allied Medical Professions-Know the leaders in the nursing, pharmaceutical and other allied medical professional circles.

Take A Political Inventory

District Registration-How many Democrats, Republicans and Independents are in your district?
Voting History of the District-How has the district voted in congressional races in the past? In other significant contests, how did that vote compare with the vote for Congress?
Party Leaders-Who are the party leaders in the district?
Civic Leaders-Who are the community leaders in the district?

BUILDING A COMMITTEE

If the candidate you support is an incumbent, contact those members of the profession, the Auxiliary, and the Allied Medical Professions, whom you know were for the candidate in the past, regardless of political party. Ask them if they are ready to go to work again. Ask them for additional names to be a part of the medical CSC effort.

If the candidate you support is a challenger, and may or may not be an announced

candidate, contact the leaders in the medical community whom you know to be of his political persuasion. Ask them to help you recruit members for the medical CSC. When supporting a challenger when the incumbent is especially onorous to members of the medical profession, contact even those medical professionals who are of the incumbent's political party. They will probably be willing to join in a bi-partisan professional effort to defeat the incumbent.

What do you look for in committee members? Recruit respected and known members of the medical community. One of the biggest mistakes made by CSC Chairmen is that they look for political physicians, rather than seeking out those who have a proven record of leadership in the medical community. Political physicians should be welcome on your committee, but don't just look for those with political experience. Look for those medical leaders whom you know your colleagues respect.

Work with the individuals in your county medical society. If there is more than one county in your district, work with all the members of the county medical societies.

Recruit spouses for your committee. Involve them in the decision-making processes. Women make excellent volunteer workers, and have proven themselves in every aspect of political campaigning.

The CSC should be representative of the varying views of the medical community as a whole. The CSC should be balanced politically, geographically, financially and in any other way which might make the full committee a harmonious and composite unit.

Coordinate the building of your committee with the state PAC representative in your district. He should have valuable experience in political action which he should be happy to share with you. Coordination between the medical CSC and the state PAC makes for easier administration of the overall effort.

Recruit a legal counsel as an ex-officio member of your committee. Laws now govern the conduct of federal and most state campaigns. Most of these laws are new and your committee will have need of advice, from time to time, on the permitted legal activity of the medical CSC. You may never have need of his services, but if you alert him early in your activity, he will be there if you should.

When recruiting, remember your three goals: soliciting contributions, recruiting volunteer workers and delivering votes for the candidate. Each and every member of your committee should be able to function in one or more of these three areas.

YEAR OF THE VOLUNTEER

Because of limitations on spending in congressional races, 1976 is going to be the year of the volunteer. Every effort you make to help your candidate which is not included in his spending limitation gives him a gigantic boost. Not only have you not cost the campaign any money, but the candidate is freed to spend even more money because your efforts

1976 has also been called the year of the incumbent, because federal law appears to provide the incumbent with tremendous advantages over any challenger. If your candidate is a challenger, he will need your help this year more than in any previous year. If your candidate is an incumbent, he will still need your efforts to insure his victory.

If you think now is too early to start your medical CSC efforts, remember that time has now become more precious than ever in a political campaign. Again, because of the new federal regulations on campaigns, the wise use of time has become a candidate's most precious resource.

CANDIDATE SUPPORT COMMITTEE AIDS

Listed below are AMPAC candidate support committee training aids. You should have a copy of the "Handbook for Candidate Support Committees" and "Focus on Candidate Support Committees". Although the Handbook was written under the regulations of the previous Federal Election Campaign Act of 1971, most of the information is still valid. For copies of these aids, or for free loan of the "Focus on Candidate Support Committees" slide presentation, please write to AMPAC, Post Office Box 4449, Chicago, Illinois 60680.

HANDBOOK FOR CANDIDATE SUPPORT COMMITTEES

This handbook defines the district medical candidate support committee and details the job descriptions of each of the officers required by federal law. It gives suggestions for ways in which campaign funds can be raised, and votes can be won, from among the members of the medical profession. It contains an analysis of both the Federal Election Campaign Act of 1971 and the Revenue Act of 1971. Copies may be obtained by requesting them from your state PAC Chairman.

FOCUS ON CANDIDATE SUPPORT COMMITTEES

This 16-page brochure illustrates the formation, the organization and the activity of a medical candidate support committee. It contains many training aids and provides helpful information to anyone involved in or interested in political campaigns. A full-color slide presentation can be used as a companion to the brochure. Printed in dark green and gold, this self-covered brochure fits in a standard #10 envelope and is available in reasonable quantities.

FOCUS ON CANDIDATE SUPPORT COMMITTEES

This 15 minute slide presentation is a companion to the brochure of the same title. The presentation contains 66 full-color slides and can be used with a script or with the accompanying cassette recording. This presentation can be shown to any size group involved in or interested in political campaigns.

COUNTDOWN: 13 Months to Election Day **October 31, 1975-2**
November 2, 1976

THE CSC BEGINS TO WORK

Once you have recruited your committee members, what is your first task? While it means more work initially, the most efficient method of working with your professional precinct is to establish a card file on every physician household in the congressional district. Include the allied medical professional households also.

If your district is composed of several counties, you can obtain the physician roster easily by obtaining copies of the yellow pages for each community in the district. Perhaps the county medical society would have such a list. If your district is an urban district, where the physician practices medicine in one district, and lives in another, it is a little more difficult to have a perfect list.

MAKE A CARD FILE

Assign several members of your committee to recruit volunteers to transfer your lists to a card file, one physician household per card. Include a space for the name; business and residence address; business and residence phone number; spouse's name; medical speciality; residence precinct number; hospital affiliation; voter registration status; party affiliation; and, space for comments. Some of this information will be easy to obtain; but some will be difficult. Although you are striving toward making a perfect list, don't be discouraged by the overwhelming nature of this task.

- Name, residence and phone numbers can be obtained from the phone book.
- Obtain spouses' names from active members of the Auxiliary.
- Obtain medical speciality from county medical society, directories, or phone book.
- Obtain hospital affiliation from county medical society or hospital registry.
- Precinct number, voter registration status and party affiliation can be obtained from the county clerk's office.

Most local party organizations maintain voter's lists, or have access to voter's lists. Some states don't have party registration. To determine party affiliation, obtain copies of the voter's roster in the last primary. That will indicate who asked for Republican ballots and who asked for Democratic ballots. This is sometimes, though not always, an indication of party affiliation.

This card file is the backbone of your CSC effort. Keep it in a central location so that all members of the committee have easy access to it.

REGISTERING THOSE WHO ARE NOT REGISTERED

One of your prime objectives as a medical CSC is to deliver as many votes for the candidate as possible. Even if you have not yet decided which candidate you support, you can begin right now making sure that every physician, spouse and eligible members of the family are registered to vote. No matter how much they support your candidate; if they are not registered, that support is in vain.

The most efficient means of ascertaining whether or not the physician and spouse are registered is to check the precinct registration lists. If they do not appear on the latest list, they are not registered. Note voter registration status on all cards, and set aside all those non-registered cards.

Set up a volunteer committee to contact all those not registered. This contact is a courtesy contact. In your conversation stress the fact that this is a service to the medical community. Be armed with certain facts about the requirements for registration. Know the location of the voter registration office and its office hours. Check to see if your county voter registration official plans a precinct registration. If such a day is planned, inform your non-registered medical colleagues that they can register in the voting location, a location usually nearer to home than the central voting registration location.

Some counties and states have provisions for deputy registrars. These are persons who can register voters outside of the central location. Find out if your state or county has such a system. If several members of the candidate support committee and the volunteer workers could become deputy registrars, your job could be much easier.

Seeing that every medical family member is registered is a job which can be performed by the medical candidate support committee right now. Waiting until later cuts down on the effectiveness of the medical candidate support committee members at the peak primary and general election campaign periods.

Evaluating the Congressional Campaign In Your District: Part One

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: 11 Months To Election Day **December 12, 1975-3**

If your political contribution is to be effective, you must evaluate the campaign before you contribute. As a medical candidate support committee chairman, this campaign evaluation is essential. Your physician colleagues are looking to you for leadership. Objective campaign evaluation performed well in advance of the peak of the campaign will make your job easier. Begin now and include the key members of your candidate support committee.

THE CANDIDATE

What must a candidate have in order to be a winner?

Above all he must be honest. Other attributes which are desirable but are not absolutely necessary include a pleasant and youthful appearance, public speaking ability, and leadership qualities. In addition the candidate should have a good reputation among community leaders and a real desire to be the candidate. He should have enough energy to devote a great deal of time toward campaigning.

INCUMBENCY

If the candidate is an incumbent he is more likely to be a winner than if he is challenging an incumbent. Incumbency offers the advantages of name recognition, franking privileges, telephone and travel allowances, a ready made staff, rent free offices, office equipment, first chance at funds from the party's congressional committees, and a congressional voting record.

If the incumbent is a freshman, his advantages must be ranked considerably lower. A freshman incumbent must be considered vulnerable to defeat. The more years an incumbent has served gives him all the advantages of incumbency many times over.

There are disadvantages to being an incumbent. While a challenger can wage a continuous campaign in the district, the incumbent must stay in Washington. The incumbent's voting record may be vulnerable to attack by the challenger. Essentially, the challenger has the advantage of running an offensive campaign while the incumbent may be trapped into running a defensive campaign.

Statistical marginality is a plus factor for any challenger. It means he has a better chance of winning the district away from the incumbent. A statistically marginal district is one in which the incumbent won his last race by less than 5 percentage points.

An open race - a district in which the incumbent is not seeking re-election - is considered an "opportunity" race for either party. None of the factors of incumbency are present and the candidates are placed on a more equal footing. footing.

VULNERABILITY

Vulnerability is one aspect of a campaign which is usually peculiar to one district and one race and is hard to define. A candidate may be vulnerable because he is too senior, and has a vigorous youthful opponent who uses the incumbent's seniority and age against him. The candidate may be vulnerable because he has family or personal problems which have been given publicity, which has diminished his image in the public's eyes. It may be that his party's registration has dropped sufficiently so that he must overcome a numbers obstacle. Some national event may occur which becomes the issue the public is concerned about and the candidate is on the least popular side of the issue. Other vulnerability factors include unfavorable redistricting, local scandals which reflect on the candidate's party, and the diminishing of party organization.

When you evaluate your candidate and he turns up a loser, is your only alternative to support the winning candidate? No. There are circumstances which make it worth your while to be involved in a losing campaign.

Suppose an incumbent is not supported by you and your like minded friends, but he is firmly entrenched in office and no challenger can beat him. However there is a challenger who would have an excellent chance should the incumbent retire, resign or stumble badly enough to jeopardize his election. Long range goals should guide you to support this challenger. This is building for the future. Supporting the challenger keeps the incumbent on his toes, forces him to use his financial resources, keeps him working, and often forces him to be more attuned to his constituents.

A friendly incumbent whose election is assured should also be evaluated in terms of long range goals. Investing in his campaign keeps the opposition from eroding his victory margin and prevents them from building a challenger for the future. Giving a friendly incumbent a wider margin of victory gives him confidence among his peers, improves his leadership status in the Congress and in his party.

Evaluating the Congressional Campaign In Your District: Part Two

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN : Nine Months To Election Day February 18, 1976-4

CAMPAIGN OPERATION

A winning campaign operates according to a planned strategy with a defined budget. This operation is executed by a professional staff complemented by a vigorous volunteer force.

Winning a campaign costs money. One of the first things a winning candidate does is select his finance chairman. The finance chairman must be capable of raising sufficient funds to support a realistic campaign budget on a reasonable campaign time table. A winning campaign fund raising effort raises early money for survey research and for the hiring of competent campaign staff. Every campaign works toward building its campaign funding and support on a broad base. It takes early money in fairly large quantities to enable the campaign to reach this potential broad base. Direct mail and media campaigns are usually the only means by which a campaign can contact the potential small giver. Therefore in the beginning, the campaign must have larger contributions. It takes these large contributions to enable the candidate to gather the information necessary so that he can determine his winning potential. Early money in itself usually gives the campaign leadership an indication of the candidate's appeal.

A winning campaign budget is realistic, reflects the campaign strategy, capitalizes on the strength and minimizes the weaknesses of the campaign. It is flexible enough to permit constructive change, but firm enough to prevent chaos. It has reasonable cash flow and above all gets the maximum votes per dollar.

THE CAMPAIGN STAFF

In a winning campaign, the candidate does not run his own campaign. He hires a professional campaign manager who puts together a team of competent and professional staff members and volunteers to carry out the day to day details of campaign operation.

The campaign manager is the chief executive officer of the campaign effort. He should be capable of planning, administering, delegating and following through on every campaign project. The manager develops the overall strategy and timing of the campaign, and prepares a budget that will do the job. He keeps a watchful eye on the fund raising, helps his research staff develop the right issues, supervises the activities of all the staff and principal volunteers, and makes sure the candidate is properly scheduled. In addition, he helps the publicity director, oversees the headquarters and the field operation, and maintains party liaison. He works closely with the advertising agency and supervises the campaign literature production and distribution.

A winning campaign will be sure to include among its key team members a campaign chairman, a campaign treasurer and a legal advisor. Federal law requires that every campaign for federal office must have a chairman and a treasurer. The extensive regulations implementing the federal law, coupled with the penalties for breaking the law, make it a necessity that every campaign have a legal advisor.

THE ADVERTISING CAMPAIGN

The role of the advertising agency is to implement the strategy which has been determined by the campaign management. A winning campaign will have an advertising agency which is competent, reliable, friendly and which produces quality and creative media advertising, as well as brochures and other campaign literature. A winning campaign will have a well coordinated well planned advertising effort.

THE PUBLICITY CAMPAIGN

The publicity campaign must be coordinated with the overall strategy of the campaign. The publicity director should have an excellent rapport with the working press. Publicity is one of the most obvious measures of the campaign. The candidate either is getting good press or he is not.

THE CANDIDATE'S SCHEDULE

The competent and professional campaign manager knows that the candidates time is one of the most important resources in the campaign. The candidate's time should be apportioned to the areas in the district which contain the candidates highest number of potential voters. A winning campaign is a full time schedule coordinator. The campaign manager gives the coordinator some general guidelines to follow but the work of the day to day campaigning must be planned and supervised by the schedule coordinator, with consultation and approval from the campaign manager.

Evaluating the Congressional Campaign In Your District: Part Three

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: Six Months to Election Day **May 17, 1976-5**

THE VOLUNTEER EFFORT

The campaign chairman is a most important volunteer. He is chosen because he is well known, admired and respected by a large number of the voters in the district. His excellent reputation and approval lends the campaign stature.

The campaign headquarters supervisor coordinates the volunteer activities in headquarters. He explores all the sources for recruiting volunteers and once they are recruited, gives them meaningful and appropriate responsibilities in the campaign.

The research director, under the campaign manager, sets up a program of systematic research. He should be politically sensitive, resourceful and must have experience in researching.

The winning campaign is one which places as much emphasis on the precinct organization as it does on other phases of the campaign. The campaign needs votes on election day, and the elementary way in which the candidate wins votes is: first, winning supporters; second, seeing that those supporters register; third and most importantly, making sure those supporters vote on election day. Precinct organization is hard work. It is not glamorous. Therefore, it is often shuffled aside in favor of the more glamorous aspects of the campaign. Precinct workers should begin their work early in the campaign, making sure the candidate's supporters are registered, preparing their precinct list so that they know exactly who is going to vote for the candidate, who is undecided, and who will vote for the opponent.

A winning campaign has well planned and structured election day activities. The campaign should have at least one poll watcher per polling place. The poll watcher and the precinct workers coordinate their activities closely so that both know at all times on election day who has voted and who has not. If your supporters do not vote, then the months of work put into the campaign are wasted. Election day activites climax the work of the entire campaign effort.

Volunteers should never be taken for granted -- especially in these days when the FEC Laws are having such a deleterious effect on campaign contributions. In his book, Territorial Imperative, Robert Adrey describes the most important thing for a campaign manager and candidate to remember so far as volunteers are concerned: "There are few exceptions to the rule that the need for identity is the most powerful and the most pervasive among all species."

When working with volunteers, there are some basic "Do's" and "Don't's" to keep in mind in order to have the campaign functioning at maximum capability:

Do's	Don't's
Have plenty of work for the volunteers.	Don't treat them as if they were paid employees.
Know their capabilities and use them.	Don't let volunteers sit idle - you'll lose them.
Make sure your workload meshes with the volunteer scheduling.	Don't leave them in ignorance of what's happening in the campaign.
Be sure the candidate meets them.	Don't forget to thank them! Often.

It is important to keep volunteers happy in order to insure productivity, and they must feel needed and useful. There are lots of jobs to be filled other than "envelope stuffing" and you will find lots of willing workers for the various and sundry jobs. Voter lists must be compiled and updated. Headquarters must be manned (and here is where that envelope stuffing comes in!), telephones answered and letters replied to. Petitions must be signed and doors knocked. Voters, especially physicians and their families, must be registered and encouraged to vote. Fund raising is always a must and can be accomplished in a variety of ways -- rummage sales, parties, dinners, coffees, mail and telephone solicitations -- as well as more innovative methods (have a "Think Tank" with the volunteers for productive suggestions). Other volunteers must be recruited. For all these activities, a volunteer's help is essential.

Be sure to let the volunteers know that you appreciate their time and effort for your campaign. By conveying an attitude of the privilege and importance involved in working in this campaign, by not griping yourself, you make the volunteers feel that this is truly a worthwhile cause.

Don't think of the volunteer as just another stamp-licker or door-knocker, but as a person willing to lick stamps and knock on doors. It helps to know the names of your helpers and to make sure the candidate knows at least some of their names also. Volunteers are People!

Key Elements in Planning
a Political Campaign

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: Five Months to Election Day **June 18, 1976-6**

In any campaign to get someone elected to an office, basic organization is a primary consideration. In your role as a member of a CSC, you must be familiar with the requirements of a good campaign for two reasons -- first, so that your own CSC will function optimally; and secondly, so you can be aware of the degree of effectiveness of the candidate's campaign committee and you will be able to work the committee to your candidate's best advantage. Some of the key elements basic to the planning of a good campaign follow.

What are we going to do?

The first question you must answer is whether you have set a goal and what that goal is -- quite simply, it is that you want to get your candidate elected. You have determined that this person is the right one for the job that is at hand, and feel that your time and energy will not be wasted in the efforts to help him/her. Evaluation of this person, his background, his stand on various issues have shown you that his serving in office would be beneficial to the community and the country.

A theme must be developed that defines the candidacy and the campaign; this theme must be stated clearly, sensitively and succinctly. The why of the campaign should be expressed in one or two, or, at most, three concepts that control all strategies, and in a central theme that infuses all voter contact through all channels.

How much will it cost?

At the beginning of a campaign, set up an ideal budget, then run through it and turn it into a realistic, working budget. This gives you an idea of what kinds of funds you must have, and determines the methods you will need to employ to raise these funds. Decide what kind of campaign must be run -- does it need a lot of flamboyance and attention-getting, or is the candidate already fairly well-known? Is the party going to provide a lot of support, or will you need to build an organization from scratch? Does the candidate already have strong support so that all you need to do is be sure to get the supporters out to vote; or will you have to convince people that your candidate is the better one, and woo their votes? Will expensive media advertisement be required, like TV, or will letter-writing and face-to-face contact be the medium? All of these are determined by the next question for you to consider.

Where do we start?

Recognizing that resources are always limited, it would be too expensive to ever attempt to reach all the voters. Targeting isolates the two most productive groups of voters -- favorables who have a poor record of going to the polls to cast a ballot; and undecideds with an established voting record. Targeting will show where registration is needed, where turn out needs to be increased, and where the persuadable voters are. Targeting provides a quantitative and geographic tool to use in making all decisions -- including how much, when, where and how.

When do we do it?

In order to facilitate the matter of keeping things running smoothly, plan a schedule of what needs to be done and when -- design a flowchart designating such events as poll-taking, voter registration, baby-sitter roundup and how far in advance each task must be arranged. This schedule will prevent too much piling up at one time and will diminish the chance that important election tasks will get overlooked in the rush. It will also enable you to set up volunteer hours so you don't have 50 people during a slack week and only 2 during the last two weeks when the fracas is thickest.

How do we do it?

Determine what the means at hand are -- the availability of volunteers, media, money, candidate (if he is an incumbent, chances are he won't be in the District as much and his presence must be utilized to its best advantage), and other resources. The use of mail and telephone solicitations must be decided, as well as ascertaining other forms of fund and enthusiasm raising. Check the local and federal laws on election campaigns to be sure that what is being planned is within the law.

TIMETABLE ON THE NEW FEDERAL ELECTION LAW

The new Federal Election Law was signed by President Ford on May 11 of this year reestablishing the FEC as a presidentially appointed body. Federal Election Commissioners must be confirmed by the Senate. Regulations about the law must be formulated by the Commissioners. Now that these regulations have been published in the Federal Register (on May 26), the Commission must wait 20 days for comments and testimony from the public. Should the Commission be convinced by the 20 day period of comment and testimony that a regulation should be changed, it will rewrite and submit the typewritten regulations to the Senate and the House for 30 legislative days. The Congress has these 30 days to consider the regulations and reject any of which they disapprove. If either body disapproves of a regulation, the Commission must remove it. With this proposed timetable, the earliest that regulations concerning multicandidate committees could become final would be Labor Day.

Highlights

. Calls for 6 Federal Election Commissioners appointed by the President, plus 2 ex-officio members (Secretary of the Senate and Clerk of the House).
. Restricts the FEC's use of advisory opinions and gives Congress the power to veto discrete sections of commission regulations.
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. Tightens controls over independent political expenditures, to prevent any collusion between an individual and a candidate.
. Restricts the Commission's investigatory powers by permitting it only to look into allegations signed and sworn by an individual that are notarized.
. Establishes new contribution limits for individuals - individuals are limited to $25,000 a year to political parties, $5,000 a year to political committees, $1,000 a year to a political committee.

AMPAC's Legal Counsel and staff are following the progress of this law and its regulations and will keep CSC's informed on definite information received in the AMPAC office on compliance. If you are interested in obtaining copies of the law, please write to the Federal Election Commission, 1325 K Street, N.W., Washington, D.C. 20463.

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A SEVEN-STEP PLAN FOR VOTER REGISTRATION

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: 3 Months to Election Day **July 28, 1976 - 7**
November 2, 1976

A basic requirement in any election is to be sure the physicians and their spouses in your area are registered to vote. An effective method of voter registration has been developed by the Florida Medical Political Action Committee. Simple and effective, step-by-step organization covering each aspect of the registration project is the key. Following is an outline of the Seven-Step Plan used by FLAMPAC.

1. Obtain a list of the county medical society members and their home addresses (the home addresses may have to be obtained from other sources).

2. Check this list against the voter registration list. Record voting precinct numbers and party registration, if available, for all registered voters.

3. Draw up two lists:
   a - Registered physicians and their home addresses;
   b - Physicians whose names do not appear on the voter registration list.

4. Identify by precinct the physician household on the list of registered physicians if not available on the registration records.

5. Make up a set of 3 x 5 cards for the registered and non-registered physicians and arrange these cards by precinct. These will be used as a flexible means for keeping track of all the physicians in your county for several purposes.

6. Call or write those names on the list of non-registered physicians and urge them to register, providing them with dates, times, places and requirements for voter registration. Follow up the first contact with a second contact a few days before the date for registering. Periodically, check the voter registration list to see if the non-registered physicians have registered. When they have done so, make up a card for the registered physicians file with name, home address, precinct and party registration, or update the card already on file.

7. Identify physicians by their different political districts; i.e., Congressional, State Senate, State House and any other political level you are interested in. With the index cards, you have a complete political index of the physicians in your county. This index may be used to encourage physicians to write to voters in their precincts in support of a candidate or candidates. Also, a physician could write to voters in his precinct or in his neighboring precincts for campaign funds or volunteers. If a medical candidate support committee is functioning, the CSC can also tell the geographical precincts which could be covered by a physician.

REGISTRATION AND ABSENTEE VOTING

STATE	WHERE TO REGISTER TO VOTE	WHERE TO SECURE ABSENTEE BALLOT	ABSENTEE BALLOT DEADLINE FOR REQUEST[1]	ABSENTEE BALLOT DEADLINE FOR RETURN[2]
ALABAMA	County Board of Registrars	Register of the County Civil Circuit Court	5 days before	Election day
ALASKA	Local Election Board	Lt. Governor—Pouch AA—Juneau 99801	10 days before	Postmarked no later than election day
ARIZONA	County Recorder	County Recorder	Within 30 days before[3]	By 7 P.M. election day
ARKANSAS	County Clerk	County Clerk	1 day before	By 7:30 P.M. election day
CALIFORNIA	County Clerk	County Clerk	7 days before	By 5 P.M. day before election
COLORADO	County Clerk (Denver—Election Commission)	County Clerk (Denver—Election Commissioner)	Friday before	By 5 P.M. election day
CONNECTICUT	Town Clerk or Registrar of Voters	Town Clerk	Maximum 45 days before	By 6 P.M. day before election
DELAWARE	County Department of Elections	County Department of Elections	12 noon day before	By 12 noon day before election
FLORIDA	County Supervisor of Registration	County Supervisor of Elections	5 P.M. day before	By 7 P.M. election day
GEORGIA	County Board of Registrars	County Board of Registrars	5 days before	By 7 P.M. election day
HAWAII	County Clerk (Honolulu—City Clerk)	County Clerk (Honolulu—City Clerk)	No earlier 60 days, nor later 7th day before election	By 6 P.M. election day
IDAHO	County Clerk	County Clerk	By 5 P.M. day before	By 5 P.M. election day
ILLINOIS	County Clerk	County Clerk (Chicago Election District—Board of Election Commissioners)	5 days before	In time to be delivered to local precincts by 6 P.M. election day
INDIANA	County Clerk of Circuit Court	County Election Board or County Clerk, Circuit Court	Saturday before election	By 6 P.M. election day
IOWA	City or Town Clerk or Commissioner of Registration	County Auditor or Commissioner of Registration	Within 40 days before	In time to be delivered to local precincts by 8 P.M. election day
KANSAS	City Clerk (in Johnson, Sedgwick, Shawnee and Wyandotte Counties with Election Commissioners)	City Clerk or County Election Commissioner	Thursday before election	By noon day before election
KENTUCKY	County Clerk (Louisville—Board of Registration Commissioners)	County Court Clerk	21 days before election	By 6 P.M. election day
LOUISIANA	Registrar of Parish	Clerk of Parish Court (New Orleans—Civil Sheriff of Parish)	7th day before election	In time to be delivered to precinct before polls open
MAINE	Registrar of Voters in Towns; Board of Registration in Cities	Town or City Clerk	Prior to election day	By 3 P.M. election day
MARYLAND	Board of Supervisors of Elections—County	Board of Supervisors of Elections—County	Prior to 7 days before	By 6 P.M. election day
MASSACHUSETTS	Town or City Clerk	City or Town Clerk	By noon day before election	By noon of day before election
MICHIGAN	City or Township Clerk	City or Township Clerk	3 P.M. Saturday before	By 8 P.M. election day
MINNESOTA	City Clerk or County Commissioner of Registration	City Clerk or County Commissioner of Registration	1 day before election	Before polls close election day
MISSISSIPPI	Circuit Clerk (County Registrar)	County or City Registrar	Within 60 days before Primary, 30 days before general election	In time to be delivered to precinct before polls close
MISSOURI	County Clerk (Kansas City—St. Louis City and County Board of Election Commissioners)	County Clerk or Board of Election Commissioners	6th day before	By 4 P.M. day before election
MONTANA	County Clerk and Recorder	County Clerk and Recorder	Noon of day before	By 8 P.M. of election day
NEBRASKA	County Clerk (Douglas, Lancaster, and Sarpy Counties—Election Commissioner)	County Clerk (Douglas, Lancaster, and Sarpy Counties—Election Commissioner)	2nd day before	By 10 A.M. of second day after election
NEVADA	County Clerk	County Clerk	By 5 P.M. of Tuesday prior to election	Before polls close election day
NEW HAMPSHIRE	Board of Supervisors of Check-List of Town or City	Town or City Clerk	Anytime prior to election	In time to be delivered to local officials before polls close election day
NEW JERSEY	County Clerk	County Clerk	Prior to 8 days before	By 8 P.M. election day
NEW MEXICO	County Clerk	County Clerk or Secy. of State	Prior to 10 days before	By 12 noon of day before election
NEW YORK	Board of Elections in County Seat	Board of Elections of County or Borough	By 7 days prior to election	By noon of day before election
NORTH CAROLINA	County Chairman of Board of Elections or Local Registrar	Chairman of County Board of Elections	5 P.M. Wednesday before	By 5 P.M. of Wednesday before election
NORTH DAKOTA	(Registration Unnecessary)	County Auditor	Within 30 days before	In time to be delivered to precinct before polls close election day
OHIO	County Election Board	County Election Board	By 4 P.M., 5th day before	By close of polls election day
OKLAHOMA	County Election Board or Deputy Registrar	County Election Board	5 P.M. of Friday before	By 5 P.M. of Friday before election
OREGON	County Clerk (Portland—Registrar of Elections)	County Clerk (Multnomah County—Department of Records and Elections)	8 P.M. of election day	By 8 P.M. of election day
PENNSYLVANIA	County Board of Elections (Philadelphia—Registration Division)	County Board of Elections	5 P.M. of Tuesday before	By 5 P.M. of Friday before election
RHODE ISLAND	Local Board of Canvassers and Registration	Local Board of Canvassers or Secy. of State	Completed form must be received by Board by 21st day before election	By 5 P.M. election day
SOUTH CAROLINA	County Registration Board	County Board of Registration	Prior to 30 days before	Before polls close election day
SOUTH DAKOTA	County Auditor	County Auditor	At least 20 days before	By 7 P.M. election day
TENNESSEE	County Election Commission	County Election Commission	8 days prior to election	By 10 A.M. election day
TEXAS	County Tax Assessor—Collector	County Clerk	4th day before	By 1 P.M. election day
UTAH	County Clerk	County Clerk	Within 30 days before; earlier if overseas	By close of polls on election day
VERMONT	Town or City Clerk	Town or City Clerk or Secy. of State	Prior to 4th day before	In time to be delivered to election officials before polls close
VIRGINIA	General Registrar of County or City	County or City Electoral Board	At least 5 days before	In time to be counted in precinct before polls close.
WASHINGTON	County Auditor or City Clerk	County Auditor	1 day prior to election	No later than 10 days after Primary and 15 days after General election.
WEST VIRGINIA	County Clerk	Clerk of Circuit Court or County Clerk	4th day prior to election	In time to be delivered to local polls by 7:30 P.M. election day
WISCONSIN	City, Town or Village Clerk (Milwaukee—Board of Election Commissioners)	Town or City Clerk (Milwaukee—Board of Election Commissioners)	3rd day prior to election	In time to be delivered to local precinct by 8 P.M. election day
WYOMING	County Clerk	County Clerk	15 days prior to election	In time to be delivered to precinct officials when polls open
DIST. OF COL.	Board of D.C. Elections	Board of D.C. Elections	7 days prior to election	By close of polls on election day

[1] To reach election officials before election.
[2] For return to election officials for inclusion in election tabulations.
[3] Within 30 days preceding the Saturday before any election.

Door-To-Door Campaigning
Part 1

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: Two and a Half Months to Election Day **August 20, 1976 - 8**

Door-to-door campaigning -- face-to-face contact between a volunteer and a voter -- is the most powerful grassroots political technique.

It's also the most difficult to accomplish -- more time consuming, more difficult to get volunteers to perform and tougher to manage. It demands a structure -- a complete system from start to finish.

This newsletter and the subsequent one describe a step-by-step system for door-to-door campaigning. There are eight steps: Planning, Indexing, Recruiting, Preparing lists, Preparing materials, Assigning, Operating and managing, and Following up.

Step 1: Planning - Think it through at the beginning. Make sure the door-to-door campaign will accomplish what you want to accomplish. There are four basic purposes of door-to-door campaigning:

1 - To deliver the candidate's message -- The door-to-door campaigner is an extension of the candidate - the most direct representative he has. If the campaigner is persuasive, the contact will be strong.
2 - To identify voter preference -- Canvassing can identify how the voter feels about the candidate and about major issues of the campaign.
3 - To recruit volunteers -- The canvasser can recruit volunteers to perform a simple task, such as telephoning 10 friends, writing 25 postcards, displaying a lawn sign, etc.
4 - To get out the vote -- During and just before Election Day, canvassing is an effective way to encourage favorable voters to vote.

Remember to plan. Consult the campaign manager to integrate canvassing with the rest of the campaign. Don't undertake door-to-door campaigning just because the concept is attractive.

Step 2: Precinct Index Priority System - The search for the highest concentration of potential voters for your candidate is a relatively easy process to achieve; however, deciding what characteristics the potential voters have is difficult. Usually, the campaign manager, the research coordinator and other key campaign persons have established what kind of voter is the most likely person, not only to be for the candidate, but vote for the candidate. Most times, a formula has been created which includes past voting behavior,

current issues and candidates. Don't try to rank the precincts yourself. Ask the management of the campaign to provide you with the most important precincts. It is important for you to be aware that establishing priority areas for your candidate can be accomplished and that sometimes the precincts which you would choose to canvass are not really the precincts which hold the most potential votes.

Step 3: Recruiting -- With Planning and indexing underway, the next step is to recruit enough volunteers, working with the Volunteer Coordinator.

Step 4: Preparing lists - Two kinds of lists can be used in a door-to-door campaign -- voter registration lists or a reverse ("criss-cross") telephone directory. Obviously, door-to-door lists must be "walking lists" -- arranged geographically by street and house number, so the door-to-door campaigners will know who lives where.

Sometimes, voter registration lists are arranged alphabetically instead of geographically. Such lists can be rearranged - converted to street order - by a computer or by hand. The first way is the fastest, but the cost is often prohibitive. If your local registration lists are already computerized, it might be feasible. To rearrange the lists by hand, cut them up according to household, paste them on index cards and then arrange them in street order. This is a laborious clerical task and underlines the need for careful indexing in advance, so you're dealing only with the volume of names you can handle.

If it's impossible to use registration lists, use a reverse telephone directory. This will not indicate which persons are registered, so you'll have to canvass every house. Use the reverse directly only when workable registration lists are impossible to use.

Canvassing without lists is usually unsatisfactory. The canvassers won't know to whom they're speaking, and follow-up is difficult. Use this method only for such activities as general distribution of literature, without a face-to-face, persuasive contact.

Step 5: Preparing materials - The materials make the system work. The most basic item is the Canvasser's Kit. It includes "Instructions", "The voters' list", "An identification badge", "Candidate literature", "A report form" (which can be printed on the Kit envelope), "Q slips" ("Question Slips" for handling unexpected questions), and "Not-At-Home cards".

Materials needed for managing a door-to-door campaign are: "The Door-To-Door Evaluation Form" (which allows the supervisors to evaluate progress and volume), and "The Assignment and Performance Record" (an aid to managing your personnel).

The next issue of CSC will complete discussion of the 8 steps, including a Checklist and Timetable. Samples of the Canvasser's Kit are being made available for your understanding and use.

Samples

INSTRUCTIONS TO DOOR-TO-DOOR CANVASSERS

(Note: Adapt these sample instructions to your situation)

What We're Doing

We're canvassing homes in designated voting precincts to tell voters about __(candidate)__, to give them some campaign literature and to answer their questions about the candidate. When the canvassing is finished, Headquarters will follow up by sending the voters special letters.

How To Do It

This Kit contains everything you'll need:

1. The Voters' List -- These are the households you should visit. Most households have more than one registered voter in them.

Be sure to code each visit by writing the appropriate symbol in the _____ hand margin, coding each household according to your general impressions:

F	Favorable to candidate
UN	Undecided, doesn't know
X	Unfavorable, hostile
NH	Not at home

2. The Volunteer Badge-- Wear your badge, which will instantly identify you as a campaign volunteer.

3. The Candidate Briefing Sheet-- This will tell you about __(candidate)__ and the things he stands for.

4. The Campaign Brochure-- Give each voter one of these.

5. The Q Slip-- When you get a question you can't answer, don't fake it. Just say you're a volunteer, you don't know the answer, but you'll find out and get them an answer. Then fill out a Q Slip, which will be processed at Headquarters.

6. The Not-At-Home Card-- If no one answers the door - or if no registered voter is home -- - leave this card and a campa'gn brochure.

7. The Report-- When you've finished, please fill out the Report section of the big envelope, put all materials inside, and return it to Headquarters.

What To Say

Remember, you're a personal representative of the candidate. The words you say and the impression you make will have a big effect on the voter's decision.

Here's an outline of the canvassing message. You'll need to go over it a few times to get it down in your own words.

1. Identify yourself --

"Mrs. __(voter)__, my name is _____, and I'm a volunteer for __(candidate)__, who's running for Congress. May I speak with you for just a moment?

2. Talk about the candidate --

"We're helping __(candidate)__ because he's an honest candidate with a good record of helping the consumer. We think he's one of the few politicians we can trust these days."

3. Ask for question --

"We're conducting a people-to-people campaign because (candidate) wants to make sure the people know where he stands on all the issues. Is there a particular issue you're concerned about - or any other question you'd like to ask?

Answer The Question If You Can. If You Can't, Fill Out A Q Slip.

Q SLIP

If anyone you contact asks a question you can't answer or has a special request, tell him you'll pass it along to the candidate or campaign director.

Please Print

THEIR NAME: Mr. Miss Mrs. Ms. _____ Phone: _____
(first) (last)

Street Address _____ City _____ ZIP _____

QUESTION OR REQUEST: _____

_____

_____

YOUR NAME: _____ Date: _____

Called back by: _____ Date: _____ Comments: _____

_____

4. Offer brochure --

"Have you made up your mind about the election, (voter)?" (If yes, determine preference and conclude conversation appropriately. If no, continue).

"I'd like to leave this brochure with you, (voter), to tell you more about (candidate). Please consider voting for him on Election Day - he'll be a great Congressman. Thanks for your time."

Special Guidelines

You'll find almost everyone will be polite and willing to listen. If you contact an unfriendly person, don't argue - just terminate the conversation quickly.

If you have questions or problems, call (chairman) at (phone number).

REMEMBER OUR DEADLINE _____

Telephone Fund Raising

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: 33 Days Before Election Day **September 30, 1976 - 10**

As a member of a candidate support committee, you may be called upon to form or participate in a telephone fund raising campaign. This issue of CSC concerns a basic format for the operation of this type of fund raising.

Telephone Operations Room

One of the most important considerations for a telephone operations room is its location. The best way to find a suitable room is to contact a real estate businessman, preferably from the same political party as the candidate, who can assist in getting the best location at the lowest cost possible. Other considerations should include:

1) **Availability of adequate telephone lines and the ability of the telephone company to install the required equipment on time;**

2) **Adequate heat or air conditioning, light, and toilet facilities;**

3) **Financial obligations in meeting the telephone company's 30-day minimum installation fees.**

Telephone Callers and Clerical Workers

The length of time the callers will work is determined by the number of calls to be made and the number of telephones to be installed. To help estimate the number of hours needed, an average caller will dial 22 calls and will complete 7 calls per hour. If you have a list of 5,000 prospects, you will probably need 714 calling hours to complete your drive.

After you have estimated your needs, the first appointed worker should be the Telephone Supervisor. This person should have some basic knowledge of a political telephone operation, relate well with people, and have the ability to train the telephone callers.

Next, gather volunteers to man the phones according to your work schedule. In some instances, paid workers are used. Whichever is used, paid or volunteer, the callers should be people who are experienced in using the telephone as a business tool, rather than for social purposes. It is also common practice to "audition" every prospect with respect to their personality and voice quality. It is mandatory that the caller present a pleasant voice over the phone.

Clerical workers are needed to process the pledge cards and mail out the follow-up letters. They should have good typing skills and the capacity to produce neat, accurate work.

Telephone Cards

A standard card should be developed for the recording of the conversation results. This card should be relatively simple to understand but also be flexible enough to allow for alternatives. At the time of the call, also fill out the pledge card, if one is made. Only three calls are placed to a prospect. If no decision is made by that time, the card is filed away for future consideration.

TELEPHONE RECORD CARD

telephone numbers ( )
( )

Name	Time	Date	Yes	No	Maybe	Busy	N/A	X	RCB	Date	Time
	am pm										am pm
	am pm										am pm
	am pm										am pm

Other Comments:

Response: ___Yes ___No ___Maybe ___Other

Pledge $

Name and Address of Contributor

Code for headings above:
Name - phoner's name
Time and Date - of call
N/A - no response
X - disconnected
RCB - requested call back
Date and Time - of call back

Pledge Cards

The pledge card should be sent with the follow-up letter. Each card should have a handwritten personal note on it along with the amount pledged. By adding the personal touch of a note, you avoid the impersonal appearance of a preprinted computer card.

TELEPHONE PLEDGE CARD

FOR RECORD PURPOSES, PLEASE FILL IN BELOW:

Occupation _____

Employer, if any _____

City _____ State _____

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Reverse Side of Pledge Card

Politico for Congress Committee
Street Address
City, State, Zip Code

Yes, I will take action and mail in my contribution for: $_____

John Doe
Main Street
Your Town, USA 00000

Please make checks payable to: Politico for Congress Committee.
(Please, no corporate checks)

This information is necessary for all committees that have filed and must report to the Federal Election Commission.

Every pledge must be followed up with a letter confirming the telephone conversation. The letter should include a note of thanks, as well as mentioning the amount pledged. Also, it should re-emphasize the importance of this year's contribution, and should be signed by a well-known individual.

Your follow-up letter is a type of direct mail, and it is therefore imperative to send a series of reminders to your phone prospects in order to get the best possible response. The first letter will bring 50-60% of your pledges; second and third reminders will bring 50% of the remaining pledges. Your second reminder should be put in the mail 14 calendar days after your first mailing.

FOLLOW-UP LETTER

_____, Chairman

_____

_____

Dear _____:

Thank you for taking the time to discuss Congressman Politico's campaign with my special assistant. I am pleased to hear that you will be sending us a contribution for $_____.

Congressman Politico has an excellent record of service in Congress. He has maintained a high degree of communication with his constituents, and while he holds the interests of the Fifty-Fifth District in high priority, he also has shown his ability to think clearly and act objectively on national issues.

Congressman Politico needs your help to return to the Congress and I am glad that you will be supporting him.

Thank you again for your contribution.

Sincerely,

Chairman

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

The Conversation

The conversation in telephone fundraising requires effective "copy", structure and testing. A script must be tested and retested. Develop standard answers for each frequent question or objection. Telephoners must be instructed to work directly from the script (without sounding mechanical), and insert their own personality into it without varying from the "pitch". The caller should not be afraid to ask for a specific amount. Statistics have shown that twice as many people send money after pledging a specific amount.

Telephone Company Services

Your local telephone company service representative can offer a variety of services to help organize an efficient system. Some company representatives are trained to offer assistance in scripting, work flow, follow-up and other areas that relate to a telephone operation. Many times this service is complimentary and can be used to insure the success of a telephone campaign.

Telephone company personnel will also look up needed phone numbers. This cost may vary in different parts of the country, but a service representative can quote an exact cost for a given region. You should allow 4 to 6 weeks for completion.

Following these guidelines and working them to fit your particular need and area should result in substantial additions to your candidate's campaign fund. You have also established a direct personal link to your candidate with many people who may not have known him or his platform. In effect, you have generated needed campaign funds and votes, and isn't that what candidate support committees are all about?

Election Day - November 2, 1976

AMPAC's NEWSLETTER FOR CANDIDATE SUPPORT COMMITTEE CHAIRMEN

COUNTDOWN: NOW! **November 1, 1976 - 11**

1976 ELECTION FACTS

What to remember about the 1976 elections as you're watching the returns...

In addition to the Presidential race, there are 33 U.S. Senate races, 435 U.S. House races, and 14 gubernatorial races up this year throughout the U.S.

U.S. Senate

Of the 33 U.S. Senate seats up this year, there are 21 Democrats and 10 Republicans, one Conservative and one Independent. Of the 33, eight are not seeking reelection. They include Paul Fannin (R) of Arizona, Hiram Fong (R) of Hawaii, Philip A. Hart (D) of Michigan, Stuart Symington (D) of Missouri, Mike Mansfield (D) of Montana, Roman Hruska (R) of Nebraska, Hugh Scott (R) of Pennsylvania, and John O. Pastore (D) of Rhode Island.

Two U.S. Senators are unopposed for reelection. They are John C. Stennis (D) of Mississippi and Robert C. Byrd (D) of West Virginia.

U.S. House of Representatives

All 435 House races are up this election year. There are now 286 Democrats, 145 Republicans and four vacancies in the U.S. House of Representatives. The vacancies are due to the deaths or resignations of Torbert MacDonald (D) of Massachusetts, Jerry Lytton (D)of Missouri, Wayne Hays (D) of Ohio and William Barrett (D) of Pennsylvania.

There are 47 members of the House who have no general election opposition. Thus, 11 percent of the House is already elected.

There are 56 members of the House who are not seeking reelection. This means that a minimum of 13 percent of the 95th Congress will be freshman (will take office in 1977).

Gubernatorial

Fourteen Governors races are up this year in the 50 states. Of the 14, eight are Democrats and six are Republicans. Seven Governors are not seeking reelection, including Dan Walker (D) of Illinois, the only incumbent Governor defeated this year in his primary.

AMPAC Election Central

AMPAC will again be gathering election results on Tuesday evening, November 2, 1976. AMPAC will have its full staff working through the night on Election Night, taking returns and putting together the look of the new Congress.

Since you are very actively involved in trying to elect a candidate to the U.S. House of Representatives or the U.S. Senate, we would very much appreciate your calling AMPAC to tell us whether or not your candidate won. Election night phone numbers are:

312/751-6705 -- 751-6716 -- 751-6720.

Or, you may call AMPAC's regular number, 312/644-1585.

Any election night information which the Candidate Support Committees could provide us with would be very helpful in getting to work right away on the next election, Tuesday, November 7, 1978.

YOUR TO-DO LIST FOR TUESDAY, NOVEMBER 2

- A Win for Good Government -

1. Vote on Election Day yourself.
2. Work with your candidate support committee to make sure every physician and eligible physician family member votes on Election Day.
3. Convince your neighbors to vote for your candidate.
4. Convince your patients to vote for your candidate.
5. Give some time on Election Day to insure an honest election in your precinct.
6. Give your staff time to vote and, if possible, to work at the polls.
7. Recruit volunteers from your daily contacts to help your candidate in his Election Day Get-Out-The-Vote activities.
8. No matter what happens on November 2, begin work on November 3 for the next election, November 7, 1978.

FEC
DOCUMENT
SEPARATOR

Copy
Ex #253

IN THE UNTED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

FEDERAL ELECTION COMMISSION, Petitioner, -vs- CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, et al., Respondents	Case No. M-77-306-C-WHO

DEPOSITION OF JAMES C. MacLAGGAN, M. D.

San Diego, California

April 17, 1978

Reported By:

VERNA L. YOUNG, CSR No. 3301

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Also Present:

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Scott E. Thomas
Elena King
Margaret Sims

DEPOSITION OF JAMES C. MAC LAGGAN,

taken by the petitioner at 880 Front SZreet, San Diego, California, commencing Monday, April 17, 1978, at 9:15 A. M., before Martha L. Dix, Verna L. Young and Laura L. Smith, Certified Shorthand Reporters, in and for the County of San Diego, State of California, pursuant to subpoena.

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SAN DIEGO, CALIFORNIA, MONDAY, APRIL 17, 1978 - 9:15 A. M.

---O---

MR. SMITH: I am John Lewis Smith on behalf of the American Medical Political Action Committee and Dr. James MacLaggan in part.

Mr. Oldaker and I have agreed verbally that, as I understand it, he on behalf of the Commission will agree to stipulate to the continuing nature of an objection in several parts which was placed on the record earlier by my associate William Schweitzer which goes to legal objections raised on Constitutional grounds in our pleadings before Judge Orrick which also goes to relevancy, objections as to the entire scope of the proposed examination of Dr. MacLaggan as a witness.

Finally, despite assurances from the Commission that respondents may have a right to trial de nova of the issues being investigated, an objection based upon potential opinion that that interpretation is not correct in light of a recent decision of Judge Park -- Barrington Park of the United States District Court, District of Columbia, in a related though not identical election law litigation.

I think that covers it in broad terms.

MR. ZIMMERMAN: Mr. Rick Zimmerman on behalf of CALPAC, California Medical Political Action Committee and Dr. MacLaggan. I would join in that objection in that statement, and I assume, Mr. Oldaker, that the stipulation runs equally to CALPAC in this

deposition and the others which will follow.

MR. OLDAKER: The stipulation, as I understand, it's a stipulation as to future proceedings and it's as to any evidence obtained in this deposition, and it has been entered into by the Commission preserving by both AMPAC and CALPAC all objections, that which may be interposed at a later time to the evidence that may be obtained on the basis stated by Mr. Smith. I would have no problem in the stipulation applying to all further depositions of CALPAC officials.

MR. ZIMMERMAN: Thank you.

MR. OLDAKER: Dr. MacLaggan, are you ready?

DR. MacLAGGAN: Yes.

MR. SMITH: Could you state on the record on behalf of the Commission what violation is being investigated in the context of this deposition?

MR. OLDAKER: Dr. MacLaggan has been asked here under subpoena which was issued in October of 1977, October 7, by Chairman Thomas Harris of the Federal Election Commission. That subpoena specifically states, one, that it's issued pursuant to 2 USC 437d (a)3, in the subpoena to appear in his capacity for the California Political Medical Action for deposition with regard to the Commission's investigation as to possible violations of 2 USC 441a (a) 2A by your State Medical Political Action Committee, and then there's a parenthesis that says:

"Notification letter concerning a description of the investigation was sent to your Political Action Committee then on February 24, 1977."

Then the next sentence is:

"The scope of the examination will include, but is not necessarily limited to, all information relevant to the possible affiliation of your State Medical Political Action Committee with the Political Action Committee of the American Medical Association."

Then the notice is given as to where appearance should be taken, and, of course, as we all are aware and Dr. MacLaggan I assume is aware, a court hearing was held on the subpoena and the judge, Judge Orrick, issued an Order to Enforce the Subpoena.

MR. SMITH: Right, and as we're painfully aware, at the risk of life and limb I raised the continuing issue which again continues to disturb me, and I don't know whether Mr. Zimmerman participates in this or not, but I still require for Dr. MacLaggan some clarification of what the basis of the investigation is in terms of possible violation.

I am clear on the fact that part of the scope of this deposition is a possible violation of 2 USC 441 a (a) 2A, which for the record and those who are not conversant with the law,as I understand it, is the common contribution limitation provision. Is that correct?

MR. OLDAKER: Is that correct?

MR. ZIMMERMAN: Lewis, the five-thousand-dollar limitation on a contribution to a single candidate in a federal election.

MR. OLDAKER: Which raises the issue in the context of this investigation by the parenthetical in the letter of the question of affiliation, which is stated in the next sentence, between the two organizations, and the issue basically that we are looking at in this context today is contributions from the National Organization and the American Medical Political Action Committee and CALPAC where both made contributions which exceed the five-thousand-dollar limit.

MR. ZIMMERMAN: Now you have me confused, because a moment ago you cited the subpoena which is 441 (a) 2A, which is the section which restricts the five-thousand-dollar limitation per committee.

MR. OLDAKER: That's correct. There also is a phrase after that. I mean, that's not the full context of the investigation.

I will repeat again: Section 441 a (a) 2A by State Medical Political Action Committee:

"A notification letter containing description of the investigation was sent to the Political Action Committee on February 24, 1977."

Scott, you can get that letter, and we can talk

about it.

"The scope of the examination will include, but not necessarily be limited to, all information relevant to the possible affiliation of your State Medical Political Action Committee with the Political Action Committee of the American Medical Association."

Affiliation, of course, used in the statutory terminology as defined by regulations, although I realize you have interposed an objection to our interpretation. I understand that.

MR. SMITH: Well, we're not talking, though, about your interpretation now. We're talking about what portion of the statute and/or regulations you are addressing here.

MR. OLDAKER: We are addressing the affiliation questions, the contribution questions, and we are addressing the issues about the relationship between the American Medical Association and the California Medical Association, AMPAC and CALPAC, and we're trying to make the determination in simplest terms whether there is a unity which would cause you to fall under the single contribution limitation.

MR. SMITH: Are you alleging a violation?

MR. OLDAKER: We do not necessarily at this point have to allege a violation. We have received reason to believe notification. That is the only alleged violation that the Commission has made. That is also the information as well as

the subpoena that was before the Court and the enforcement of it.

We can also look at the Court's order as to this issue, you know.

MR. SMITH: Fine. Let's do that.

MR. OLDAKER: The Court specifically says -- this is the decision. Excuse me.

MR. SMITH: Where are you looking at now? The transcript?

MR. OLDAKER: Yes, the transcript.

MR. SMITH: That's the problem I have. The order is in more general terms.

MR. OLDAKER: Why don't you state what your problem is.

MR. SMITH: My problem is simply this. Bill, as I read the law, you have broad powers to investigate for purposes of your own education, that of Congress, et cetera, without potential 4s inherent in that organization to individuals or organizations who are respondents.

You say you have the power to make violation investigations pursuant to MUR stimulated by complaint or through a respondent.

But wherein you are pursuing alleged violations, fundamental due process dictates that you alert both the respondent and the witnesses as to what violation is alleged and that statutory context in which there's a claimed violation.

To the extent you are asking Dr. MacLaggan about

facts of a factual violation, we would like to know in advance what the alleged violation is.

If indeed you are asking him for the benefit of his wisdom in order to recommend better legislation for Congress, we don't have this problem.

MR. OLDAKER: Well, I think as regards the Court Order, the Court specifically states that it is impossible, I think, for the Commission to accurately make all allegations of relevant violations of law prior to its investigation.

There's no doubt that that was specifically stated in the Judge's prior decision in FMC, the Federal Maritime Commission case which he wrote the opinion, of which he cites in his opinion.

I think that is basically what we're dealing with today.

We cannot -- there may be violations of law which we are not even aware of at this time.

The basic investigation that the Commission charged us to investigate was the question of the violation -- the possible violation of the affiliation provision of the reporting provision of the act in general terms and the question of contributions by the California Medical Political Action Committee and the American Medical Political Action Committee in this regard to Dr. MacLaggan today.

There are many other issues that I realize that we

could be asking Dr. MacLaggan about as far as contributions in other states.

At this time we do not intend to ask him any particular questions, which may in fact come at a later time, dealing with other states which he was, I believe, the chairman. Is that correct, Doctor?

DR. MacLAGGAN: Yes.

MR. OLDAKER: -- of the American Medical Association Action Committee. So that to that extent, there is some limit today, but I don't think that --

MR. SMITH: Let me try to clarify, because it may be a subtle difference, but I don't raise an objection - let it be clear - that you investigate alleged violations of the 441 a (a) 2A without having any proof in hand in advance that there has been a violation.

I think based upon whatever your basis was, which we don't know, for the Commission having found reason to believe, you can go forward and on such an investigation if you notify us that that is what you are investigating.

The potential 4 violation, you presumably have some basis for that, but it seems to me that's not what you are after.

We are not trying to foreclose that. We are saying, "Fine. Ask whatever questions you may want to ask about possible violation of the stated section."

But I don't understand affiliation to be a violation.

MR. OLDAKER: Affiliation per se?

MR. SMITH: Yes.

MR. OLDAKER: I think affiliation per se, the only question is if two organizations hypothetically are affiliated and they do not exceed their contribution limitation then. In other words, together they do not give more than five thousand dollars to any candidate in any given election.

Their only violation I would say would be a technical violation in that of a reporting section in which they should report affiliation on the face of their reports.

Now, there is the possibility, and, of course, the Act had a prophylactic effect in that it says that the Commission may seek to prevent violations, so I think in that case -- even in that case, the Commission could go in for conjunctive relief and ask that the two organizations or the multiple organizations, which the Commission would allege, have one contribution limitation report as affiliated and so note on the records and agree not to give more then five thousand dollars to any one candidate, and then aggregate in any one election, so, yes, there is that problem.

I would state for the record that there are specific instances, as we are all aware, to a certain extent of where there is an aggregate of greater than five thousand

dollars in a particular election given by California Medical Political Action and the American Political Action Committee when you do them in aggregate, and today we will go into those.

MR. SMITH: Well, I'm not trying to foreclose that. You go into that to your heart's content because you notified us that you want to go into it. But, to my understanding, there can be a violation, as you interpret which we distinctly do not agree, of the contribution provisions in Section 441, and there can be a violation of the reporting in Section 433, but the pure fact of affiliation, existent or nonexistent, is not a violation potentially under any circumstance without more --

MR. OLDAKER: I would agree that there are many organizations -- in fact, the American Trial Lawyers is an example of an organization with a national body and state bodies, and they are affiliated and they say they are affiliated, and there's nothing wrong with that. It's quite acceptable.

There are other kinds of organizations, notably labor unions and the steel laborers who have national steelworkers PACS and state PACS, and they are affiliated. There is certainly nothing wrong with that.

The law in fact contemplates that before -- in the discussion before Congress, so the pure affiliation is not a violation per se.

MR. SMITH: In what ways do you investigate it? You are

in a violation investigation and you seem to be doing a legislative oversight investigation consistent with your non-advisory opinion to Newton Steers, though you do not at this time know whether or not the medical PACS are affiliated in the opinion of the Commission.

MR. OLDAKER: The opinion rendered under 437 F, as you are quite familiar with, to Congressman Steers was based on the facts that he gave at that time.

The opinion said that advisory opinion as to the affiliation could not be given at that time on the facts that we had in hand. That is a severed question.

If he was not in possession, I think, of requisite enough facts to give to the Commission so that it would be able to make a determination as to affiliation, I think that you are correct that as in any investigation - you've participated in a few yourself - the Commission could become vested with all of the facts and find that, one, affiliation did or did not occur, was not extant, or, two, that the contribution limits were not exceeded or were exceeded, and I think those are the issues.

The Commission is not - at least in my mind - the six voting members have not in any way made up their minds that a violation in fact has occurred which would warrant prosecution, or proceeding to reasonable cause to believe, and under the statutory scheme and conciliation agreement --

MR. SMITH: And as far as we know has not made a finding as to even what constitutes affiliation.

Isn't that also correct?

MR. OLDAKER: The Commission has set forth in its regulations its interpretation of what affilation is.

The Congress, has, of course, has labored with this and set out a standard.

Now, different minds may differ. I have no idea how to gauge the six individual commissioners' minds as to whether or not they have absolutely decided what affiliation means to them.

They are the ultimate determiners of the interpretation of the law in this case.

MR. SMITH: Sufficeit to say our problem is investigating concurrently what the standard against which violations are going to be tested is and the existence or absence of violations concurrently at the same time. It is impossible for a respondent to deal with that.

MR. OLDAKER: I think, as in all law enforcement, there is no question as to certain types of violations,applying the factual context of certain violations to certain individual circumstances.

You know that you have a violation. It becomes -- There's also grey area in every case. There's grey area in embezzlement.

There's grey area in all sorts of crime which have been defined for numerous years.

That's what your court system is all about. The court system will look at it and make the interpreation ultimately on almost all determinations of law to determine whether it is correct or not.

I can't give you all the grey area. There is no doubt that there is a black letter affiliation. There's no doubt in my mind that the steelworker organization is affiliated with all state affiliations. It's a historical fact.

It's been interpreted by Congress. There's been case on that - cases with the CIO-UAW. It's --

MR. SMITH: Do you want to proceed? We have our satisfaction on that. We'll have to evaluate the questions as they come.

MR. OLDAKER: I fully understand your problem. I disagree with it, but I understand.

MR. ZIMMERMAN: Well, now I'm confused because on the one hand you referenced a failure to report an affiliation between AMPAC and CALPAC, and on the other hand you've mentioned a violation of the common contribution limitation; yet your subpoena refers to 441 a (a) 2A, which is the section which establishes the five-thousand-dollar limit.

The subpoena refers to the violation of that five-

thousand-dollar limit by CALPAC.

The question of the subpoena which you read into the record does not refer to a violation by CALPAC in conjunction with another organization.

MR. OLDAKER: Well, it does in fact state that the Commission is looking into the affiliation question between California Medical Political Action Committee and the American Political Action Committee.

It also incorporates by reference the letter of February 24, 1977, which you have a copy of and which we have discussed at length in the context of the Court's decision.

You also interposed at that time your objection that you thought that the investigation should be limited to 433. The Court did not specifically agree with that conclusion.

In fact, I believe the Court said to Mr. Smith that he could make a court test out of this if you desire. It would be interesting, but he did not agree. I would not agree either, but I am agreeing here today that we can preserve that objection for a later time, that all questions that you feel are based on that, the evidence that is obtained today is susceptible to objection if we attempt to introduce those into any further proceeding at any time.

MR. SMITH: I think the problem that we have is that we've gone a stage further from preservation of objections to the point where we can't, as counsel - at least I can't as counsel -

permit answers in the context of a violation investigation that hasn't been adequately noticed in order to give, one, clear notice and, two, opportunity to properly prepare a defense.

All I have is what you've given us.

MR. OLDAKER: You are going to have to advise your client.

Let me say at the outset if questions are not answered, the Commission will have to make a determination of whether it goes back for contempt, but, you know, it's between you and your client.

MR. SMITH: I remember well the Judge indicating he wanted to know who it was, and I will make the record clear that it is me when it is.

MR. ZIMMERMAN: If I understand Mr. Smith's comments, he is only asking for a clear statement of what it is you are investigating, or what it is you think you are investigating, what violation you think you are investigating, and I'm still confused from what's been said as to what violation you believe you are investigating in addition to the possible violation of a reporting requirement.

MR. OLDAKER: Let me go through what was said in court then once more.

Mr. John Lewis Smith stated to the Court, Page 9 of the Court's transcript:

"With regard, your Honor, to enforcement having been ordered, and the specific question of relevancy, which is now the more pertinent, will the respondents be able to rely upon a specific claimed violation to evaluate relevancy as we proceed through the relative relevancy, if you will, of various documents and also testimonial responses that may be requested of the deposition?

"The Court: Well, I would not think, Mr. Smith, because I do not know the agency, the agency is empowered to investigate, and how the agency can be tied to a particular violation when it can't prove it, I go into some length. I know you have read my decision.

"Mr. Smith: Yes, your Honor.

"The Court: And I know you're probably familiar with my own experience in Washington --

"Yes, I am, your Honor."

And then it goes on:

"And I know the problem is on the other side and also it's from the defense side responding to civil investigation demands and so on, and there can't be a total fishing expedition, but it's got to be -- it just has to be worked out between counsel. That's what it gets down to, and I would be glad to assist on motions to enforce a subpoena.

"I would probably use the Federal Rules of Civil Procedure, but I don't want there to be any question but that if anyone -- that I want the subpoena enforced."

And then on the next page down at the bottom after another colloquy between the Court and Mr. Smith, the Court says:

"Well, I think you've got to raise that when the agency brings it -- takes further action."

And I think what the Court is basically saying before FMC is that can't be tied, and also with the Court it said in the Federal Trade Commission versus Texaco case that you can't tie an agency to a specific statutory allegation at the commencement of the investigation.

MR. SMITH: That's not what they said, Bill. I agree that we can't tell you to ask Mr. MacLaggan about the contributions during certain campaigns, Hayden, Jones, but as to giving clear notice of what the violation you are inquiring about is and thereafter the opportunity to defend against it, all of those cases do continue to make that requirement, and that's what we're saying.

I'm not saying we can restrict you in any way to the facts of each potential violation, but you have got to give us the legislative framework within which you intend a violation against, if it's a violation investigation.

Any time you disclaim, it seems to limit your

ability to fish.

MR. OLDAKER: There are certainly limits on the ability to conduct discovery under the Federal Rules, and the Court indicates to a certain extent that those are the standards that he would use, but I think as to the ability to obtain discovery, this judge and I think most courts have taken a fairly liberal view of the ability to take discovery in civil proceedings.

The issues and ultimately whether one is harassing the deponent or --

MR. SMITH: Go ahead. We've beaten it. He knows what we are saying and we know what he is saying. We're --

MR. OLDAKER: We don't agree.

MR. SMITH: We're showing what we are made of. We may get to a question we are going to have to confer about. We may not.

If we do, it will be thrashed out. We can't stop here. I just wanted to do this at the threshhold to see if we could get some clarification.

MR. OLDAKER I think to a certain extent we will disagree on these issues. We have disagreed almost from the inception of this investigation.

MR. SMITH: That's right, but I find it a lot easier to disagree with you than Judge Orrick, but it's a little different ball game when we instruct the witness not to answer, but we'll have to deal with that as it comes up.

MR. OLDAKER: Yes.

Rick, are you ready to proceed?

MR. ZIMMERMAN: Let's take a thirty-second break here before we proceed.

MR. OLDAKER: I'd like the record to reflect that we've been here and Dr. MacLaggan has been here thus far into the proceeding.

(Whereupon a short recess was taken, after which the following proceedings were had:)

MR. OLDAKER: Back on the record.

Are the People ready to commence?

MR. ZIMMERMAN: Go ahead.

MR. SMITH: Yes.

MR. OLDAKER: Dr. MacLaggan?

DR. MAC LAGGAN: Yes.

MR. OLDAKER: Do you swear to tell the whole truth and nothing but the truth, so help you God?

DR. MAC LAGGAN: I do.

EXAMINATION

BY MR. OLDAKER:

Q. Would you state your name and current address?

A. James MacLaggan, M. D., 525 Hawthorn Street, San Diego, 92101; my office address.

My home is 3406 --

t3

MR. ZIMMERMAN: You don't have to give a home address.

BY MR. OLDAKER:

Q How long have you been a medical practitioner?

A. I graduated from medical school in 1943.

Q And how long have you been in San Diego?

A. Since July of 1946.

Q Have you at any time been affiliated with the American Medical Association?

A. I've been a member since 1946.

Q In what capacity have you been a member?

A. Well, during most of those years I was a member, and since 1967 -- 1967 to 1969, I was an alternate delegate from California Medical Association to American Medical Association.

From '69 until the present I've been a delegate from California Medical Association to the American Medical Association.

Q Could you briefly describe what a delegate is, what he does for the American Medical Association?

A. Well, the American Medical Association has routinely two meetings a year, one usually in July and one in December, and the delegates who are selected by population of AMA members in a state gather to go over problems affecting the practice of medicine, usually medical problems, and make recommendations where there's -- for their solution.

MR. SMITH: Excuse me just one moment.

For the record, I didn't want to interrupt, the term you used in the question, "affiliate," I object to Mr. Oldaker's question when he said, "Are you affiliated with the AMA."

That's a legal conclusionary word.

BY MR. OLDAKER:

Q Dr. MacLaggan, as a delegate you have participated in the organization of the AMA in -- was it in Chicago - is that correct, sir - and the running of the national organization, National Medical Association?

MR. ZIMMERMAN: I'll have to object to the question because I find it unintelligible.

MR. OLDAKER: Well, that may be so.

Q What are your responsibilities as delegate and how many other delegates to that organization are there?

MR. ZIMMERMAN: I'm going to object. It's compound.

I'd like to allow the doctor to answer one question at a time if he could. I'm not trying to be difficult, Bill. I'm just suggesting that the question is confusing and that the answer may also be confusing.

BY MR. OLDAKER:

Q Doctor, how many delegates are there to the American Medical Association?

A Roughly two hundred and fifty. There's a limit of

two hundred fifty, I believe.

Q. What are the responsibilities that you know of insofar as delegates that you've served in?

A. Well, responsibilities are to attend the annual meeting and the interim meeting and consider those resolutions that are submitted by other delegates, to look at the reports from the Board of Trustees of AMA and the officers of AMA, make recommendations as to their disposition, look at the budget of AMA, decide on the dues structure for AMA.

Q. How was the new structure from AMA established, if you are familiar?

A. It's a recommendation by the Board of Trustees to the House of Delegates.

Q. Who may be a member of the AMA?

A. Any licensed physician.

Q. Is it limited only to licensed physicians?

A. Yes.

Q. Spouses of physicians may not be members of the AMA?

A. No.

Q. Have you ever served as an officer of the AMA?

A. No.

Q. Are you now or have you ever been a member of the California Medical Association?

A. Yes, for the same term.

Q Have you held any official capacity with the California Medical Association?

A Yes.

Q What capacity have you held?

A I've been chairman of many commissions and committees, and a member of their council - that's equivalent of a board of trustees - for several years and president and president-elect -- president and president elect.

Q Of?

A Of the California Medical Association.

Q As president and president-elect, what are your duties?

A One is to be a member of the council - that is again the Board of Trustees - and the other is relatively ceremonial, as many presidents are.

We visit the component societies that are the county associates, of which there are forty. During the two years that you're president-elect and president, you go and visit them and discuss their problems usually.

One is, as I say, a ceremonial position.

Q Must all doctors belong, as in bar associations, to the Medical Association of California --

A No.

Q -- to be practicing doctors?

A No.

Q You said that you joined the AMA and the California Medical Association at the same time. Was there any reason for that?

A Well, in California until two years ago, we were -- the membership in County Society also conferred on you membership in the California Medical Association and the American Medical Association.

I may have stated that wrong, because it was in the early -- in the late forties that members -- no. It's always been that way. I'm sorry.

There was no dues structure for the AMA until the late forties, but membership was also a tri-part thing.

When you joined the County Society, you also became a member of the California Medical Association and the AMA.

Q You then are a member of the County Society?

A Yes.

Q What's the name of the county?

A San Diego County.

Q And you've been a member of that for the same length of time?

A Same period.

Q Are you an officer in the County Society?

A Not at present.

Q Have you been?

A Yes.

Q What offices have you held?

A Well, roughly the same. I was a member of the Council of the San Diego County Society and was president in 1957.

Q Then, as you've said earlier, when you originally joined the County Society, you joined the State Society and the American Medical Association at the same time?

A Yes. That's still the situation as far as the state and county are concerned.

Q When you join, do you write out a check to the County Society?

MR. ZIMMERMAN: When you join what?

MR. OLDAKER: The County Society.

MR. ZIMMERMAN: Mr. Oldaker, I'm not sure that membership in the County Medical Society is relevant to these proceedings.

MR. OLDAKER: I would argue, Mr. Zimmerman, quite strongly that if you join one and you become a member in all three, the government has a right to know how the due structure is set up.

That is what we are attempting to ascertain, and he said that he originally joined the County Society.

I am asking if the check was paid to the County Society.

THE WITNESS: Yes.

///

BY MR. OLDAKER:

Q Then, was that check for the total amount of dues for the County Society, the State Society, and for the National American Association?

A Yes.

Q So only one check had to be made out?

A Yes.

Q Do you recall when you first joined as to the amount that you had to pay?

A That's a long time ago.

Q Do you recall, let's say, three years ago the amount that you had to pay?

A Roughly. Perhaps five hundred dollars.

Q And a check would be made out to the County Medical Society; is that correct?

A Yes. The bill is sent --

MR. ZIMMERMAN: Just answer the question.

BY MR. OLDAKER:

Q Well, how are these dues solicited?

A A statement is sent from the County Society to the member for renewal of the membership.

Q To the individual?

A To the individual practitioner.

Q Practitioner?

A Yes.

Q The individual practitioner then does what if he wishes to join?

A. Writes a check and sends it back to the society.

Q And the check is made out to who?

A. San Diego County Medical Society.

Q Then the San Diego County Medical Society does what with this money? What is this money called? Is it called dues money?

A. Yes.

Q What does the San Diego Medical Society do with this money?

A. Well, it divides -- you mean with their money?

Q With the money that's sent to them by the individual practitioners that's called dues money.

A. Well, put it in the bank.

Q Then?

A. Well, their portion they use for the ordinary operation of the society. They have a building in which there's a mortgage. They have three executives and numerous secretaries and the usual kind of expenses of running an organization of some eighteen hundred people.

Q What do they do with the portions that are not theirs?

A. Send them to the organizations.

Q Who would be?

A. The California Medical Association and the American

Medical Association.

Q How would the shares be prorated?

A The building is done -- it's a list on the dues of the San Diego Medical County Medical Association, "X" number of dollars, County Medical Association, "X" number of dollars, American Medical Association, "X" dollars.

Q Do you know what the percentages are?

A They vary from year to year.

The dues structure is set independently by each of these three organizations, and there's no percentage figure. It varies each year because it could be a different figure each year.

Q As to the county organization, do you know -- you have said that you were an officer and you were president at one time of that. Do you know how it is organized?

Is it a local corporation?

MR. ZIMMERMAN: Mr. Oldaker, I'm going to object to these questions about the San Diego County Medical Society.

I don't see how they have any relevancy at all to these proceedings except for general information purposes, and I'm -- I really don't see any point in it.

I don't see why it is germane at all to the relationship on a higher plane, if you will, of AMA and CMA.

MR. OLDAKER: The government is interested in how the organizations, the parent organizations of the Political

California Action Committees are organized.

MR. ZIMMERMAN: I understand that, but --

MR. OLDAKER: And dues are collected for the parent organization through this county organization in which Dr. MacLaggan is a member and has been a past offficer.

It is starting there and moving up through the structure to make a determination as to that.

I understand your objection. Now, the witness may or may not answer on advice of counsel.

MR. ZIMMERMAN: My point is, lengthy dialogue on the County Medical structure, I think it is inappropriate and irrelevant, and I still don't see the relevancy of it as to your inquiry.

MR. OLDAKER: Well, there has been one question. The other questions have been as to dues. I do not consider one question to be lengthy.

MR. ZIMMERMAN: What was the pending question, please?

MR. OLDAKER: I can rephrase the question. I think it would probably be easier for the reporter.

Q The question is basically, if you know, Doctor, legally how was the County Society organized? Is it a corporation or is it a voluntary association of professionals?

MR. ZIMMERMAN: Again, I am going to object. I just don't think it's relevant.

We're not here investigating the County Medical

Society.

MR. OLDAKER: I understand your objection. Is the witness going to answer or not?

MR. ZIMMERMAN: Well, unless you can show me how it is relevant. I would just as soon not get off on all these matters.

MR. OLDAKER: The basic issue, though, if the witness is not going to answer, you can instruct your witness however you wish to instruct him, and then if he desires not to answer, he can state the he will not answer for the record.

If we're going to be orderly, I suggest we follow an orderly process.

MR. ZIMMERMAN: I am just suggesting, Mr. Oldaker, you explain to me why questions about the San Diego Medical Medical Society are relevant to the alleged violation which is being investigated here.

MR. OLDAKER: Well, again, I pose the question to the witness. If he wishes to answer, he may answer. If he wishes not to answer, he can say, "I will not answer."

MR. ZIMMERMAN: I'm just asking you to explain to me why it is relevant --

MR. OLDAKER: I already have.

MR. ZIMMERMAN: -- so I can make a decision.

BY MR OLDAKER:

Q Dr. MacLaggan, again, do you choose to answer the question?

MR. ZIMMERMAN: I'll instruct him not to answer the question at this time unless you can tell me the relevance.

MR. OLDAKER: That's fine.

MR. ZIMMERMAN: I am instructing him not to answer.

BY MR. OLDAKER:

Q How do you choose?

A On advice of counsel, I will not answer.

MR. ZIMMERMAN: If you can explain to me why that is relevant, I will be glad to advise him otherwise.

MR. SMITH: Excuse me just a second. Would you -- off the record.

(Off-the-record discussion, after which the following proceedings were had:)

BY MR. OLDAKER:

Q Dr. MacLaggan, again as to the State Medical Association, you have been a member of that for a number of years and you have been an officer of that -- it's called the California Medical Association I believe. Do you know how that organization is organized under the laws of California?

A I don't.

Q You do not know whether it is a corporation?

A I don't.

MR. SMITH: So that we can clarify, Bill, you are saying, "Do you know"?

MR. OLDAKER: That's all I'm saying.

MR. SMITH: That incorporates a lot of hearsay information from other people, but that's not knowledge about what he has to testify.

MR. OLDAKER: He can choose to testify any way he sees fit.

MR. SMITH: I just want the record to reflect that it is his own knowledge that he's to testify about. We have lawyers. Mr. Zimmerman here represents them. If you want to know how they were formed, he can tell you.

MR. ZIMMERMAN: I think the Commission knows how they were formed because we've advised them in writing.

MR. SMITH: I just wanted to make it clear.

MR. OLDAKER: I understand. Mr. Zimmerman is not going to testify today.

MR. ZIMMERMAN: We have responded in writing to those questions, and you've received our responses which we sent to you in April of 1977, I believe.

MR. OLDAKER: We do have the response from you. It was April 12 of 1977. It is not dispositive of the issues in the questions that have been asked.

Q Dr. MacLaggan, have you been a member of the Medical Political Action Committee of California, better known in this case as CALPAC?

A Yes.

Q In what capacities have you been a member of that

organization?

A. I've been a member of the Board and I was Chairman of the Board for seven years.

Q. How many years?

A. Seven.

Q. What years were you a member of the Board?

A. I've been a member of the Board since its inception. I believe that was in 1967.

I was chairman from 1967 -- then in 1974.

Q. Have you been a member since that time of the Board?

A. Yes.

Q. And what capacity?

A. For two years as honorary chairman and last year and starting March 22nd, I believe it was, as co-chairman.

Q. So the two years prior to last year you were honorary chairman?

A. Uh-huh.

Q. How many members of the Board of Directors of CALPAC are there?

A. Fifty-six, I believe.

Q. Must they all be licensed physicians?

A. No.

Q. What is the qualification for it?

A. (No audible response.)

Q For being a Director of the Board of Directors of CALPAC.

A There are some fifty that are licensed physicians and five direct members or five voting members of the auxiliary to the California Medical Association, three ex officio members from the officers of the auxilliary to the California Medical Association, an ex officio member from the California Medical Assistants Association, and several ex officio members from the Executive Committee of the California Medical Association.

Q Have you been a member of the American Medical Association Political Action Committee, better known as AMPAC?

A Yes.

Q In what capacity?

A Well, as a member for most of the time, dues-paying member.

Q What period of time have you been a member?

A Since the California Medical Association -- California Medical Association Political Action Committee, CALPAC -- can I call it that?

Q Absolutely, sir.

A -- was formed. It would be since June of '67.

Q You've been a member of both CALPAC and AMPAC since 1967?

A Yes.

Q In what capacity have you been a member of AMPAC? Have you held any offices, official roles?

A Yes. I've been on the Board of Trustees of AMPAC since 1974.

Q Have you held any other offices with AMPAC?

A Yes. I was chairman for two years.

Q What were your --

A My dates are wrong. '72. I'm sorry. I went on the board.

Q When did you become chairman, sir?

A In 1974.

Q And how long were you chairman?

A Two years.

Q What have your duties and responsibilities been as a board member of AMPAC?

A Well, the Board holds five meetings a year in which they discuss activities of AMPAC and their purposes, how well they have attained them.

They have committees. Usually the committees meet at the same time as the board meetings.

Q What kind of committees are there?

A Communication committee, research committee, and membership committee, executive committee, and a congressional review committee.

Q What are the purposes of AMPAC?

A. The purposes of AMPAC. Well, to foster political education and research and do political research, and to help to elect members of the Congress of the United States.

Q. What type of political research are you talking about, just generally, not specifically?

A. Well, much of it has been in methods of aiding candidates in their activities. AMPAC has developed a number of research tools such as polling and so on to aid candidates.

They gave the seat money and helped to develop many of those tools that are now used throughout the country by all parties as far as elections are concerned.

That's the basic type of research that they do.

Q. Then AMPAC does make political contributions to candidates?

A. Yes.

Q. How are decisions generally made to make contributions to candidates by AMPAC?

A. I don't -- that's not quite clear to me.

By whom are they made or how?

Q. By whom were they made, then, sir?

A. By the Congressional Review Committee.

Q. And who makes up the Congressional Review Committee?

A. (No audible response.)

Q. A number of doctors, board members?

A. Yes, a number of physicians, a number of members of

the AMPAC Board.

Q. Have you ever been a member of that committee?

A. Yes, I am at present.

Q. Are you familiar with the other members of that committee?

A. Yes.

Q. Could you state for the record their names, if you know?

A. Yes. W. J. Lewis, John Smith --

MR. SMITH: M. D.

THE WITNESS: M. D., and Mrs. Bell Chenault and myself.

BY MR. OLDAKER:

Q. How often does that committee meet?

A. Not very often unless there's a year in which there are general elections, so on even-numbered years there are a good many more meetings than are otherwise.

Most meetings are by conference call.

Q. How many would you say there are in each even-numbered year, if you know?

A. It would be a strict guess.

MR. ZIMMERMAN: Don't guess or speculate, please.

THE WITNESS: I really couldn't answer that.

BY MR. OLDAKER:

Q. You indicate that most were by conference call; is that correct, sir?

A. Yes.

Q. Do you have in fact any face-to-face meetings during the course of an even-numbered year?

A. Well, there are five board meetings where the whole total board comes together during the year, and some of the time we have a meeting of that committee, not every board meeting.

We have one meeting early in the year where we spend a day together and go over the candidates for all races that are up for that year, the total five hundred and whatever it may be.

This is discussing the incumbents and the candidates that we know about.

Q. But generally you say that meetings are conducted by conference call?

A. Yes.

Q. Who institutes the conference call itself?

A. The Chicago office of AMPAC.

Q. A staff member I would assume, then?

A. Staff member.

Q. Is there generally one staff member that institutes it?

A. Generally.

Q. Do you know the name of that individual?

A. Lee Ann Elliott.

Q. Does she participate in the conference call?

A. Yes.

Q. And decisions are made in those conference calls basically as to candidates who contributions should be given to?

A. Yes.

Q. And then how are those decisions implemented, if you know?

A. Well, ordinarily the -- once the decision is made, a check is written and sent to a physician ordinarily to deliver that check to the candidate.

Q. That's how it presently occurs; is that correct?

A. Yes, most of the time. Rarely -- yes, in general that's right.

Q. I should say that all of these questions are directed to today's events.

A. Yes.

Q. Not to things as they might have occurred in the past.

I will address them later if necessary.

MR. ZIMMERMAN: I'm sorry?

MR. OLDAKER: I said I will address them at a later time because I think they may have in fact changed. All I'm asking now is present activities in case he had a question in his mind.

MR. ZIMMERMAN: Could you read that back to me, please?

MR. OLDAKER: I don't think it's necessary. I can say

it over again if you'd like me to.

These questions are only addressed to the present decisions made during the current elections. If there has been a historical difference, I will ask that at a later time.

MR. ZIMMERMAN: Go ahead. I misunderstood your closing remarks because I didn't hear the last phrase.

MR. OLDAKER: All right.

MR. ZIMMERMAN: I'm a poor listener.

BY MR. OLDAKER:

Q Doctor, as to the actual implementation, you say that a check is sent to a local doctor. The conference calls themselves, do you know to your knowledge if they are memorialized in any way by any person?

MR. SMITH: Excuse me just a second, Dr. MacLaggan. I don't want to nit-pick, and I'm as interested in information as you are, but are you aware of how far beyond the scope of your deposition notice this is?

You are talking to him as though this were a deposition as AMPAC, and you specifically talked to him in this notice as a capacity of the California Medical Political Action Committee.

MR. OLDAKER: And then it goes on to say in the next sentence,

"Discovery examination will include, but not necessarily be limited to, all information relevant

to the possible affiliation of the State Medical Political Action and the Political Action Committee of the American Medical Association."

And I realize that Dr. MacLaggan has been a member and officer of both, and there are two attorneys present, one representing a member and officer of the California Medical Association and one as a member and officer of the American Medical Association and American Political Action Committee, so I think to that extent we all realize that.

MR. SMITH: Well, I don't want to do it informally. I'm not trying to foreclose you.

I want to get it on the record that you are talking to him as a member of the board and/or committees of the American Political Action Committee, if you are going to do it.

MR. OLDAKER: I would agree. The questions that I have been asking, the last several, have dealt with his knowledge as a member of the Board of AMPAC. There's no doubt about that.

I would not expect him to know the answer if he were not a member of the AMPAC.

MR. SMITH: I'm not talking about him. He's a witness. I'm talking about AMPAC.

I'm asking if the capacity of AMPAC is in this proceeding again, Bill.

Is anything that MacLaggan said going to end up a

finding of violation against AMPAC, and if so, aren't we entitled to some notice of what you are doing here?

MR. OLDAKER: I have no idea what the ultimate disposition of the investigation will be. I can't state that for the record at this time.

MR. SMITH: Well, inform me why he wasn't instructed that he was being subpoenaed in a dual capacity for the California Medical and official of the American Political Action Committee.

MR. OLDAKER: I would argue that he has been informed as to what the limits of his testimony will be. He's aware of that.

The subpoena is clear in that regard as to his knowledge as to the affiliation between the two organizations.

MR. SMITH: Again, let me point out that it is not with regard to the witness's interest that I am concerned in this question.

My question is that you have steadfastly refused to concede or acknowledge that AMPAC is a respondent in this proceeding, this proceeding that we are here about, 369 in California.

MR. OLDAKER: Well, yes. I will sound like a broken record and I don't wish to do that.

I think it is well stated in the subpoena itself as to why Dr. MacLaggan was called here today as to the proceeding of 369 itself.

I think that we have amply disputed our differences before Judge Orrick, and we can do that - and I am sure that we will at future times - but I think we need not burden Dr. MacLaggan's time with our argument.

MR. SMITH: Well, do you concede that you are inquiring of Dr. MacLaggan as an official of the American Political Action Committee as well as of the California Medical Action Committee in this line of questioning?

MR. OLDAKER: Dr. MacLaggan has been an officer of AMPAC and I am asking as to his knowledge of while he has been an officer of AMPAC.

Q The question was, Dr. MacLaggan, if you know, were the conference calls memorialized in any way. Were memoranda kept of those or any other writing?

A Yes.

Q Who would keep those?

A Mrs. Elliott.

Q Have you ever seen those documents?

A Yes.

Q What form do they take?

A Form of a report to the remainder of the board at a later time as to the actions of the Committee.

Q And they would have the names of people who you recommend for contributions to go to as a committee, not you personally, but the Committee?

A. Yes -- well, yes.

Q. And where are those records kept, if you know?

A. As far as I know at the AMPAC office in Chicago.

Q. And who would have custody of those records, if you know?

A. Mrs. Elliott.

Q. Does the staff when you make these decisions give you any information to make the decisions on?

A. Yes.

Q. What kind of information do they give you?

A. Name of the candidate and where he's from, the general feeling of physicians in the district as to his candidacy, whether he has a Candidate Support Committee of physicians.

Q. What is a Candidate Support Committee?

A. Group of physicians who would gather together for the purpose of helping to elect an individual to Congress or to any other offices, I believe.

Q. Is this ordinary? Does it happen often?

A. Quite often.

Q. What form do these Candidates Support Committees take? Are they informal or are they ever formalized?

A. I don't understand the question.

Q. I think the question is: Do they band together and form a formal organization as a Candidate Support Committee

under the auspices of anyone, or do they just kind of talk to one another as doctors and say we think that candidate "X" is a good candidate and then make their recommendations through channels?

A Both ways.

Q As a formal organization, how do they organize? Do they have specific -- a specific charter from any organization such as the California Medical Association or the American Medical Association?

A (No audible response.)

THE NOTARY: Is that a "no"?

MR. ZIMMERMAN: Yes, that was a "no."

THE WITNESS: Yes, that was a "no." That's true.

BY MR. OLDAKER:

Q Do they make contributions to candidates as a committee?

A To that candidate for whom they are banded together.

Q Do they form political committees, if you know?

A There's a political committee already.

Q Does it collect contributions?

A Yes.

Q And it makes contributions?

A (No audible response.)

Q To candidates or to one candidate solely?

MR. ZIMMERMAN: Mr. Oldaker, you are using the term

"Candidate Support Committee" -- I think that's the term you have used?

MR. OLDAKER: That's a term Dr. MacLaggan used.

THE WITNESS: I'm sorry, sir. I did not use that term. I never said that term until just now. You asked me a question with that term.

BY MR. OLDAKER:

Q We could argue about that, but you did, in fact, mention as we went by as far as information came in from them, but it's not important, sir.

Yes, Mr. Zimmerman?

MR. ZIMMERMAN: I'm starting to lose track of the scope of your questions. They are so broad and so general.

MR. OLDAKER: Is that an objection? I'm attempting to let Dr. MacLaggan testify as to his knowledge. I do not know what his knowledge is.

I will accept that he does not know as to any of these questions. I will accept that he does not understand the question itself.

Those are perfectly legitimate responses from Dr. MacLaggan, and all questions may not be clear. I am attempting not to say -- not to come in with preconceived ideas myself as to Dr. MacLaggan's knowledge, so the questions at the outset have to be general to attempt to define his knowledge.

Shall we proceed?

MR. ZIMMERMAN: Go right ahead.

BY MR. OLDAKER:

Q Okay. As to the Candidate Support Committee, is that the correct terminology, sir?

A Yes.

Q As to the Candidate Support Committees, you indicated before that they generally make a contribution to a single candidate for that purpose; is that correct?

A Yes.

Q And you also stated that they accepted contributions from various persons to make a contribution to a single candidate.

A Perhaps I could clarify that.

Q If you could.

A They are gathered for the purpose of obtaining support for that candidate, volunteers, financial, and otherwise, and in general they do not form a physical entity for themselves.

They solicit money for the candidate.

Then usually the funds are directed to whatever name, Friends for Joe Smith, Congress Ninth District, or whatever it may be. They do not themselves set up a bank account and collect money in general, but they are out, as many of the groups are, trying to help that candidate.

Q Proselytizing?

A Yes, but the point is that they are working in the

framework of a committee that is friendly toward that candidate and solicit funds for him, but soliciting in general, they do not have their own bank account, so that except for personal contributions, I don't think that the committees as such write a check to the candidate.

Q. So it would be fair, then, to say that a group of doctors or doctors' spouses, basically, band together and decide that one candidate seems desirable for any purpose - I am not sure what the purposes are - and then let that be known to other people that they may personally make their own contributions to that candidate?

A. Yes.

Q. And that's what a Candidate Support Committee is?

A. Yes.

Q. This is a very loose organization. I would guess it does not have a dues structure or anything of that nature?

A. It's an ad hoc structure. It comes together for that purpose and dissolves.

Q. There's no formal documents?

MR. SMITH: Can I get some clarification here? Are you talking about from your own personal knowledge?

MR. OLDAKER: That's all I'm asking, as to his own personal knowledge.

THE WITNESS: Partly.

MR. SMITH: Would you restrict yourself to what you are

talking about of your own personal knowledge.

THE WITNESS: Actually, what I have said so far has been from my own personal knowledge of at least one committee, but not committees throughout the nation.

MR. SMITH: That's what makes me uncomfortable. The reference there --

MR. OLDAKER: I have no problem with that.

Q. What is the name of that particular committee or where is it organized if it does not have a name, for the record?

A. What?

Q. The candidates for the committee that you are aware of?

MR. ZIMMERMAN: Bill, I'm going to make an objection again. I think you are mischaracterizing what he said.

I think he explicitly stated there's no organization or a committee but mentioned an ad hoc group that forms and dissolves and forms and dissolves and so on.

MR. OLDAKER: I agree.

MR. ZIMMERMAN: So I think the representation there where structures --

MR. OLDAKER: I asked the question in two parts, but I will ask it again.

Q. Dr. MacLaggan, where is this - Mr. Zimmerman likes the word - ad hoc organization that you know of located?

A. I don't know of any existence right now.
Q. That you have known of in existence?
A. In California.
Q. Where in California?
A. Various places.
Q. More than one?
A. San Diego, for example.
Q. San Diego you know of one?
A. Yes.
Q. Have you, to your own personal knowledge, known of others in the State of California to exist?
A. Yes.
Q. How many others? If you know.
A. I can't recall.
Q. More than one?
A. More than one.
Q. More than two?
A. More than two.
Q. More than three?
A. We could go a long time with this.
Q. I understand, but I don't want to ask -- Mr. Zimmerman will object if I ask about how many, so to avoid that, I will go through --

More than ten?

MR. ZIMMERMAN: Your question is about those --

MR. OLDAKER: That he personally has knowledge of. That's correct.

MR. ZIMMERMAN: -- that are currently in existence?

MR. OLDAKER: No, that are in existence in the State of California. He's stated that he has knowledge as to that.

THE WITNESS: At least ten.

BY MR. OLDAKER:

Q. At least ten. Are they generally in a single congressional candidate's district?

Will there be one of these organizations per district is the question, or can there be three, four, five?

A. In the same district?

Q. In the same congressional district; United States Congressional District I'm talking about.

A. Generally one.

Q. They then make recommendations to the staff, I guess, in Chicago as to candidates that they feel should be supported?

A. They may.

Q. They may. In what form would that recommendation take?

MR. SMITH: Excuse me. Is there a form?

BY MR. OLDAKER:

Q. Is there a form? Is there a form that that recommendation would take?

A. No.

Q. Would it be a telephone call?

A. Could be.

Q. Could it be a letter?

A. Could be.

Q. To your knowledge have you ever seen a letter from one of those organizations?

A. Have I ever seen one? No.

Q. Have you ever seen a memorandum from a discussion held with one of those support committees?

A. I have not seen those.

Q. So then it would be fair to say that the issues presented by these support committees as to which candidates should be given contribution comes to you as a member of the committee and of the American Medical Association Political Action Committee orally from staff?

A. Yes.

Could I correct this statement?

Q. Surely.

A. From time to time people have known that I've been involved in this. I have received such letters personally. When I said I hadn't seen any, I meant through AMPAC. I've had these sent to me and I personally forwarded them to AMPAC.

Q. What form or what did that letter look like that was sent to you?

I realize it probably should be in the files at AMPAC, not your personal files.

A. Ordinary business letter. It's usually on the letterhead of the individual who sent it to me.

I have received some from -- on the letterhead set up for such a committee listing a list of names on that.

Q. Do you call one that was set up listing the members specifically?

A. No.

Q. As to California Medical Political Action Committee, you served as an officer of that for how many years?

A. Seven.

Q. Seven years, and as an officer of that organization?

A. Seven years. Well, seven years ago. Seven years I was chairman and I have still been in the last two years -- I've been co-chairman.

Q. How were decisions made by the California Medical Political Action Committee to make contributions to federal candidates for federal office?

A. In a similar fashion. There's a committee that they refer to as the Federal Candidate Selection Committee who meets and makes recommendations on the forty-three districts in California.

Q. Have you ever been a member of that committee?

A. No.

Q. Who is a member, if you know?

A. Charles David Olch. At the moment I don't specifically remember the rest of the members.

Q. Do you know to your personal knowledge as to how they make their decisions as to what candidates to support?

A. Not in the last several years.

Q. Prior to the last several years?

A. They met together and went over such information as they had relating to the districts and the status of the seat, whether there was an open seat, whether it was an incumbent, whether it was -- the status of the incumbency, whether he was a first-term individual or had been a member for many years.

They solicit information in the Congressional District from physicians as to how the local people feel about the individual, whether they feel that he's a candidate that they could support, and they distill that information and come up with a recommendation.

Q. Are there Candidate Support Committees that refer this information to them as they do AMPAC?

A. When they exist, they would, yes.

Q. Would they be the same committee?

MR. ZIMMERMAN: I'm sorry?

///

BY MR. OLDAKER:

Q Would they be the same Candidate Support Committee at the local level?

MR. ZIMMERMAN: As what?

MR. OLDAKER: Which makes recommendations to the American Medical Association, if you know?

THE WITNESS: Certainly. Any Candidate Support Committee is going to look for any place that they can arrange money. That's the name of the game as far as they are concerned, to get support for their candidate.

BY MR. OLDAKER:

Q Have you ever been a member of the Candidate Support Committee?

A Not for federal office.

Q Do you know if they memorialized this recommendation to CALPAC in any way? Your personal knowledge.

MR. ZIMMERMAN: You're referring now to --

MR. OLDAKER: -- to the Candidate Support Committees and their recommendations to CALPAC as to the support of federal candidates.

MR. ZIMMERMAN: You're talking about these ad hoc committees that have been referenced?

MR. OLDAKER: That's correct.

THE WITNESS: The ad hoc committees?

///

BY MR. OLDAKER:

Q Yes.

A No.

Q Do they send letters to CALPAC making recommendations for contributions?

A Oh, yes.

Q Have you ever seen one of these letters?

A Yes.

Q If you can recall, what would a letter say? If they say a multitude of things, then the answer would be that.

A Well, it varies a lot depending on each one written by an individual, and the basic thing would be that we have a committee of "X" number of physicians who are supporting John Doe for Congress, and in the first district, and we have financially supported him and we ask your support.

Q Would they indicate how they have financially supported him or the amount that they had financially supported them?

A Some do.

Q Would they ask for a specific amount of money from CALPAC?

A Some do.

Q What, then, would be CALPAC's response, if any, if you know?

A Such a request would be referred to the Federal

Candidate Selection Committee that I just described, and they would add that to the other things that they use in their deliberations.

Q. Would that information, if you know, be forwarded then to AMPAC in Chicago?

A. (No audible response.)

Q. From CALPAC?

A. You mean all the information?

Q. No. The information dealing with the Candidate Support Committee and the request made --

A. Not to my knowledge.

Q. Not to your knowledge. That's fine.

What does your specific line of duties - I believe you said that you're co-chairman at the present time?

A. Yes.

Q. What are your duties in that regard?

A. (No audible response.)

Q. If any?

A. I was trying to think how to describe them.

The present chairman is an individual who has some very fine attributes and is a leader in certain fields, and he complements me at attributes that are in different fields, and so we work together.

Actually, I have been co-chairman last year, which was not an election year, and most of our efforts were in the

membership solicitation and general public relations for CALPAC.

My name is signed with his to letters that go out to the membership or to prospective members, and we have had some educational seminars at which one or the other of us usually attend to help in the areas.

We had six area educational seminars scheduled. I think only four of them took place, but to go out to those and try to give some expertise to people who were attempting to enter the political arena as far as people supporting candidates.

Q. You mentioned dues and solicitation of business.

A. Yes.

Q. What do you mean by that?

A. Well, membership. Obviously any organization that makes contributions has to get the money some place.

You know money comes from the members and it's a voluntary -- Dues is perhaps the wrong term because it's a voluntary contribution to the California Medical Political Action.

Q. You do refer to those at least in the context as the same thing?

A. It's common terminology, but it truly is not dues. There's no compulsion.

Q. I understand, and I was not attempting to assert

that in any way, just for clarity.

But basically these are contributions made by individuals on a voluntary basis through the California Medical Political Action Committee for the use in political campaigns for the California Political Action's desires?

A. Yes.

MR. ZIMMERMAN: Off the record a moment.

(Whereupon a brief recess was taken, after which the following proceedings were had:)

MR. OLDAKER: Let the record reflect a break was taken. We're back on the record.

Excuse me, gentlemen.

Q. Before the break, Doctor, the term "dues collection" came up.

We indicated that that was our understanding, that those were contributions made to the California Political Action Committee. How were those solicited, if you know?

A. Ordinarily they are on the billing from the County, so in the same manner as I described for the American Medical Association, the California Medical Association, and the County Medical Society, but in this case there is an asterisk saying "voluntary" and on the bottom of the slip is the disclaimer that "You will not be discriminated against if you do not --" you know the terms better than I.

MR. SMITH: Would you mind if I clarify for you?

Is that also true now with regard to AMA membership?

THE WITNESS: Yes, in the last two years. It's the same way.

He asked me about '74, and '74 it was not, but that also is put down as voluntary.

BY MR. OLDAKER:

Q I just asked for clarification.

And then if an individual physician or a spouse of the physician wishes to make a contribution, although it's called dues to CALPAC, they make out a check in the specific amount and send it to a designated official?

A Ordinarily. On this particular billing, it would be included in the check made out for the true dues of California Medical Association and others unless they specifically delete it or they don't add the voluntary portion.

Q So the five hundred dollars that we talked about earlier, I don't hold that as an absolute term, but it would include dues for the California Medical contributions -- Association and contributions to the California Political Action Committee?

A Yes, and some other things in our particular case. For example, we have a voluntary fund for medical education, a foundation that's set up for that, and that also is on the same billing with an asterisk behind it, and it may or may not

be included by the individual who writes the check.

Q Understanding that these contributions - sometimes called dues - are voluntary to the California Medical Political Action Committee and understanding that similarly they are voluntary to the national organization, when a check is written and someone voluntarily elects to give and elects to give to the National American Political Action Committee, are those dues included in that check?

A In the one check?

Q In the one check.

A Frequently.

Q And then I would assume that that check is deposited in some bank account?

A The County Society has a mechanism of separating those funds so that there is a separate account set up for the AMPAC, CALPAC contributions over and above the other portion that goes to the parent organization, and the County Society and the others are put in a different bank account.

Q So here in San Diego there would be a bank with at least two bank accounts. One of the bank accounts would be for political contributions which would go to CALPAC and AMPAC?

A Yes.

Q Then I would assume that a check would be drawn on that account and it would be forwarded to those two organizations, CALPAC and AMPAC, in the amount of the contributions

collected?

A. I suppose. I do not know.

Q. You do not know. All right. Fine.

You were at one time chairman of the American Medical Association Political Action Committee?

A. Yes.

Q. And to your knowledge were moneys transferred from your home county committee to that organization?

MR. ZIMMERMAN: I'm sorry, Bill?

MR. OLDAKER: From the San Diego County Medical Association to the American Medical Association Political Action Committee, moneys which were collected from doctors on a voluntary basis for political purposes?

I'm asking him a specific question.

THE WITNESS: Directly from San Diego County to AMPAC?

BY MR. OLDAKER:

Q. Yes.

A. I don't know.

Q. Were they transferred from the California Medical Association Political Action Committee or in any way from that organization to AMPAC?

A. Yes.

Q. In what way?

A. I have no way of knowing.

Q. You do know amounts of money were transferred?

A. Yes.

Q. How do you know that?

A. I've been sent balance sheets and notified that dues collected for AMPAC were transferred to their account.

Q. Have you ever seen dues collected by the San Diego County Association transferred to AMPAC?

A. No.

Q. Is there provision, if you know, for a doctor to make a contribution to AMPAC outside of the dues structure?

A. Yes.

Q. And what is that system?

A. They can send it directly to AMPAC or directly to CALPAC, either one.

Q. What is the general course of events, if you know? Do most doctors send it to the County and then to the State and then to the National?

A. Yes. Most of those who do choose to do so. Not most in the overall.

Q. There's no indication it's not voluntary, Doctor.

A. That isn't what I meant, but there -- it's far from the total hundred percent that do that.

Q. You mentioned before that one who joined the County Medical Society automatically joined the National or the American Medical Society.

As to the Political Action Committees of these

various organizations, if you were to join the California Medical Political Action Committee, has there ever been a time when you would also have to join the National Medical Political Action Committee, better known as AMPAC?

A. Not to my knowledge.

Q. So you could always make an election to merely give a contribution to CALPAC?

A. Yes, as far as I know.

Q. As a co-chairman of the California Political Action Committee, when the moneys come in from the County Societies of political contributions, do you know how they are handled routinely paperwork-wise?

A. No.

Q. Do you see them appear on ledger sheets at any point in time?

A. Yes.

Q. What form do those ledger sheets take, if you know?

A. Well, as on a balance sheet - and I'm not an accountant - but total income for period "X" previous balance, money due to AMPAC, money due to others, and below if there have been transfers to AMPAC or to AMPAC -- dues transferred or contributions transferred to AMPAC.

MR. SMITH: Is this a propitious time for me to ask whether there are any alleged violations in the context of the specific statutory exemption for sums raised through joint

fund raising efforts, 441 a (a) 5A?

t7 MR. OLDAKER: There is no allegation that I know of, but it's certainly a matter of interest as to how funds are transferred. They are well aware of the joint fund-raisng exemption and the statute, and I would assume that one who raises funds under an exemption, of course, does not violate the law.

MR. SMITH: My question, for the record, is whether the Commission has found any reason to believe that the way the California Medical Political Action Association or PAC in the American Medical Pac have in any way done this improperly.

MR. OLDAKER: I think that it would be correct to answer that the Commission does not know how they do that, and so --

MR. SMITH: I'm confident that the Commission doesn't know.

MR. OLKDAKER: So I think to that extent, although the Commission has made no allegations as to violation with regard to that particular provision, of course, the Commission is interested in how these - I guess you've called them joint solicitations - have occurred, and that is what the questions are directed to.

MR. SMITH: I'm not troubled about that. I just want to clarify that there is no finding of reason to believe any problem in the context of violation in the function -- in this function.

MR. OLDAKER: There is no finding of reason to believe in

that context.

Q As to the dues which are -- I would prefer if we call them contributions. It's a little bit easier in my mind. I realize they are often called other things at the same time by the Committee. The contributions to CALPAC which are designated to AMPAC that come to CALPAC, they are deposited in a common account? If you know?

A I don't know.

Q The ledger sheet indicates, as you just said, that funds are transferred to AMPAC by CALPAC?

A Yes.

Q Is that on an ordinary basis? Does it just occur every week or two weeks, if you know, or is there any set periods of time when it must occur?

A No. No set times. We have an interesting situation that where the County Societies don't always wait until they collect a certain amount of money and then send it in.

They don't send it in as they get it day after day, so as the money comes into AMPAC, I am sure that it's transferred, but there's no set period.

Q These contributions are in recommended amounts, I would take it?

A Yes.

Q Who recommends those amounts?

A The --

MR. ZIMMERMAN: Let me just interrupt you.

Are you talking about contributions to candidates or are you talking about membership dues?

THE WITNESS: Well --

MR. ZIMMERMAN: Excuse me.

MR. OLDAKER: Contributions to the Medical Political Action Committee is all that I'm talking about at the present time. I told the doctor --

MR. ZIMMERMAN: You understand the ambiguity in your question?

MR. OLDAKER: I would prefer not to use membership dues in the context of both the California Medical Association and CALPAC, although I realize the organization does use the terms in both instances.

The correct terminology for the second is contributions to the Medical Political Action Committee.

It's simply easier for me to say it that way.

MR. SMITH: Contributions to PAC as opposed to the contributions to the candidates?

MR. OLDAKER: That's right. That's all I'm saying.

MR. SMITH: All right.

BY MR. OLDAKER:

Q. Contributions are made on a recommended amount, then you were just about ready to say, Doctor?

A. The Board of Medical Political Action Committee

recommends the contribution, suggests the contribution annually for CALPAC.

The contribution recommended to AMPAC has not changed to my knowledge since its inception, and I had never heard a discussion of the contribution other than --

Q. How much is that, do you know?

A. Ten dollars.

Q. How about to the California Medical Political Action Committee?

A. This year it's forty-five dollars.

Q. How was it decided? So it would be fifty-five dollars total or is there something I'm leaving out?

A. I'm sorry. Forty-five dollars is total. It's thirty-five to CALPAC. We have a different dues structure this year in that we have on many of the billings sixty dollars for both where the -- this would include the auxiliary member's wife and two contributions then to AMPAC, so of the sixty dollars, twenty would go to AMPAC and forty to CALPAC.

Q. Forty-five dollars for an auxiliary membership for the wife?

A. No. It's ten.

Q. Pardon me?

A. Ten.

Q. Ten. Thank you, sir.

How was that arrangement between CALPAC and AMPAC

set up? Is there an agreement of any sort that you will collect these dues and then transfer them to AMPAC, if you know?

A. I don't.

Q. Is there a letter or a memorandum some place stating how that they will be divided, if you know?

A. I've never seen one.

Q. Who decides, if you know, when the money should be transferred to AMPAC?

A. I don't know.

Q. As to the decisions about contributions to candidates themselves, we talked about ad hoc committees, for lack of a clearer terminology. I would assume that other directors or entities come into making that decision. It wouldn't be solely that committee?

MR. ZIMMERMAN: I'm sorry. I'm totally in the dark.

MR. OLDAKER: Okay.

Q. You have an ad hoc committee?

A. Let me say there is -- there is -- the committee is self-organized.

Q. I will rephrase it. You are correct.

MR. ZIMMERMAN: Before we --

MR. OLDAKER: Let me phrase the question.

MR. ZIMMERMAN: Are you structuring a hypothetical here?

MR. OLDAKER: No.

Q. There is an ad hoc committee -- or what you

indicated -- indicated gave recommendations. Let's deal with AMPAC to make contributions to candidates. Is that not correct?

A. They do sometimes.

Q. They do sometimes. Are there other persons who make recommendations to AMPAC to make contributions to candidates?

A. They are open to all comers. Sometimes the candidate himself writes a letter or calls or sometimes his campaign manager, sometimes a friend. Anybody can make a recommendation.

MR. OLDAKER: Rick, that was the question and I'm sorry if I misphrased it.

Q. Do you know of any people called field men?

A. Field men? Now?

Q. Now or in the past.

MR. SMITH: Field men where?

MR. OLDAKER: The field men terminology for the American Medical Association.

THE WITNESS: They had field men up to about four years ago who were contacts with -- liaison with the AMA to districts. Never was for the State, but --

Q. When you said "they," do you mean the --

A. -- American Medical Association.

Q. Not AMPAC?

A. Long ago AMPAC had some.

Q. How long ago?

A. More than ten years, I believe.

Q. Fine, and you said that the field men from AMA were discontinued at some point?

A. Yes.

Q. Do you know when that was, sir?

A. Not exactly.

Q. Does AMPAC presently have a field staff at all?

A. Not as such. They have three individuals who were employed by them as Political Education Coordinators.

Q. Do you know the names of these individuals?

A. Yes.

Q. Would you state their names for the record?

A. Tom Norton, N-o-r-t-o-n, and Mike Covecek, and you have to spell that one. Mr. Wilcox, do you want to state the name, please?

Lauer, L-a-u-e-r, Peter Lauer.

Q. And what are their responsibilities, do you know?

A. One of the responsibilities of AMPAC -- or one of their charges is to political education and research, and they are involved in putting on programs in various states of a political educational nature.

Q. Who comes to these type meetings, if you know?

A. Well, physicians, generally.

MR. ZIMMERMAN: I'd just like to interject here, and this is to pick up a thread, and I thought mentioned by Mr. Smith, that Dr. MacLaggan is here in his capacity as an officer of CALPAC as opposed to AMPAC, or at least so indicates the subpoena, and recognizing that our time is somewhat limited today, I would just like to point out to you so we could get on the material part of the questioning without dispatch making allowance for everyone's schedule.

BY MR. OLDAKER:

Q Dr. MacLaggan, again as to the field men, did they make recommendations as to candidates to support or to make contributions to AMPAC?

A Not to my knowledge.

Q All right. Mr. Zimmerman, to facilitate you, we will move to a more speedier method of obtaining information.

As Dr. MacLaggan I'm sure is aware, we have obtained documents from CALPAC under subpoena.

A number of the documents at least were addressed to you or have your name at the bottom of them, and that is in no way indicating in any way that you received them or that you signed them, but I'd like to go through some of those documents and talk about them.

I think that would probably expedite what we are doing here. They have been given to us by your lawyer, Mr. Zimmerman.

I would think that they would have some relevance to them.

MR. ZIMMERMAN: Are you referring to the materials produced in response to the subpoena?

MR. OLDAKER: I am. Off the record a second.

(Off-the-record discussion, after which the following proceedings were had:)

BY MR. OLDAKER:

Q Dr. MacLaggan, I'm going to ask you a series of questions in an attempt to, as Mr. Zimmerman says, expedite, and what I will use as a methodology is candidates and contributions given by CALPAC and/or AMPAC and ask if you know as to how the decisions were made to support them, and also give you documents which we have obtained and ask you if you are familiar with those documents, and it's possible in some instances to ask you questions about these documents, about things that we might not understand.

MR. SMITH: Now, may I understand, you threw in contributions by AMPAC?

MR. OLDAKER: That's right.

MR. SMITH: Upon what or upon whom are you relying for that?

MR. OLDAKER: I would be relying in the case where Dr. MacLaggan was a board member of AMPAC as to his knowledge.

MR. SMITH: To remember what was given?

MR. OLDAKER: No, not to remember. We will, in fact -- he may not recall and he may not recall the specific --

MR. SMITH: Well, in order to frame your question, where are you going to get the hypotheses, the proposition, whatever, of what AMPAC allegedly gave?

MR. OLDAKER: As you are aware, Mr. Smith, it is not a hypotheses or allegation under the new election laws since it is reported by AMPAC and they in fact --

MR. SMITH: That's my question. Are you using the AMPAC reports or aren't you?

MR. OLDAKER: That's correct.

MR. SMITH: You have them with you there?

MR. OLDAKER: We also have some of the information supplied by Mr. Zimmerman.

MR. SMITH: I'm not worried about Mr. Zimmerman. I'm worried about what you are going to use on the record with respect to -- with regard to AMPAC because I didn't bring our reports and I don't want to be at the mercy of your paralegals as to the accuracy and transcription.

MR. OLDAKER: If you feel that any of them are in error, I will certainly let you object at the time.

t8 MR. SMITH: I just wonder what are your sources.

MR. OLDAKER: We have copies of some reports then.

MR. SMITH: Fine. If you've got them there --

MR. OLDAKER: They have your number stamped on them.

MR. SMITH: For the record, I will not accept anything that CALPAC records may reflect about what AMPAC did.

MR. ZIMMERMAN: Mr. Oldaker, before we get started here, I'm wondering whether we're venturing into an area which is outside the scope, of No. 1, notification letter of February, 1977 to CALPAC, and, No. 2, the subpoena directing Dr. MacLaggan to appear today.

I'm not sure that in either instance there's any reference to AMPAC contributions or any alleged violation in conjunction with AMPAC insofar as CALPAC is concerned.

MR. OLDAKER: We've had --

MR. ZIMMERMAN: In reading your subpoena this morning, I note that it refers to a violation of 441 a (a) 2A by CALPAC, not in conjunction with AMPAC, but by CALPAC alone, so I just --

MR. SMITH: Could I interrupt you right there? Is it possible to put that bogeyman to rest, Bill, in the interest of orderliness?

Do you have anything to ask with regard to bald violations by CALPAC of exceeding the contribution limitation, or was this a miscitation?

MR. OLDAKER: Well, certainly not a miscitation.

MR. SMITH: Do you claim that CALPAC went over the five-thousand-dollar limit by itself, and if so, why don't you ask those instances first? I'm not trying to run your business, but --

MR. OLDAKER: I think that's fine. I understand what you're saying.

MR. SMITH: Then we'll get on to what we don't agree you're allowed to do, which is whether they did it together.

MR. OLDAKER: We can do it that way. There are several instances of that. That is certainly not the thrust of this deposition.

MR. SMITH: What's that?

MR. OLDAKER: The question of whether CALPAC exceeded by its very own the five-thousand-dollar limit.

MR. SMITH: That's where we're puzzled.

MR. OLDAKER: We can stand here -- we've argued that before, and we can argue that in court.

We can continue to argue these points.

MR. SMITH: But we don't argue away the existence in the record of that citation.

MR. OLDAKER: I agree. I have no problem. Shall we proceed?

MR. ZIMMERMAN: No. I'm confused here. You have just said that the subpoena is clear. I agree with you it's clear in that regard. You have cited 441 a (a) 2A which was the limitation on the contributions of five thousand dollars, and your subpoena indicates that you are investigating a possible violation by CALPAC.

Now, is that in fact what you are investigating?

MR. OLDAKER: It says more than that, Rick, and we've gone over that a number of times.

We can go over it again if you like, but as I understood Dr. MacLaggan has some other pressing matters to do.

MR. SMITH: In the interest of getting rid of me, Bill, do you want to go ahead with that, because I'll sit back and stay out of it if you're going to do that, but if --

MR. OLDAKER: I'll proceed on that basis.

MR. SMITH: You're restricting yourself to CALPAC contributions only, not any ramifications from anybody else?

MR. OLDAKER: No.

MR. SMITH: That's what 441 a (a) 2A is addressed to.

MR. OLDAKER: If you'd like, we can go back and talk to Judge Orrick. I think that this deposition is much broader than that. The subpoena is much broader than that.

MR. SMITH: I'm saying do it in two stages if indeed you have two stages.

MR. OLDAKER: I can do it in two stages. It wasn't set up to do that --

MR. SMITH: We still object to the second phase and maybe the first.

MR. OLDAKER: The smaller stage, of course, is the one where CALPAC possibly went over its limit by itself.

MR. SMITH: I'm suggesting maybe you focus on that first since I hesitate to ever admit that I don't have anything to

say, but I should expect that I've got nothing to say on that, and it may be more efficient.

MR. OLDAKER: Do you have problems with that? I'll keep this, okay? All right.

In the of community with Mr. Smith, we'll ask the question that deals with S. I. Hayakawa, who, I believe, is the senator from the State of California, and the contributions made to him by CALPAC.

The Executive Committee minutes of July 21, '76, indicate the approval of a five-thousand-dollar contribution to CALPAC.

MR. SMITH: It's from CALPAC, I think.

MR. OLDAKER: It's from CALPAC.

MR. ZIMMERMAN: Mr. Oldaker, if you're going to testify for the record here as to what these documents say, I'm going to object to it.

MR. OLDAKER: I'm going to give it to him. I'm just explaining what the document is.

MR. ZIMMERMAN: All right.

MR. OLDAKER: The documents indicate, Dr. MacLaggan, that you were in attendance at that meeting.

Do we have an extra copy of this?

On the third page of that document you will note marked in yellow --

MR. ZIMMERMAN: Are you going to identify these documents

for the record so the reporter can --

MR. OLDAKER: I identified the date of the record. We can also submit that for the record. If you would like me to do that, I have no problem doing that.

MR. ZIMMERMAN: Well, I don't think it's necessary to submit that as attachment to the record if we all know what you're talking about.

MR. OLDAKER: I identified it by date, I don't think there was another meeting held by CALPAC on that date. At least we do not have any minutes of it, if there were.

If you feel that sort of designation is necessary, feel free to give it.

MR. ZIMMERMAN: Off the record.

(Off-the-record discussion, after which the following proceedings were had:)

MR. OLDAKER: Can we go back on the record?

MR. SMITH: Whose penciled notation is that, do you know?

MR. OLDAKER: Where? It's Peggy Sims. It was not on the copies given to us. It's by notation.

MR. SMITH: It's yours?

So we'll have to get our copies from other sources then. Also the yellowing was added by you, Peggy?

MISS SIMS: Yes.

BY MR. OLDAKER:

Q Well, the question is: Doctor, were you at that

meeting, to your knowledge?

A. Yes.

Q. Do you recall any discussions as to contributions to now Senator Hayakawa?

A. Yes.

Q. What do you recall as to that conversation or conversations?

A. Well, largely that it was a decision made to support Mr. Hayakawa, and that we'd ask that --

MR. SMITH: Wait a minute. Wait a minute. Are you going into the request to AMPAC?

MR. OLDAKER: No. We are not dealing with that.

MR. SMITH: You're just talking about subparagraph 2. Okay.

MR. OLDAKER: Yes.

MR. SMITH: He's just talking about contributions.

THE WITNESS: Okay.

BY MR. OLDAKER:

Q. What was the --

A. I was going beyond subparagraph 2.

Q. Do you know if that contribution was given?

A. Not to my personal knowledge. I've seen it on the records, yes.

Q. So you have no knowledge that it was not given, personal knowledge?

A. No, I haven't. I have no knowledge that it was not done.

Q. I realize that's a double negative as to -- I think it might be easiest as to the Hayakawa, so we can dispose of this piece of paper --

MR. SMITH: And the other is canceled? I told him that.

MR. OLDAKER: Well, I mean the Hayakawa one is okay. Are you aware in the next paragraph that you were talking about as to a request to AMPAC for the contribution?

THE WITNESS: Yes.

BY MR. OLDAKER:

Q. And what was the amount of that request?

A. Also five thousand dollars.

Q. Do you to your own personal knowledge know if that contribution was given?

A. No.

Q. Do you want that entered for the record?

MR. SMITH: Do you want to ask him whether he knows whether it wasn't given? Just to be consistent.

BY MR. OLDAKER:

Q. Do you know to your personal knowledge as to whether or not -- do you know if this contribution was not given?

A. Yes.

Q. Was it given?

A. No.

Q It was not given. How do you know that it was not given by AMPAC?

A I was told that it was refused by Mr. Hayakawa's committee.

Q And returned?

A And returned.

I shouldn't say that. I don't know that it was ever sent, but the communication that such a decision was made was received, and whether a check was ever even written, I do not know.

Q Who told you that?

A I don't know.

MR. SMITH: Do you have something from the AMPAC reports about the Hayakawa contribution?

MR. OLDAKER: We have something in the Hayakawa report about the contribution.

Off the record.

(Off-the-record discussion, after which the following proceedings were had:)

MR. OLDAKER: Back on the record.

CALPAC of 1-11-77, I have the minutes of January 9, 1977, of CALPAC Executive Committee. The minutes indicate that youwere in attendance. I hand you the minutes and on Page 4 for your -- there is under nine contributions -- numbered paragraph 9, contributions subparagraph A --

Mr. Smith, as to the question as to the Hayakawa contribution of five thousand dollars by the American Medical Political Action Association, the report at least is Xeroxed from our files. That is merely just a page of that report.

MR. SMITH: Could we put this aside for a minute. This is a page that I'm concerned about. Unless I'm mistaken, we've just been shown two documents that concern a primary campaign in direct relationship to a document which patentedly referred to an election campaign.

Am I wrong about that?

MR. OLDAKER: You mean when you use the term you're talking about general election campaign, prior also --

MR. SMITH: General. The Hayakawa contribution we just reviewed is July, '76 which therefore is patentedly an election contribution by CALPAC. These two reports deal -- I'm not sure with what.

MR. OLDAKER: The date -- it's 8-4-76.

MR. SMITH: But this is -- then there's also a California over here, 1-11-77.

MR. OLDAKER: Well, that's a separate question. That's a thousand-dollar contribution.

MR. SMITH: Okay. What I want to get on the record is the staff -- I guess we should identify the staff person - made a study to find this report; is that correct?

MR. OLDAKER: That's correct.

MR. SMITH: When I say this report, I'm referring to Page 1 of nine pages of a schedule B report reportedly f l by AMPAC for the period January, '76, specifically dated -- the contribution to Hayakawa dated August 4, '76, in the amount of five thousand dollars.

Did the staff person also make a study as to supplemental reports with regard to that contribution to determine whether or not the contribution was actually made?

MR. ZIMMERMAN: I beg your pardon?

MR. OLDAKER: No. I don't think staff members should testify. We have made studies, and of course, if there are further amendments or anything else, we'll be happy to take those up at any time you wish to give them to us.

MR. SMITH: I understand that you'll accept them when we find them, if we ferret this out.

Did you ferret out any further amending this?

MR. OLDAKER: We have computer runs and we have run the computer on this. Now, whether or not there's an error in the computer, there's always a possibility in the machine.

MR. SMITH: So you've attempted to find any filings or excluded any filings amendatory of this contribution and have not found any?

MR. OLDAKER: That's correct.

In any event, we were not dealing with that question specifically. I was just indicating a correction to

Mr. Smith.

Could I have that back, please?

MR. ZIMMERMAN: Sure. The date on this is apparently --

MR. SMITH: Date on what? That's the report for the period January 1, '76, to December 31, '77. It doesn't say so except to identify itself as January 1 at the top.

BY MR. OLDAKER:

Q. As to the minutes, Doctor, that you have in hand, are you familiar or do you recall that meeting?

A. No, sir.

Q. Refreshing your recollection by reviewing those minutes, do --

A. I have read it and --

Q. -- you recall a contribution to ---

A. I don't recall that.

Q. -- to Senator Hayakawa in the amount of one thousand dollars?

A. No, I don't. I don't.

Q. Are you familiar with an organization called The Los Angeles County Political Action Committee?

A. I know what it is.

Q. What do you know about that?

MR. ZIMMERMAN: I am going to object to any questions about the Los Angeles Physicians Committee. I think it's outside the scope of this inquiry, irrelevant to this inquiry,

and I instruct him not to answer.

Is there any relevancy to the relationship?

MR. OLDAKER: All right.

Q Dr. MacLaggan, what do you know about that committee?

MR. ZIMMERMAN: I'm instructing the witness not to answer that question.

MR. OLDAKER: You're free to instruct your client to do any way that you desire. Your client has a choice of answering or not answering.

If you choose not to answer, that's fine. He can say so for the record.

THE WITNESS: I won't answer that question on the advice of counsel.

BY MR. OLDAKER:

Q Let me start back now with the areas of the contributions. I'd like to start with a gentleman by the name of Don Klausen. I don't know if you are familiar with him. Are you, Doctor, familiar with that name in any way?

A Yes.

Q Our records indicate that a contribution was given by AIPAC to Mr. Klausen's primary campaign on 7-24-75 in the amount of twelve hundred fifty dollars.

A If I can interrupt just a second.

Q No. I understand. Off the record.

(Whereupon a short recess was taken, during which time the MARTHA L. DIX, CSR NO. 86, CP, CM, RPR, assumed the duty of reporting the following proceedings, after which the following proceedings were had:)

BY MR. OLDAKER:

Q I have a letter, which was given to the Commission, dated August 1, 1975, from the American Medical Political Action Committee to James C. MacLaggen at 525 Hawthorn Street, San Diego, California.

I ask it be marked as Exhibit 1.

(The said document was marked Petitioner's Deposition Exhibit No. 1 for identification.)

Are you familiar with that letter, Doctor?

A. Well, I'm refreshing my memory. I don't specifically remember it, no.

Q. The last paragraph says, "We have disbursed checks to all those California Congressmen that had been tentatively approved except Congressmen Ketchum, Sisk and Waxman. I will dispense these checks when the request is sent."

Do you know what that means?

MR. ZIMMERMAN: I'm going to object. The document speaks for itself. I'm not sure that an explanation is warranted.

BY MR. OLDAKER:

Q Doctor, do you understand what that means?

A. Yes.

Q. What does that mean?

A. Sometime ago you asked me a question on how funds are dispensed, and I told you that they're usually sent to a physician in the area to deliver them.

These checks must have been waiting for a specific event with which they wished to present the checks. Since they have to be presented within five days, we didn't want them hanging around waiting for that event, so they call and ask and say, "We're going to have a dinner for Mr. Sisk on July 12th. Would you send us the check so we may present it to him at that time," and I presume that's the same with all these others. I mean, this is the way I explained to you earlier that we used for distributing the checks when it comes.

Q. So it would be correct to assume that Lee Ann Elliott would send you letters and checks which you would then send to individuals in your capacity?

A. No.

Q. No?

A. No, sent this check to Mr. Wilson to me because he's my Congressman, and I was the one designated to present it to him. I never received other checks for other people.

Q. Did you give that check to him, do you recall?

A. Yes.

Q. How is the individual designated to -- the

individual physician, local physician -- designated to give the check? Is there any procedure? How is he chosen?

A. In my case with Mr. Wilson, I've known him a long time, and I've been active in his campaigns from time to time in helping him in his reelection and they try to use someone who's a friend or someone who's been an active supporter, if possible.

Q. In most of these cases, as in Congressman Wilson, a request is made from CALPAC to AMPAC for a contribution to be made by AMPAC?

A. Some of them. That's one -- one route for a request to arrive. It may not come from that.

Q. Are you aware of cases where AMPAC was to make contributions to individual candidates where, in -- in California, where CALPAC did not request those contributions?

A. I couldn't quite -- I couldn't give you an instance at this point in California.

Q. Doctor, in the minutes, at various places, there is terminology used as to "matching" or "if matched". Are you familiar with that?

A. Yes.

Q. What does that mean?

A. It means that if the local groups supporting -- local group of physicians supporting the - what we've previously described as a candidate support committee, physicians' support committee raises, say, five hundred dollars, we will give them

five hundred dollars towards his candidacy, or whatever "X" amount.

Q. This is the ad hoc committee?

A. Yes.

Q. And if they raise or -- actually, it would be contributions to the candidate in the amount of five hundred dollars, then what?

A. CALPAC would give them five hundred dllars. That's the "matching" that we're talking about. Our purpose --

Q. So it would be --

A. -- our purpose largely is to encourage people to become interested in the political process, and we thought/and still think that if people are active in the campaign in raising money for him themselves, they're going to be interested in the political process, and, as encouragement, we would give an equal number of dollars, within limits, to support their candidate.

Q. There are also references in the minutes to the notation "amount requested from AMPAC". Are you familiar with that?

A. Yes.

Q. And what does that mean, if you know?

A. Well, if - in the letter that you showed me a while ago --

Q. That's correct.

A - from Mr. -- regarding Mr. Hayakawa, on occasion, the Candidate Selection Committee or Executive Committee of CALPAC feels that this is a race in which more funding is necessary and they give some and ask for AMPAC to give also a contribution to the same individual.

Q And what is the general sequence of events that occur there?

A Well, that request is then given to AMPAC's committee, and they may or may not honor it.

Q And how is that communicated, generally, if you know?

A I have no knowledge.

Q Do we have a letter of communication?

I hand to you, Dr. MacLaggan, a letter dated July 26, 1976, addressed to James C. MacLaggen, M. D., Chairman, American Medical Political Action Committee in Chicago, Illinois. The letter is signed by Allen L. Pross - I believe is the pronunciation - P-r-o-s-s, dealing with the Hayakawa-Tunney race. I hand you that letter.

We'll have this marked as Exhibit 2.

(The said letter was marked Petitioner's Deposition Exhibit No. 2 for identification.)

Do you recall that letter, Doctor?

A No.

Q Refreshing your recollection by looking at it now, does it look familiar?

A. No. These letters are sent by the Staff. Mr. Pross at that time was Executive Secretary of CALPAC, and he wrote it to AMPAC. Their mail addressed to the Chairman is opened by the Staff of AMPAC and answered directly. They did not routinely send me copies of this nor do they now to the present chairman, this type of letter.

Q. Do you know what this letter would represent, this type of letter?

A. This would represent the request for funds for Mr. Hayakawa and would be taken up in the proper Committee of AMPAC, and would be used as part of the reasons given for making a contribution to Mr. Hayakawa.

Q. This is a recommendation from CALPAC?

A. Yes.

Q. To AMPAC?

A. Yes.

Q. In situations such as this, would there be also a recommendation from the ad hoc committee - and I don't like calling it that, but that's Mr. Zimmerman's term.

A. If there was one, or there may be or may not be. I don't now remember whether there was a physicians' support committee as such for Mr. Hayakawa or not.

Q. Dr. MacLaggan, -- ask that this be marked as Exhibit 3.

It's a letter dated August 4th, 1976, from Lee Ann

Elliott to Mr. Al Pross. This is the same letter that you saw before, sir. I'm sorry.

(The said document was marked Petitioner's Deposition Exhibit No. 3 for identification.)

Let me ask you a separate question about it.

You've seen it before. The question is: What does that letter represent to you, if you know?

A. It represents a representation of an action taken by the Review Committee at that time.

Q. And what does it represent, a favorable recommendation?

A. A favorable recommendation for a contribution to Mr. Hayakawa, yes.

Q. Thank you.

MR. SMITH: Much as I would love to brighten my life by having these representations, I'm assuming we are going to get clean copies for the reporter?

MR. OLDAKER: That's the only copy we have. The only mark we have is the yellow mark that's on it.

MR. SMITH: Okay. We will just have to review those. We can do that later.

BY MR. OLDAKER:

Q. Okay, Dr. MacLaggan, I'm going to hand you a letter from AMPAC, addressed to yourself as Chairman, California Medical Political Action Committee, dated December 9, 1974, from a Mrs. Lee Ann Elliott, Associate Executive Director of AMPAC.

(The said document was marked Petitioner's Deposition Exhibit No. 4 for identification.)

Are you familiar with that letter?

A. This, again, is a letter that was received by the office, opened by the Staff, and I was -- I don't ever recall having seen it, probably would not have ever seen it.

Q. In the last paragraph, you'll notice a statement that says a check in the amount of two thousand dollars payable to the California Medical Political Action Committee is enclosed. Are you familiar with that practice?

A. No.

Q. You will note in the two prior paragraphs, there are two approvals for expenditures of one thousand dollars, one to be used to support George Miller and one used to support John Krebs, K-r-e-b-s.

A. Yes.

Q. Are you familiar with the practice which would have -- would have an amount of money transferred in this way from AMPAC to CALPAC?

A. I don't recall it, no.

Q. Do you recall at any time that a practice such as that was changed, where your practice of distributing checks was changed to the present system which you have given us, I think, quite accurately?

A. I think that what I've told you is the method of

distribution has been the policy from the beginning.

In some instances for various reasons, these policies have not been followed. Perhaps there was no physician that was known to one of these individuals to present the check to them, or something else, but the policy has always been the same.

Q. To give the check to the individual physician and allow the individual physician --

A. Whenever possible.

Q. Whenever possible? But you cannot recall --

A. I don't recall a specific change in policy that we would now do it a different way than we had done before, though, over the years, I'm sure that minor changes have been made in policies that I don't recall.

Q. Organizations change and improve, I'm sure of that.

Dr. MacLaggan, I have a letter of May 22nd, 1974, addressed to you in your capacity as Chairman of California Medical Political Action Committee from Mrs. Lee Ann Elliott.

Ask that it be marked as an exhibit.

(The said document was marked Petitioner's Deposition Exhibit No. 5 for identification.)

Do you recall this letter?

A. No. Again, this was sent to the central office and I never received it.

Q. Let me ask you, sir, there's a reference in the second sentence of the fifth paragraph - it says, "Also enclosed

are forms to amend your Statement of Organization within ten days to show support of these candidates."

Do you know what that indicates?

MR. ZIMMERMAN: Well, Mr. Oldaker, I think it speaks for itself, and that is an objection that is normally made, and I haven't made it, but I think here that the document speaks for itself, and I think you know as well as anybody else who looked at the letter what that means.

BY MR. OLDAKER:

Q. Dr. MacLaggan, do you know what that means?

A. Well, my understanding of it is that a report must be made if a multi-candidate committee decides to support -- a report must be made if a multi-candidate committee decides to support a candidate, and that those changes have to be made within a certain time. The law, I understand, was different at the time we're talking of here than it is now, but the details of that is why we have an Executive Secretary and Staff to take care of it.

Other than that, I never signed or saw any of those reports.

Q. It would be fair to say that most of the ministerial details of your job as Chairman of the California Medical Political Action Committee were done by subordinates to you?

A. Will you define "ministerial", please?

Q. Well, "ministerial", I would say, is the filing of

the reports, doing the technical -- not making the decisions as to who contributions go to, but --

A. Yes, all those were done by Staff.

Q. Or lawyers?

A. Yes, the people that were --

Q. I hand you, Dr. MacLaggan, a letter dated November 19th, 1973, addressed to you again by Mrs. Lee Ann Elliott, and ask it be marked as an exhibit.

(The said document was marked Petitioner's Deposition Exhibit No. 6 (1-2) for identification.)

In the second page of that letter, Doctor - I will dispense with asking if you recall that letter since it would be my understanding on all of them you would probably not have a specific recollection on them - In paragraph 2 on the second page --

A. On the second page?

Q. That's correct, sir. -- it states, "It is absolutely essential that the candidate be informed what part of the check he receives has been contributed by AMPAC."

Do you recall that procedure?

A. Apparently at this time, AMPAC sent their contributions to CALPAC, who then made out a single check to go to the candidate reflecting contributions both from AMPAC and CALPAC with a notation on the check that "X" number of dollars came from AMPAC and "X" number of dollars came from CALPAC.

Q. Do you recall if that was the ordinary course for most contributions to be made that were made jointly?

A. I think it was at that time.

Q. Do you recall if that practice was changed at some point in time?

A. I know it has been changed, because now AMPAC sends a separate check. I think that was perhaps due to a change in the laws or regulations at the time.

Q. Do you recall when that change might have occurred?

A. No.

Q. Do you know if -- How was the amount of money designated as between the AMPAC contribution and the CALPAC contribution? You said there was a notation on the check.

A. Well, these are checks with a portion below stating what the check is for and who it's from, so the check would be "John Doe" or "Committee to elect John Doe to Congress" or whatever it may be, and below that, "This represents 'X' number of dollars from AMPAC and 'X' dollars from CALPAC."

Q. Who makes a determination of how the designation is to occur?

A. Each organization separately.

Q. So you would have an indication then from AMPAC as to what amount should be contributed by it?

A. That's what this letter is.

Q. I understand. I'm just asking the question.

A Yes.

MR. SMITH: I think there's some confusion injected.

Is there a difference between the amount of money given and the designation? There's an implication somebody has a right to designate.

MR. OLDAKER: I retract anything to that effect.

THE WITNESS: Whenever the money came from AMPAC with the designation, that money was given to the candidate.

MR. SMITH: Nobody had any discretion to say, "Take a thousand from AMPAC and only credit them with eight hundred"?

THE WITNESS: No, no way, never.

BY MR. OLDAKER:

Q When these contributions were made to individual candidates and there's a check with a notation on it as to the allocatable amount given by AMPAC and CALPAC, was there any other document given to the candidate at that time such as a letter?

A On those where I have been involved, no.

Q Do you know of any instances where you were not involved where there were letters?

A No, no.

Q On the front page of this exhibit, Doctor, you'll notice a number of contributions to various candidates. I believe there are twenty contributions there.

A Yes.

Q By CALPAC?

A Yes.

Q And that this would be the letter coming back to CALPAC or to you as Chairman of CALPAC stating that the contribution requested had been approved?

A Yes.

Q And, in a letter such as this, if there is a disapproval of any request, then that would ordinarily be contained in such a letter?

A I don't know, because I didn't see these letters. I mean, these were opened by my staff.

Q Doctor, as you've indicated before, the contributions to individual candidates are now -- the present practice is to give those contributions directly by a doctor in the area to the candidate.

I hand you a letter, dated March 24th, 1975, to Jerome Taurek, California Medical Political Action Committee, from William L. Watson.

(The said document was marked Petitioner's Deposition Exhibit No. 7 for identification.)

Are you familiar with this type of letter which indicates there is enclosed a check payable to Shirley N. Pettis for Congress Committee in the amount of five thousand dollars?

A Yes. This is similar to a letter that was addressed to me with a check for Bob Wilson.

Q And this is the ordinary practice that you would now see followed in contributions by AMPAC to local candidates for federal office?

A Yes.

Q If you know, what would Mr. Taurek do with a check such as this?

A He would, hopefully, call the congressman's office and find the time that he was going to be in town and go over and personally give it to him in his own hand.

Q Or he would call his campaign office?

A Yes. If he is not available, perhaps he would give it to the campaign chairman or some other individual representing the congressman.

Q And that's the practice that presently is followed today?

A Yes.

Q Would the doctor -- the designated doctor also take a check from CALPAC at that time, if one were to be given?

A He might. The same individual would perhaps give it if there were such a contribution. They may or may not be simultaneous.

Q But it would be fair to say that if a check which had been -- realizing that doctors are extremely busy individuals, that a check which had been approved from AMPAC and one which had been approved by CALPAC, which were within several days of

one another, three to four days, that that doctor would probably take them?

MR. SMITH: Is this a hypothetical?

MR. CLDAKER: It's hypothetical. I withdraw it.

MR. SMITH: Surely, you've got some examples when you get to them.

BY MR. OLDAKER:

Q. Dr. MacLaggan, I hand you a letter dated July 25th, 1975, from yourself as Chairman of AMPAC to an R. Hewlett Lee, M. D., 300 Homer Avenue, Palo Alto, California.

It's the top letter in the package that you've been handed, and, if you'll note, that there are "cc's" on that letter, copies.

A. Uh-huh.

Q. To a fellow by the name of Al Pross.

A. Yes.

Q. And a gentleman by the name of Howard Pearce.

(The said document was marked Petitioner's Deposition Exhibit No. 8 for identification.)

Who are those gentlemen?

A. Al Pross at that time was Executive Secretary of CALPAC and Howard Pearce was Executive Secretary of the Santa Clara County Medical Society.

Q. And what was the purpose of sending them copies of this letter, if you recall?

A. This letter, again, was written by Staff and signed by a copy of my signature, so any purpose that they would have would be conjecture on my part.

Q. Are these gentlemen personally known to you?

A. Yes.

Q. How do you know them?

A. Went to medical school with Dr. Lee, and I was Chairman of CALPAC for several years while Mr. Pross was Executive Secretary. Mr. Pearce, I've known for a number of years because of the activity -- his being Executive Secretary of a County Medical Society. We see them socially and during my time as a delegate and counsellor for the California Medical Association. He's a man six feet six; you don't forget him.

Q. I hope not to meet him.

As to Mr. Pearce, do you have any idea what he would do with such a letter?

A. No idea.

Q. Okay. On the second letter in that package before you, which I ask to be marked, dated July 25, 1975, addressed to an Andrew M. Hazen, M. D., 3965 J Street, Sacramento, California, and it's from -- it has your name at the bottom of it and the signature "Jim", the same signature as the other one, there's a gentleman by the name of William Dochterman. Do you know who that individual was?

A. Yes.

(The said document was marked Petitioner's Deposition Exhibit No. 9 for identification.)

Q Who is he, sir?

A He's the Executive Secretary of the Sacramento County Society.

Q Why would a copy be sent to him, if you know?

A Again, that would be conjecture.

Q The next letter is one dated July 25, 1975, to a Joseph Clendenin, M. D., 1144 Sonoma Avenue, Santa Rosa, California, and on the copies below, there are four names, one being Al Pross, who we've talked about; then one Norman A. Brown and one David E. Baxter and one Earl Kooyman. Are you familiar with those three individuals?

A No, only Norman Brown, who's the Executive Secretary of Sonoma County Society. The other two gentlemen, I do not know.

(The said document was marked Petitioner's Deposition Exhibit No. 10 for identification.)

Q And do you have any idea why a copy of this letter would be sent to Mr. Norman Brown?

A No.

Q The next exhibit is dated July 25th, 1975, Ernest E. Simard --

MR. SMITH: Is there no way to accumulate these, Bill?

MR. OLDAKER: We could accumulate them.

MR. SMITH: Why don't you go through the cc's and ask him who he knows or doesn't know?

MR. OLDAKER: You could object to that.

MR. SMITH: No, I won't object.

MR. OLDAKER: All right. The rest of these will be one exhibit.

(The said documents were marked Petitioner's Deposition Exhibit No. 11 (1-7) for identification.)

BY MR. OLDAKER:

Q There's the name Edward H. Colvin, C-o-l-v-i-n. Do you know who he is?

A Yes. He's the Executive Secretary of the Monterey County Medical Society.

MR. SMITH: He'd prefer to be called Edgar, just to keep the record straight.

MR. OLDAKER: I apologize.

Q And do you have any reason to know why the copy was sent to him?

A No.

Q The next letter in this exhibit is dated July 25th, 1975, to a Charles Hair, with copies to Robert J. Marvin and Riley McWilliams and also Al Pross. Do you know the two gentlemen other than Al Pross?

A Robert Marvin at that time was the Executive Secretary of Santa Barbara County Medical Society. I don't know the other

gentleman.

Q. Do you know Charles H. Hair?

A. Yes.

Q. And how do you know him?

A. He is a member of the Council of the California Medical Association and has been active in the California Medical Association activities. The name's misspelled. It's Hair, H-a-i-r. Here it's misspelled H-i-a-r.

Q. The next letter is dated July 25th, 1975, to a Baynard L. Holloman, M. D., 1127 Wilshire Boulevard, Los Angeles California, with copies to Mr. Pross and Stan Johnson.

Do you know who Stan Johnson is?

A. Stan Johnson was an Assistant Executive Secretary of Los Angeles County Medical Association at that time. No longer with them.

Q. And Mr. Holloman?

A. Dr. Holloman -- perhaps it would be easier if I -- They're not all the same. This man was a member of the Board of CALPAC at that time. The board members are chosen from congressional districts so that there is one board member representing each congressional district, and so many of these people have been people who were on the CALPAC Board representing that District, so that they would be the liaison with that Congressman as far as we were concerned.

Q. Is there one Board Member per congressional district;

is that correct?

A. Yes, there are more board members than that, but there is one for each congressional district.

Q. And how many congressional districts do you have in California?

A. Forty-three.

Q. So you have a minimum of forty-three members; there are more than that on your board?

A. Yes, at the present time.

Q. And these letters would be sent to the member in that District?

A. Generally. Most of these were. I don't recall whether Dr. Hair was a member of the Board at that time or not.

Q. And it would be their duty or pleasure or honor to give the check to the individual?

A. Yes.

Q. As members of the CALPAC Board?

A. Yes.

Q. The next letter is dated July 25th, 1975, to a David D. Horner, M. D., 223 North Prairie Avenue, Inglewood, California, with your name at the bottom of it signed "Jim", and there is a copy to a Stan Johnson. Do you know who he is?

A. He's the same gentleman that I spoke of in -- the remainder of all these going to Stan Johnson, they're the same

situation. They're Los Angeles County District, you see.

Q I see. Dr. Horner was?

A Dr. Horner was a member of the Board representing that -- the District that Mr. Wilson was a Congressman for.

Q I see, and the same with Harold Wilkins?

A Yes, same.

Q On the next one, July 25th, 1975, letter, and he would be the CALPAC Board member in Congressman Del Clawson's District?

A Yes.

Q Now, I start to understand. Okay.

E. Vincent Moore, M. D., 265 Laguna Avenue, Laguna Beach, California, July 25th, 1975.

A There's something wrong with that address. I don't know how he ever got the letter, if he did. He lives in La Mesa, California, and this District is a San Diego County District, and everything else on it represents San Diego, so I'm sure it was not Laguna Beach.

Q So he would have been the Board member from the 43rd Congressional District?

A Yes.

Q And there's a gentleman by the name of R. G. Bowman mentioned at the bottom of that letter. Do you know who he is?

A Yes. He's the Executive Director of San Diego County Medical Society. You've got two copies of that letter.

Q Dr. MacLaggan, I hand you an exhibit dated April 28th, 1976, addressed to you as Chairman of the American Medical Political Action Committee, addressed to the Chicago address from a gentleman by the name of Jokichi, J-o-k-i-c-h-i --

A Jokichi.

Q -- and T-a-k-a-m-i-n-e.

A Takamine. He's blond and blue eyed.

Q Mr. Schweitzer could not believe that.

This is a letter dealing with various -- a reply from Mr. Takamine indicating that AMPAC had acted favorably upon a request for candidate support to Mr. Takamine, enclosing, I would take it, checks --

MR. ZIMMERMAN: Are you asking a question?

MR. OLDAKER: I will strike that question. I'm sorry.

Q This is a CALPAC letter to AMPAC saying -- it would appear to set up a procedure for sending the checks. Is that what it would appear to you?

A Yes.

Q Or, if not, what would it appear to be?

A It would appear as you stated, a procedure for sending the checks and individuals to whom to send them.

MR. SMITH: Requested procedure.

MR. OLDAKER: That's correct.

Q Do you know if this requested procedure was followed in other instances?

(The said document was marked Petitioner's Deposition Exhibit No. 12 (1-2) for identification.)

A. No.

Q. You'll notice that there's a candidate indicated and then the District, amount of five thousand dollars. It says to make the check out to candidiates' - I would assume - principal campaign committee - and then the next is, "Send check to William L. Clark, M. D., 712 D Street, San Rafael, California." Do you know who he is?

A. Yes. He's a physician practicing in San Rafael who apparently delivered that check according to the procedure that we went over before.

Q. Would he be the Board member for that --

A. He is a Board member.

Q. -- from that Congressional District?

A. From that Congressional District, yes.

Q. And then, the next little section says, "Send copies to," and there are individuals listed there, Charles Hoffman, M. D., President Marin Medical Society, San Rafael, California, and then a John A. Driscoll, M. D., President, San Francisco Medical Society, and a Sidney E. Foster, M. D., in San Francisco.

A. It states what these people are. This particular District covers more than one County. It's partly in San Francisco and partly in San Rafael or Marin County, the County across the Golden Gate.

Q. These doctors would be in the two or three counties?

A. Two counties. Sidney Foster is the Treasurer of CALPAC.

Q So you would be -- What were these two doctors' positions, if any, that you know of in the County Associations?

A Well, it states here that they were Presidents, Driscoll and Hoffman.

Q And the same occurs on the next one, Leo J. Ryan, amount of the contribution made out to the principal campaign committee, I would assume, check sent to Leo Bell, M. D.

Do you know who Mr. Bell is?

A Leo Bell is a Physician practicing in San Mateo. He is not/and never has been on the Board of CALPAC. These were not always CALPAC Board members who were close to the individual, the Congressman or the candidate.

Q Mr. Bell lives in Mr. Ryan's District?

A Yes.

MR. ZIMMERMAN: Dr. Bell.

THE WITNESS: Dr. Bell.

MR. OLDAKER: Pardon me.

THE WITNESS: He's a pediatrician.

BY MR. OLDAKER:

Q No disrespect intended by my error.

Dr. Charles L. Geraci, M. D. - I'm probably mis-pronouncing that - G-e-r-a-c-i - are you familiar with him?

A I don't think I know him, but it says here he's -- he was President of the San Mateo County Society, and I presume that was true.

Q William L. Ward, are you familiar with him?

A. Ward Hart?

Q. Imean Ward Hart, M. D.

A. Ward Hart is a physician.

Q. Excuse me. I'm misreading.

A. -- in San Carlos. That's part of San Mateo County. He was -- He and Foster were both Board members of CALPAC and I presume that they were being notified that this check was sent so that they would know about it in their capacity as Board members in the area.

Q. He is the District Board member for Mr. Ryan's District?

A. Yes. There, again, this is a multi-county thing. There's more than one Congressman from San Mateo County.

Q. And I'm really just trying to find out because I didn't understand. There would be at least one member of hte Board from every Congressional District?

A. Yes.

Q. And he would be at least the one designated. There may have been two in some instances?

A. I'm not sure whether he represents Leo Ryan's or Paul McClosky.

MR. SMITH: That's not the question. The question is a conclusion here.

MR. OLDAKER: That was the question.

MR. SMITH: The answer, as I understood Dr. MacLaggan, is

not necessarily. It may be a Board member, may not.

THE WITNESS: He was talking about Hart as an individual.

MR. OLDAKER: I was talking about Hart as an individual.

THE WITNESS: The man that gave the check may have been a Board member and many times they were not.

MR. OLDAKER: I was asking if Mr. Hart was the Board member in this District.

THE WITNESS: I'm not sure.

MR. OLDAKER: And you're not positive? All right.

Q. The next individual is Charles H. Wilson Campaign Committee, contribution, District 31, and send check to David Horner, M. D. Do you know David Horner?

A. Yes.

Q. And who is he?

A. David Horner is an orthopedist practicing in Los Angeles County and a Board member of CALPAC.

Q. Would he be the Board member from that District?

A. I believe so.

Q. And John R. White, are you familiar with John R. White, M. D.?

A. No, I don't know him.

Q. The indication is that he's the President.

MR. SMITH: It doesn't matter what the indication is. You're going beyond the document that is in evidence.

MR. OLDAKER: I mean, the indication on the document is --

MR. SMITH: That's my point, Bill. I've been trying to be lax. I don't see how you can ask Dr. MacLaggan to evaluate the information on the document immediately after he tells you he doesn't know the man.

BY MR. OLDAKER:

Q It shows here he's President of Los Angeles Medical Society. Do you know him?

A Yes.

Q And --

A At that time, he was President of Los Angeles County Society.

Q Thank you.

Let's take a two-minute break.

(Whereupon a short recess was taken, after which the following proceedings were had:)

MR. SMITH: Ready to resume when you are.

BY MR. OLDAKER:

Q I want to go through, Dr. MacLaggan, several sets of -- let me give it to you first. We'll take the markings off this one before we have it submitted as an exhibit, but you can look at it.

There it is, a type of minutes. You were not in attendance. The date is August 12, '76. It's the minutes of the Executive Committee Conference Call, and I would assume dealing with the California Medical Political Action Committee.

The names of the individuals are the Board members. There's no notation on the document --

MR. SMITH: Before you review that, what are you going to ask him?

MR. OLDAKER: I'm going to ask him --

MR. SMITH: You can review it if you want, but I haven't gotten there in light of the fact that he wasn't present.

MR. OLDAKER: Are you going to hand it to the witness?

You can object all you want-, but, I mean, at least he can --

MR. SMITH: I don't have anything to object to. You can waste all the time you want reading it, but there's no question.

BY MR. OLDAKER:

Q. We discussed before that conference calls were recorded in some way. Does this look to you as the type of recordation that there was of those conference calls?

A. Our previous discussion, I believe, was about AMPAC's committee.

Q. You're correct, sir. I stand corrected.

As to CALPAC, how ere decisions made to make contributions to various candidates?

A. It's --

MR. ZIMMERMAN: Let me just interject he did testify regarding to federal candidate selection committee earlier in the morning.

MR. OLDAKER: I understand. I was standing corrected, and I'm now asking the question about CALPAC.

MR. ZIMMERMAN: The point I'm making is he testified about that.

MR. OLDAKER: I'm asking about CALPAC.

THE WITNESS: You also asked me about CALPAC's method of selection previously.

BY MR. OLDAKER:

Q And what method of recordation is that? I don't believe he answered that question.

MR. ZIMMERMAN: Go ahead. I thought you were going off on another branch.

THE WITNESS: There's a federal candidate selection committee who goes over recommendations made or requests made of it and comes up with a tentative decision to give money to a candidate or perhaps to ask AMPAC to give money to the candidate and that is then sent to the executive committee.

BY MR. OLDAKER:

Q And then the executive committee does what? This is of CALPAC?

A. Again, reviews these recommendations and acts favorably or unfavorably upon them.

Q How do they act, generally?

A. You mean what method?

Q What form?

A. Most often by conference call.

Q. And how are those conference calls memoralized, if you know?

A. In minutes such as these that you've presented to me.

(The said document was marked Petitioner's Deposition Exhibit No. 13 (1-3) for identification.)

Q. Are you familiar with the minutes of such conference calls; have you in the past seen those?

A. I've seen such minutes before, yes.

Q. I've handed to you a document entitled "Minutes" and the date which is August 12, 1976.

Would that represent in your mind the ordinary form that the minutes take?

MR. ZIMMERMAN: You mean typed on an eight and a half by eleven sheet of paper or what are you referring to?

MR. OLDAKER: Well, he can answer. If he does not understand, I'll make it more explicit.

THE WITNESS: Well, it usually is as in this document, a list of those people who were on the line at that time and then a description of the business that has been taken care of at that meeting.

This could be in regard to candidates or it could be in regard to other business since the executive committee makes -- is the governing body between the meetings of the Board.

BY MR. OLDAKER:

Q. You'll notice in the body of the memoranda that

there are individual candidates listed and at the far left is the Congressional District and the candidate by name. Then, in this case, a request column is designated, "Requested AMPAC Amount" and then in the last column, it's "CALPAC Amount".

A. Yes.

Q. What do the latter two of those columns represent to you?

A. Dollar figures, and the committee has requested that these amounts be allocated toward the support of the named candidates from the sources indicated.

Q. So that the CALPAC amount would be the amount of contribution approved by that committee action?

A. Yes.

Q. And the request from AMPAC would be the amount that that committee were requesting that AMPAC contribute to the candidate?

A. Yes.

Q. What form would the decision of the committee take at that point as far as the contribution approved by CALPAC to the candidate?

A. I don't understand the question.

Q. The committee has approved a contribution specific to several candidates there; is that correct?

A. Yes.

Q. How would that decision be implemented, if you know?

A. A check would be written to the proper committee and transmitted to a physician to be delivered to the candidate or his representative.

Q. Ofttimes the individual Board member in that district?

A. Sometimes; not always.

Q. And, as to the column referring "Requested of AMPAC", how would that be implemented? How would the American Medical Association be noticed of the committee's action?

A. I really don't now whether it would be a phone call or a letter or what.

Q. When you were Chairman of the American Medical Association Political Action Committee, did you ever receive such requests for -- I think the term is matching payments -- No, it's just requests to AMPAC, so it would be requests.

MR. SMITH: Let's be very clear on that.

MR. OLDAKER: I'll strike the term "matching".

MR. SMITH: Let the record reflect "matching" reflects a relationship in which AMPAC is not involved.

THE WITNESS: Not as an individual.

Again, they may have been addressed as some of these letters have been, the other letters you've shown me to me at the AMPAC address, but they would be opened by the Staff and filed in the file of that particular Congressional District or candidate.

///

BY MR. OLDAKER:

Q You said earlier this morning that when you served on the selection committee for AMPAC --

A Yes.

Q -- candidate selection committee, that you would have conference calls to make determinations as to which candidates to select.

Do you recall being presented with individual requests to AMPAC regarding specific candidates?

A Yes.

Q Was that a general notation that would be made by the Staff when they were talking to the committee?

A Yes, they would tell us where the request came from and under what circumstances, whether it was from State PAC or from an individual or from the candidate himself or whoever makes the request.

Q Or from an ad hoc committee?

A Yes. Rarely.

Generally, these candidate support committees almost never requested any money from either CALPAC -- I can't remmeber a time that they did. I mean, I think you've come up with that many times and this is not their function generally. I don't recall ever having had a request.

Q I apologize for my misinterpretation, sir. I thought that was what was said earlier. I want to apologize.

A. I wanted to clear it up at this time.

Q. So the recommendation or the -- Strike that.

Generally, the committee of AMPAC would act on information which would include sometimes a request by the State Political Action Committees to make a contribution in a certain amount?

A. Yes.

Q. And, on some occasions, requests by candidates?

A. Yes.

Q. And on some occasions requests by physicians in the local area?

A. Anybody, physicians, campaign manager. I mean, any number of people.

Q. Was there a general rule of where most of these requests would come from?

A. I think they came -- they came from a variety of sources.

Q. What kind of criteria did you use to approve or disapprove these recommendations or Staff advice when they -- Strike that.

How would you make your determination? You would gain information from whom? Would there be a Staff member who would give the committee on the conference call as to possible contributions?

MR. SMITH: May I just, before you answer that question, Dr.

MacLaggan, make clear that my interpretation of the testimony has distinguished recommendation in the context of request for contribution from recommendation in the context of any supposed Staff recommendation. We may now be moving into Staff recommendations, but the record as of now is devoid of such reference.

MR. OLDAKER: That's correct.

MR. SMITH: So let's not merge the two and become confused like we are about these damn nonexistent support committees.

BY MR. OLDAKER:

Q. Doctor, how does the AMPAC committee makes its decision while its on its conference call? I would imagine there's some leader of the discussion. Who is that person?

A. They have a chairman.

Q. The Chairman would be the leader of the discussion?

A. Uh-huh.

Q. The Chairman would then dispense information to the other members of the committee; is that correct?

A. Sometimes.

Q. Would the Chairman make recommendations?

A. Again, sometimes.

Q. Would the individual members of the committee spontaneously make recommendations about contributions to individuals?

A. Sometimes.

Q. Dr. MacLaggan, I hand you the minutes of a CALPAC Executive Committee meeting dated Wednesday, April 21, 1976, in which you were in attendance, and, similarly, at that meeting, Dr. MacLaggan, there are notations as to candidates which CALPAC will support and amounts listed.

A. Yes.

Q. And requests to AMPAC. Do you recall that meeting?

MR. ZIMMERMAN: Could he have a moment to look at it?

MR. OLDAKER: Certainly. Certainly, as long as he would like.

THE WITNESS: This might be a good time for me to go call my secretary and tell her to call the people that were supposed to come at 3:30 and see if they can come later.

Would that be all right?

MR. OLDAKER: Fine, sir.

(Whereupon a short recess was taken, after which the following proceedings were had:)

MR. OLDAKER: Back on the record.

Q. Doctor, I have handed you these minutes.

A. Yes.

(The said document was marked Petitioner's Deposition Exhibit No. 14 (1-3) for identification.)

Q. Do you recall that meeting, Doctor?

A. Not specifically, no.

MR. ZIMMERMAN: Let him ask you a question. Don't volunteer.

THE WITNESS: Okay.

BY MR. OLDAKER:

Q You'll notice in the far right-hand column, there is an indication -- a notation of a number. Do you know what that number is? It says "Trans. No."

MR. SMITH: Transaction number.

This is your only copy?

MR. OLDAKER: Yes.

THE WITNESS: I think those are the check numbers that are written on these, but that doesn't - and that, of course, would mean that these were added after the call unless it's something to do with the reporting, because I -- that's a fairly frequent thing that's on there, transaction number to identify what they've done, but I've always thought they were check numbers, or something to do with the records.

BY MR. OLDAKER:

Q Now, as to the individuals listed there, the first individual in the Second Congressional District is --

A Don Clausen.

Q -- Don Clausen in the amount of --

A Twenty-five hundred dollars from CALPAC and twenty-five hundred dollars to be requested from AMPAC.

Q Now, this would represent then the approval for the -- I would assume the Staff to cut a check to Mr. Clausen's

principal campaign committee in the amount of twenty-five hundred dollars?

A. Yes. This is actually the action of the candidate support committee, and it's up for approval by the executive committee.

Q. And the second column would indicate that a request would be tendered to AMPAC for a contribution to be made to Mr. Clausen?

A. Yes.

Q. Dr. MacLaggan, I'll hand you a copy of the minutes of Executive Committee conference call Thursday, October 14, 1976, in which the minutes indicate that you were on the line. There are three Staff individuals. Do you know who those individuals are?

A. Yes.

Q. Could you, by name, state who they are, if you know?

A. Jack Light is the Division Director in the California Medical Association structure who is over Al Pross and Don Test. There are three names here, Jack Light, Al Pross and Don Test. Al Pross was the -- at that time, the Executive Secretary of CALPAC. Don Test was the Field Representative. I think that was his title for CALPAC, and Jack Light was their Division Director, who is, in the structure of the California Medical Association, their boss.

Q. What part would they play in these conference calls,

if any?

A. Well, Pross initiates the calls as the major Staff individual in CALPAC and usually would read the report of the federal selection committee to us and read their recommendation.

Q. The third --

A. Don Test, the third individual?

Q. No, no, no, the third item.

MR. SMITH: Daniel Lundgren.

BY MR. OLDAKER:

Q. Daniel Lundgren, it's Transaction No. 375 on your notation, and it has an amount of, I believe, twenty-five hundred dollars, and there's a parenthetical following that that says "if matched by AMPAC". Do you know what that would refer to?

A. Well, on the face of it, it would mean if AMPAC gave twenty-five hundred dollars, that CALPAC would give the same. My recollection of that particular situation was that this did not come about, and that Lundgren was not supported by AMPAC.

Q. And, therefore, the contribution by CALPAC was not given?

A. No, CALPAC gave their contribution, if my memory serves right.

Q. Well, I'm not asking you for an absolute answer.

A. AMPAC does not always accede to requests from CALPAC. I mean, this is a request, not a -- It's nothing more than a request and this particular one is one of the incidents, as I recall, that they did not.

Q. In fact, there are other minutes which there's no question from the Government's side that AMPAC does send back a letter saying that they will not match an individual.

Generally, does CALPAC, in these minutes, give the contribution and make the request to AMPAC pretty much at the same time?

MR. ZIMMERMAN: I don't follow your question.

MR. OLDAKER: Okay. I'll restate it then

Q. Does CALPAC make its contributions at any time contigent upon AMPAC giving a contribution, to your knowledge?

A. Not to my knowledge. This would indicate that in this particular case that was a -- such a situation, and, if so, it's the only one that I know of. I never had that contingency brought to my attention before.

MR. SMITH: May I ask, Mr. Oldaker, whether Peggy or anyone else on your Staff has checked reports to determine what the reporting status of these two alleged contributions is?

MR. OLDAKER: Off the record.

MR. SMITH: I'd like this on the record.

THE WITNESS: Well, it was October 14th, '76, was this date.

MR. OLDAKER: Well, I don't know is the answer.

MR. SMITH: That's all I want on the record is whether you have checked on this or not. I personally don't know.

You focus on this in a list of six.

MR. OLDAKER: The reason we focused on this was not the contribution, but the notation.

MR. SMITH: I understand that, but I want the record to reflect that you have or have not checked the reports to confirm this.

MR. OLDAKER: Be assured that we will, if we have not.

MR. SMITH: I have no doubt about that. I'm just asking if you have information which Dr. MacLaggan would be entitled to see in answering these questions.

MR. OLDAKER: We have no knowledge as to whether it was reported or not.

MR. SMITH: Not having been ready for this question, I want the record to also reflect I don't either, so I can hand Dr. MacLaggan the facts of what happened, and he wouldn't be relying on his memory, which I said at the outset is an unfortunate thing to have to rely on for failure of Notice.

BY MR. OLDAKER:

Q Dr. MacLaggan, the question previously that I struck that Mr. Zimmerman, I think, objected to: When CALPAC -- When the decision is made by CALPAC to make a contribution, in many cases, there is also a request by AMPAC to make a contribution. To your knowledge, do you know if CALPAC generally

makes that contribution prior to being notified by AMPAC that it will or will not honor the request of CALPAC?

A. Yes, they do. It's an independent decision. They've firmly decided to support that candidate and ask AMPAC to do the same, which they may or may not do.

Q. Do you generally know how long it takes AMPAC to make such a decision upon request?

A. No, there's -- It would take another meeting of AMPAC's committee, and there's -- depending a little on the time in the campaign there, there's sometimes more than one a week and sometimes there's more than one a month, depending. This being in October, it probably wasn't very long, because it's close to the election day and there's not much point in giving the money after the election date.

Q. And, generally, it would come up at the next meeting if a recommendation were --

A. Yes, if the request had reached Chicago by that time.

MR. OLDAKER: Mark that one.

(A document was marked Petitioner's Deposition Exhibit No. 15 for identification.)

BY MR. OLDAKER:

Q. Dr. MacLaggan, I hand you the minutes of a CALPAC Executive Committee conference call of September 1, 1975. Attendant on the line was James C. MacLaggan, M. D.

You'll note in the middle of the page there, there's

a reference to Mr. Louis Wyman.

A. Yes.

(The document now referred to was marked Petitioner's Deposition Exhibit No. 16 (1-2) for identification.)

Q. Are you familiar with his candidacy?

A. Yes.

Q. Do you recall that meeting?

A. Vaguely.

Q. Do you recall the discussion in support of Mr. Louis Wyman?

A. Yes.

Q. Mr. Louis Wyman is from what State, if you know?

A. New Hampshire.

Q. And what campaign was he running in?

A. He was running for the Senate.

Q. Do you recall how the California Medical Political Action Committee decided to support him, to support his candidacy?

A. From my personal recollection, no.

Q. Do you personally recall if you did support his candidacy?

A. Yes.

Q. The California Medical Political Action Committee?

A. Yes.

Q. And in what amount, if you recall?

A. Five thousand dollars.

Q. Do you know how that contribution was transmitted to Mr. Wyman?

A. No.

Q. Are you aware of other instances where candidates outside of the State of California were supported by the California Medical Political Action Committee?

A. Yes.

Q. Do you recall any with specificity?

MR. SMITH: Well, you know, I'm astounded. You prefaced this whole proceeding this morning with telling me you weren't going to get into that.

MR. OLDAKER: I'm curious.

MR. SMITH: I'm sure you're curious, Bill, but I was taking it on good faith, since it's beyond the scope, you weren't going to get into that.

MR. OLDAKER: I'm only going to ask him how the decisions were made.

MR. SMITH: You're not going to ask him anything if my advice is persuasive.

I'm surprised. You made the statement on the record that you weren't going to do that.

MR. OLDAKER: I'm only interested in this. I'm interested how the decision is made.

MR. SMITH: I'm interested in that. Schweitzer will hear

about that not being blocked out. I'm astounded that having prefaced the remarks today about not getting into that, you're now getting into that.

MR. OLDAKER: Well, advise him.

Q Doctor, do you know how the decisions were made to support these other candidates outside the State?

MR. ZIMMERMAN: I'm going to object on the grounds it exceeds the scope of the written Notification previously sent to CALPAC regarding this investigation and the alleged violation.

MR. OLDAKER: I would state for the record that the Government would disagree with that conclusion. I would again ask the doctor if he will answer the question.

MR. ZIMMERMAN: I've instructed him not to answer.

MR. SMITH: We have a little bit different objection.

MR. OLDAKER: I understand.

MR. SMITH: And I don't want to be troublesome. That's why I'm saying I am incorporating every one of the bases that Rick stated, which I stated on the record in the beginning, but I'm going a step further. I rely further upon your representations this morning that indeed you, as counsel for the Commission, were at this time in agreement that that was beyond the scope of the inquiry you intended to conduct.

MR. OLDAKER: Doctor, do you choose --

THE WITNESS: Can I speak to these gentlemen a moment?

MR. OLDAKER: Certainly.

(Whereupon a short recess was taken, after which the following proceedings were had:)

BY MR. OLDAKER:

Q Doctor, do you elect not to answer the question?

A. Yes, I will not.

MR. ZIMMERMAN: I didn't hear what you said.

MR. OLDAKER: All I said was: Doctor, do you elect not to answer the question?

THE WITNESS: No, I will not answer on advice of counsel.

BY MR. OLDAKER:

Q Doctor, I hand to you the CALPAC Executive minutes of February 23rd, 1975, in which, on the attendance list, you are listed as attending, and, under 1.C. on the first page is a list of a Congressional candidate, and there are two notations. Would you indicate for the record what that represents, if you know?

A. Two monetary amounts. It's a request for -- from the candidate selection committee for CALPAC to give five thousand dollars to Shirley Pettis and requests the same amount from AMPAC.

Q And, on the second page, there is a -- and I believe the final line, there is a reference to a Q-Sort. Do you know what that refers to, sir?

A. Yes, that was a piece of research that was -- We were developing at that time through a firm called Civic Enterprises

from St. Louis. It had to do with a method -- a random selection of people for polling in anything, but, in our instance, particularly political campaigns.

Q. And who was the organization, again, sir?

A. Civic Enterprises. It's run by a Dr. Roy Fouch, who's a Presbyterian Minister from St. Louis, who does very little ministering these days.

Q. I'm sorry. I still don't quite understand what it is. Is it more or less of a polling technique to determine a candidate?

A. Yes, to candidate preferences and things that people are interested in in campaigns. As, for example, now, if you were polling, you certainly would ask people if they're worried about inflation, for example. I mean, trying to rate the issues that may be at hand in that particular District, and so on.

Q. So it's not a poll, itself, -- the Q-Sort is not a poll saying Bob Wilson has fifty-five percent approval like the Field poll?

A. Well, it's a little different. I mean, such information can be obtained by this.

Q. By a Q-Sort?

A. Yes.

Q. Is a Q-Sort something that the California Medical Political Action Committee has at its disposal or something it buys from somebody else?

(The document being referred to was marked Petitioner's Deposition Exhibit No. 17 (1-2) for identification.)

A. Something that any candidate can obtain from Civic Enterprises from Mr. Fouch, who developed it. It was financed in part in its development by AMPAC, because that's one of their purposes is to research into poll tools. This is one of their tools. You're beyond me if you ask me any more questions about how it operates.

Q. I certainly wouldn't understand even if you did.

Do you then have to purchase this from this individual?

A. Well, his organization will do such a survey for a fee.

Q. For a fee?

A. Yeah, as any of the other, EMI or anybody else who does that type of work. It's a recognized situation. They don't work free. It's -- In fact, it's getting more expensive all the time.

Q. And you do buy his surveys from time to time or buy the information from his surveys from time to time?

A. We have in the past.

Q. And that is what -- that is what a Q-Sort is?

A. Yes.

Q. I'll save you a lot of ancient history, Doctor, by passing over lots of this.

I hand you the copy of the minutes of Conference Call CALPAC Executive Committee May 2nd, 1974.

In attendance on the line, James C. MacLaggan, M. D., Chairman; Staff: Al Pross, Paul Brown, and I direct your attention to items numbered 1. and 4., being Henry Waxman and Anthony Gualtierri, Representative of the 13th Congressional District, and the question specifically is as to the parentheticals. First, on Waxman --

A. Yes.

Q. Do you know what that represents?

A. Yes. You previously asked me about this matching funds, and so, in this particular case, the decision was made to give Mr. Waxman twenty-five hundred dollars at that time, and then, if his physician supporters raised twenty-five hundred more, we'd give him a further twenty-five hundred for a total of five thousand dollars.

Q. And as to the second one in No. 4?

A. This was a man who was running -- who was not an incumbent, and the -- gave him five thousand dollars for his primary and appropriated money for his general election, but apparently he didn't win. I don't recall his ever being in Congress, so I think he must have lost, but that was to be given in the general election if he won the primary.

Q. You can have this back.

(The said document was marked Petitioner's Deposition Exhibit No. 18 (1-2) for identification.)

MR. SMITH: Can we clear something up here?

MR. OLDAKER: Yes.

MR. SMITH: I'm afraid - and I don't want to intervene - that there's been a confusion here. The second column Mr. Oldaker is referring to is entitled "Request to AMPAC".

MR. OLDAKER: I was going to go back.

MR. SMITH: I knew you were.

THE WITNESS: I'm sorry. I misread that.

Again, at that time, AMPAC was not contributing in primaries generally, and this request was for if he won the primary, to ask AMPAC to give him five thousand for the general, but the gentleman didn't win the primary, so --

MR. OLDAKER: Thank you, Mr. Smith and Dr. MacLaggan.

Q. Dr. MacLaggan, I'm going to hand you the minutes of the Executive Committee of CALPAC Board Conference Call dated October 12, 1973, and ask you questions in connection with recommendations to a Board meeting, which states there will be established a five thousand dollar contingency fund for purchase of tickets to testimonial dinners of federal and state candidates. The implementation of this resolution is subject to majority vote of the Board members by direct mail.

(The said document was marked Petitioner's Deposition Exhibit No. 19 (1-2) for identification.)

A. Well, ask, you know --

MR. ZIMMERMAN: Have you asked a question yet?

THE WITNESS: Excuse me. I'll not answer then unless you ask a question.

BY MR. OLDAKER:

Q. You know the question I'm going to ask though. Being a man of more sensibilities, he knew the question I was going to ask.

MR. ZIMMERMAN: It looks on the record better to have the answer precede the question.

BY MR. OLDAKER:

Q. As to that recommendation, what does that represent to you, Doctor?

A. Well, from time immemorial, I suppose, candidates have used the vice of having a testimonial dinner at more cost than the cost of the food to raise money for their campaigns. This has been increasing until this year, it's almost the entire way that many people have raised their money.

When I was Chairman of CALPAC, I was opposed to going to dinners, because I thought that our money should be given as direct campaign funds, and not have this little device of going to a dinner.

As time went on, more and more people would be interested in a candidate, and he would be having a dinner, and we would get requests to do this and had to go through the full mechanism that we had that I've previously explained to you through the federal selection committee, through the

whatever it may be.

Q. And, in your knowledge, these checks are in all cases made out to the campaign?

A. As far as I know.

Q. One last question on the minutes, Doctor.

(A document was marked Petitioner's Deposition Exhibit No. 20 (1-4) for identification.)

I have the minutes for Wednesday, August 29th, 1972, federal candidate selection committee and executive committee meeting.

In attendance, James MacLaggan.

Dr. MacLaggan, I direct your attention to page 2, the first two lines, which say, "The following appropriations were approved providing a local physician support committee raises a matching amount as a prerequisite," and the question is if you know what that would indicate.

A. I think I've already answered this question in the past that this would mean that we would appropriate this amount of money to the campaign and ask that the local physicians in the District raise a similar amount before the money would be given to them in order to stimulate their interest in the campaign and in the general political process.

We did that more in the early days than we do now. This is minutes five -- seven years ago now, six years ago.

Q. I direct your attention to the last word "prerequisite".

executive committee to get fifty dollars for this man to go to a dinner, and it was very cumbersome, so we decided since these requests were coming in more and more frequently, that perhaps we would change our policy and have an amount up to five thousand dollars per year for that purpose and so if some individual requested that he be sponsored to go to a dinner for Congressman Jones, it could be done by just calling certain designated people and not going through the total committee structure to appropriate that small amount of money, and that was the action.

Q. Does that still occur today?

A. Yes. I'm not sure that the amount is the same. As I say, I've not been Chairman for the last few years and I'm not --

Q. Within your knowledge, what is the mechanics for dispersing this type of money for a testimonial dinner?

A. Very much the same as the other, except that if I were the individual requesting, for example, to go to a dinner for Bob Wilson, - I have not made such a request - but if I did, they would write a check to the Wilson Birthday Dinner, or whatever he calls his fund raiser, and send it to me, and I would then use that check to purchase a ticket or two tickets to this testimonial dinner.

Q. The check would be made out to --

A. To the campaign or to the dinner committee or

Does that word indicate that contributions would not be given if they were not matched by the local committees?

A. That's what it says, yes.

Q. And that's what it would mear to you also?

A. Yes.

MR. OLDAKER: We can pause for the reporters to switch.

(Whereupon a short recess was taken, at which time Laura L. Smith, CSR No. 2729, CP, RPR, assumed the duty of reporting the following proceedings, after which the following proceedings were had:)

MR. ZIMMERMAN: Apparently finished up one batch of materials and go on to another.

Do you have an estimate of time for us, kind of a ball park figure?

MR. OLDAKER: I don't know how much. Do we have -- Off the record.

(Off-the-record discussion after which the following proceedings were had:)

BY MR. OLDAKER:

Q. Dr. MacLaggan, on more recent minutes of CALPAC Executive Committee of February 16, 1977, I hand you these minutes, direct your attention to the second page, Item 16, entitled, "AMPAC Report" then it starts off, "Dr. James MacLaggan immediate and past president of AMPAC, and current board member, recorded that AMPAC encourages" -- Dr. MacLaggan,

you've had a chance to review this?

A. Yes.

Q. Do you recall that meeting?

A. Not specifically.

Q. Do you recall the presentation that you made at that meeting?

A. Now having reread this, I now recall it, yes.

Q. And do you recall whether that was a prepared presentation --

A. No.

Q. -- or not?

A. No.

Q. It was not a prepared --

A. No.

Q. -- presentation? Do you recall if you had notes for that at all?

A. I know I didn't ever go with a prepared statement for them. This was fairly shortly after an AMPAC board meeting, and I probably had in my head some of the things we discussed at the AMPAC board meeting,and the recommendations made to the other PACS.

Q. Do you recall anything else of that presentation that you made to the CALPAC Board?

A. Uh-uh.

Q. The answer is no?

A. No.

Q. I hand to you the minutes of CALPAC Executive Committee, January 9, 1977. There's a reference on Page 2, under Item 3,"Representation of CMA's Commission on state and local legislation."

I cannot read too well at this point, and the question is who or what.

MR. SMITH: Could we have a moment to --

MR. OLDAKER: No. I just wanted to tell you, so he could look at it and have reference to it.

Q. Okay for the question?

Dr. Mac Laggan, in reference to that Item 1, Page 2, Item No. 3, do you know what that organization is? Can you explain for the record, if you know?

MR. SMITH: Which organization are you referring to?

MR. OLDAKER: The organization is set out in bold face type in that, and it's called "Committee on State and Federal Legislation." Commission, excuse me.

THE WITNESS: Well, actually, this is just stated here. It's two commissions. CMA has a commission on state legislation and a commission on federal legislation.

MR. SMITH: Mr. Oldaker, I really don't know how that is relevant to the matter under investigation here.

MR. OLDAKER: Well, if you wish to take the time, we can tie it in.

It says that the chairman of that organization serves on the board, and --

MR. SMITH: Again, I don't see how it's at all relevant.

MR. OLDAKER: You can advise your client to not answer, if you so desire.

MR. SMITH: I'm just suggesting that perhaps we're getting on a line of questioning here which has absolutely no relevancy to the matter under investigation.

MR. OLDAKER: It says in the body, it was pointed out that for the past two years, the chairman of these two CMA commissions have served as ex officio members of CALPAC State and Federal Candidate Selection Committees. That is the relevance.

I'd like to know if they served as ex officio members. I'd like to know who they are.

THE WITNESS: Who they were at that time? Is that your question?

BY MR. OLDAKER:

Q Well, I'd like to know, in fact, what the organizations that they were ex officio of, since they were serving - by at least in that statement - by nature of being on that, in that organization, the committee, legislation committee, Federal and State, I believe. I can't see it upside down.

MR. ZIMMERMAN: Commission?

MR. OLDAKER: Commission, excuse me.

THE WITNESS: It says, "Commission," but actually it's commissions, because there's two of them.

MR. ZIMMERMAN: It clears that up in the body.

THE WITNESS: I'm still confused. Do you want to know their names?

BY MR. OLDAKER:

Q. No, I want to know what the function of those two commissions are.

A. Both of them have similar functions, but in different arenas.

The commisison on State Legislation looks over the proposed legislation in the State Legislature pertaining to the facts of medicine, and tries to promote the passage of those that they feel are beneficial to the Medical Association and its patients, and for the public they serve, and tries to oppose that they feel are detrimental to the public that they serve, and the physicians who do the serving.

Same in the federal group. They look over that legislation that pertains to the practice of medicine and treatment of patients, as go from range from restrictions on activities of physicians, to use of drugs, to various other things. All types of legislation.

There's almost a thousand bills that come through the Congress in any one year that refer to the practice of

medicine, and that commission tries to look at those and make recommendations to local medical associations as to taking any action with them, try to promote them or defeat them.

MR. OLDAKER: Off the record.

(off-the-record discussion, after which the following proceedings were had:)

(The said documents were marked Petitioner's Deposition Exhibits Nos. 21 and 22 for identification.)

MR. SMITH: Ready?

MR. OLDAKER: Ready, if you are.

Q Dr. MacLaggan, on the method of solicitation of contributions to the California Medical Political Action Committee we discussed earlier, you call it a membership or a dues solicitation program from various contexts. How did that first -- How does that solicitation program occur?

A. Well, I earlier went over with you the joint billing that is on the bills sent out by the County Societies.

Q Fine, sir.

A. That is the major method of solicitation.

Q How is that solicitation paid for, if you know?

A. Actually, CALPAC pays offers to the County Societies who do this billing, to pay them one percent of the collection for this service that they provide, that is the printing of their portion of the bill,and the necessary separation of funds.

Some of the County Societies ask for this as a voluntary thing; some do not.

Q It's done on a percentage basis?

A One percent.

Q And that's to cover the cost of handling and mailing, and things of that nature?

A Uh-huh.

Q After the transfer to the American Medical Association Political Action Committee, how is the cost of the solicitation handled in that regard?

A I don't think there is anything at all. This is a piggyback. The way it's presented is generally CALPAC/AMPAC on the thing, and there isn't any particular cost to them, or incurred by AMPAC, as far as that's concerned.

Q Dr. MacLaggan, done?

I'll hand you a letter dated December, 11, 1975, to E. Kash Rose, M. D., Chairman CALPAC, with the name at the bottom, James C. MacLaggan, M. D., Chairman, signed "Jim".

The notations on the top, you were on the original?

A Uh-huh.

Q Do you recall that letter?

A Yes.

Q What does it indicate to you?

A This is a separate solicitation that we made during

the year 1975, with CALPAC's/AMPAC's participation.

One of the minutes you handed me a while ago had some reference to the origin of that, where CALPAC decided to make a joint solicitation by direct mail from San Francisco office to those people who were not members of CALPAC, who were members of the California Medical Association, a series of letters.

I don't now recall how many, and the cost of that was in parts -- in part supported by AMPAC. I don't remember the amount.

The AMPAC Board voted a sum of money to be from our non-political dollars - incidentally - to CALPAC for that solicitation.

Q. When you say"non-political dollars," what do you mean?

A. We have two separate funds in both organizations, which we refer to as soft dollars and hard dollars.

The soft dollars are the dollars contributed generally by AMA, AMPAC's case, and CMA in CALPAC's case, to help the operation, membership solicitation, and educational funds, various other things.

Q. So when you talk of soft dollars, you're talking about the dollars which are not membership dues dollars?

A. Yes.

Q. Hard dollars are membership to the Political Action

Committee?

A. Yes.

Q. Dollars, and those soft dollars pay for --

A. Pay the salary of the execs, the activities of the board, when they're not involved in campaign activities or candidate activities, the workshops, the research-type things that we do that are pure research, not applicable to a campaign, a political organization, conferences we put on. I mean, there's a lot of activities. The publications we sent out.

AMPAC has publications. CALPAC has a newsletter they send out from time to time.

Q. When you refer to hard and soft dollars, you're referring both AMPAC and CALPAC?

A. Yes.

MR. ZIMMERMAN: Now, again, I don't see the relevancy of any of this to the notification that CALPAC received, and I really wonder what the purpose of the inquiry is. I think it's clearly outside the scope of your February, 1977 letter.

BY MR. OLDAKER:

Q. The soft dollars in the CALPAC case, are used to pay the administrative and overhead expenses of the -- of CALPAC?

A. Yes.

Q. And the solicitation process, I understand, are paid in some instances by a one percent rebate to the County?

A. Those are the costs that come from the initial billing to the dues statement that comes from the County Society, encompassing all the things: AMA membership, CMA membership, and County Society membership.

Any other solicitation, then, is direct mail, or any other manner that we've tried, various other ways - as every organization does - to attract members, and those others are supported by the soft dollars of CMA - of CALPAC.

(The said document was marked Petitioner's Deposition Exhibit No. 23 for identification.)

BY MR. OLDAKER:

Q Dr. MacLaggen, I hand you a letter dated October 6, 1972, addressed to James MacLaggen, M. D., 525 Hawthorn Street, San Diego, California, signed by Hoyt D. Garnder, M. D., Chairman, on AMPAC's stationery.

A Yes.

Q Do you recall that letter?

A Yes.

Q What does that letter mean to you?

A It means that in October of 1972, CALPAC had campaign dollars that we weren't going to spend, and we voluntarily - without request from AMPAC - gave fifteen thousand dollars of that money to them for use in campaigns in other areas.

Q So in the fifth line, the term, "The allocation of

fifteen thousand unmarked political dollars for use by AMPAC Congressional Review Committee," would mean that CALPAC transferred fifteen thousand dollars to AMPAC?

A. We gave them fifteen thousand dollars without any recommendation as to where it be spent, except it be spent on candidates.

(The said document was marked Petitioner's Deposition Exhibit No. 24 for identification.)

BY MR. OLDAKER:

Q. Dr. Mac Laggan, I hand you another letter, dated October 31, 1972, from Mr. Gardner to yourself, and what does this letter refer you to?

A. That indicates that we gave them another ten thousand dollars, same funds, same situation.

We had earlier told them that we had the twenty-five-thousand-dollar surplus that year. We wanted to spend it all on elections, and they told us they could use fifteen thousand dollars, and some weeks later decided to use the other ten. So we sent it to them.

MR. OLDAKER: Fine. Thank you, Doctor.

(The said document was marked Petitioner's Deposition Exhibit No. 25 for identification.)

MR. OLDAKER: I'd like to take a five-minute break, if we may.

(Whereupon a short recess was taken, after which

the following proceedings were had:)

BY MR. OLDAKER:

Q Dr. MacLaggan, I hand you a letter dated March 13, 1974, from James C. MacLaggan - it does not have a signature on it - to a William Lewis, and if you'll review that.

MR. ZIMMERMAN: Do you have a better copy we can look at?

MR. OLDAKER: No. You can look at the copy I have, I can trade you, but this is the copy you gave us, and we can barely read it ourselves.

Q If you'll look specifically at the fourth paragraph, sir.

A Yes.

Q That paragraph says, "On behalf of CALPAC, I respectfully request that AMPAC have a selection committee consider reimbursing CALPAC for one-half of the cost of the survey project. I hope we can count upon AMPAC's favorable and immediate action upon this request."

What does that indicate to you, sir?

A In many instances - particularly at this time -we, rather than give a cash donation to a candidate, purchased a survey for him as to his opportunity to win the election, and gave him that in lieu of cash dollars, and in this particular instance, apparently we made -- did do that, and now wanted to retrieve some of the cost of it from AMPAC.

Q Do you recallif you did receive that cost?

A I don't.

(The said document was marked Petitioner's Deposition Exhibit No. 26 for identification.)

MR. OLDAKER: You're right, we are getting down there, Mr. Smith.

MR. SMITH: No question about it. I can hear the snake rattling.

BY MR. OLDAKER:

Q Dr. MacLaggan, I'm going to go over a list of names now. Don Test, are you familiar with Don Test?

A Yes.

Q And his capacity with CALPAC or AMPAC?

MR. SMITH: Well, that's on the record.

MR.OLDAKER: Right, okay.

THE WITNESS: We went over that before. He was designated --

MR. SMITH: That's all right.

MR. OLDAKER: It's in the record.

Q Rex Kenyon, K-e-n-y-o-n.

A Rex Kenyon?

Q Mm-hmm.

A He is now the Chairman of the Board of Trustees of AMPAC. He was probably at that time a member of the Board. He has been a member of the AMPAC Board, and presently is chairman.

Q Kenneth --

What's that?

MR. SMITH: I'm saying, unless you want something, otherwise --

MR. OLDAKER: No, that's all I want. I'm attempting to identify these people.

MR. SMITH: If you want more, you'll ask for it.

MR. OLDAKER: The main thing is if we want to find them, we know that they're alive and around some place.

Q Kenneth L. Bugan, B-u-g-a-n.

A Bugan?

Q Bugan.

A He was an employee of AMPAC. He no longer works for them.

Q Do you know where he presently resides or is employed?

A He works for the American Medical Association in Chicago.

Q Do you know what his position is there?

A I don't.

Q Richard L. Perry?

A Richard Perry was a field man for AMA, whose territory covered the Western United States, including California, and he was based in Oregon, and was terminated at the time they did away with the field staffs then, three or

four years ago.

A. And he worked for AMA?

A. He worked for AMA.

Q. Gerald McArthur?

A. I don't know him.

Q. McCarty, M-c-C-a-r-t-y?

A. I don't know him.

Q. There's a term used in some executive minutes, if you know what the term is, it's called the "Key man."

A. Yeah. We have a key man, an individual who knows and can talk to a legislator on any kind of legislative problem that we may have, and many of these are people who either grew up with/and known him a long time - perhaps helped in his campaign, or whatever - so that if you're trying to contact a legislator, this is more used in the State than in the national level, call on somebody who he knows.

Seems to be the best approach.

Q. Have you been a key man?

A. Yes.

Q. For any federal candidates?

A. Yes.

Q. In other words, the congressman from this district that you would deal with, you would be considered a key man?

A. A couple of them from here, Van Deerlin, who is a Democrat, and Bob Wilson, who is a Republican, and is my

congressman.

I have known Van Deerlin for many years, and it's easier to reach somebody if you know then.

Q Is the key man generally a board member?

A No.

Q It can be anyone?

A Anyone, any physician. Most are not board members.

Q After the solicitation of contributions to CALPAC and AMPAC, you said that the money came in, was deposited in an account - a separate account - and then that the funds were transferred to AMPAC, and I imagine by the issuing of a check and the forwarding to it by mail.

Who would be involved physically in that, what staff members? If you know.

MR. ZIMMERMAN: Where?

MR. OLDAKER: In CALPAC.

THE WITNESS: Well, it would be the executive director, now Brad Davis. All our checks have to be signed by more than one person, one board member and one staff person, so that they designated a signatory from probably from San Franscisco area, since the office is there.

BY MR.OLDAKER:

Q It's a dual signatory check, then?

A Uh-huh.

Q Do you know who those transfers would be addressed

to?

A. No.

MR. OLDAKER: Off the record.

(Off-the-record discussion, after which the following proceedings were had:)

BY MR. OLDAKER:

Q. Let me ask you several questions about the California Medical Association, and it's purposes.

Generally - if you know, Doctor - you've been involved since 1947 with the organization. What is its purpose? If you know.

MR. ZIMMERMAN: '67, for the record.

THE WITNESS: Well, I was a member since '46.

BY MR. OLDAKER:

Q. '47?

A. '47.

Q. I understand.

A. Well, they have a --

MR. SMITH: I beg your pardon. You're talking about California Medical?

MR. OLDAKER: Uh-huh.

THE WITNESS: Their motto is to improve the public health in the practice of medicine, I believe. Not those words but that's the idea, and that's what they tried to do.

The purpose is to -- they have a lot of functions.

They have something to do with medical education.

(Mr. Wilcox entered the hearing room.)

THE WITNESS: And continuing education for physicians. A peer review committee that helps the federal government in review of its programs that are in the states.

They have a legislative committee, as you know, from previous questions, that look over the laws that are proposed in the State of California, and recently some activity in the federal level.

Also, in looking over proposals that are before the Congress. That's basically it.

BY MR. OLDAKER:

Q. And its relationship with the American Medical Association, how do you view that?

A. Well, it's an independent organization who, as an organization, belongs to a federation of state and medical societies, and that federation is the American Medical Association.

Q. Is that to say if there weren't the state societies, the American Medical Association would not exist?

A. That's true.

Q. So it's nothing more than its constituent parts, which are the fifty states?

A. Well, and the District of Columbia.

Q. Excuse me, yes.

A. Virgin Islands, and a couple of other places, but, yes.

Q. A policy made by the American Medical Association is policy which is recommended and acted upon by the state societies, which then is implemented by the American Medical Association?

I'll ask it another way. I see confusion.

The American Medical Association enunciates policy which is in line with the State Medical Associations' members?

MR. ZIMMERMAN: Is that a question or is that a statement?

MR. OLDAKER: Yes, that's a question.

Q. Is that so?

A. The American Medical Association policy is frequently made by the outside house of delegates is there representing several states, or several state societies.

The policies that are made independently by the American Medical Association are not binding on the states, but recommended.

Q. All right. I'll tell you what. We'll save a lot of these other questions for your fellow board members, since they are involved in some of the communications.

Let me ask you some general questions on your specific knowledge as an active, long-time member of the California Medical Association, and I guess an equal long-time member of the California Medical Political Action Committee,

whether you're familiar with certain types of things as to their existence.

Does CALPAC have any ordinary newsletter or publication it sends to its members?

A. Irregularly, and it changes its form over the years.

Sometimes we've had a little tabloid newspaper. Sometimes a letter from the chairman. Sometimes, recent times we've enclosed a page in the publication of the California Medical Association, called CMA News, and we have an insert, double-sized page that we enclose in that, that goes to all members of the California Medical Association.

Q. Does CALPAC have any formal method - other than the types of letters that you see today - of communicating with AMPAC as to political contributions it's giving to federal candidates?

A. Not to my knowledge.

Q. Does CALPAC have any form of communicating with the California Medical Association, other than the types of documents that we've seen today, after contributions it's making to federal candidates?

In other words, the minutes?

A. No, I don't think that you can communicate with the California Medical Association directly.

Q. There are no paper communications?

A. Not to my knowledge, no.

MR. OLDAKER: All right. Mr. Smith is right, we are awfully close to the end.

What time is it?

THE WITNESS: 2:46.

MR. OLDAKER: Looks like we'll get out of here by 3:00, after all.

Q. We've talked about a term of field men. I believe the term was changed over the years to something else, such as staff person of AMA, which works in an area; is that correct?

I can't remember the term, is my problem.

MR. SMITH: No, and I think I better correct you.

MR. OLDAKER: Okay.

MR. SMITH: What we've determined, based on Dr. MacLaggan's testimony, is that the AMA did, at one time, have field men.

MR. OLDAKER: All right.

MR. SMITH: The American Medical Association did, that they no longer do.

We've also determined that the American Medical Political and Action Committee has three employees, known as Political Education Coordinators, which they have had for some short period of time. There is no connection between the two.

MR. OLDAKER: I thank you. That is correct. I'll stand corrected.

Q. As to the field men themselves, Dr. Mac Laggan --

A. You mean the previous field men?

Q. The previous field men which are no longer in existence, what were their responsibilities, if any, in recommending candidates to be supported from federal office? If you know.

A. I don't think they had any specific duties. I presume that they asked what the feeling of physicians might be in an area that they have, but I'd never heard a report from one. I've never seen one of them come and make a report to either CALPAC or AMPAC Board.

Q. And while you served on AMPAC's Board --

A. I have not seen the field man come in and make such a report.

Q. As to the individuals who now work for AMPAC, as distinguished from the field men, they are called --

A. Political Education Coordinators.

Q. Political Education Coordinators.

MR. SMITH: Respectively, that's already on the record.

MR. OLDAKER: What's that?

MR. SMITH: That they do know.

MR. OLDAKER: I understand. I was just going over --

MR. SMITH: You want to get it again?

MR. OLDAKER: Yes.

Q. Do you recall in any instances where they made recommendations for contribution to political candidates?

A. No.

Q. The American Medical Association, like most institutions, has individuals who deal specifically with Congress, ofttimes referred to as lobbyists. Do you know if these individuals make recommendations for contributions to the American Medical Association Political Action Committee?

A. No.

Q. Are you aware of any time when they have made recommendations for contributions?

A. No, with the single exception, just as we talked about dinners before, they are friendly toward, and contacted by, congressmen who are running, who have dinners sometimes, and small amounts - twenty-five, fifty dollars - have been given to them to attend such a function, because it is felt it is to their benefit, the benefit of their jobs to be seen at such a function. Very small amounts. They've never made a recommendation to give a direct political contribution.

Q. Do you know the names of the lobbyists, if there are any, for the American Medical Association in Washington, D. C.?

A. Most of them, yeah.

Q. Would you state them, for the record.

MR. ZIMMERMAN: I'll object. It's totally outside of the scope of the record, and names of lobbyists of any of these organizations is completely irrelevant. I don't see any

purpose served by getting into that. You're investigating alleged --

MR. OLDAKER: I understand your objection. He has mentioned they do make contributions, but they act as individuals who give checks.

I'd like the names for the record. You can instruct him not to answer, if you desire.

Q. Dr. MacLaggan, do you refuse to answer?

A. I see no reason not to give you their names, they're on the records. The ones I know being in charge of the office is Mike Riley, and the others who I can think of offhand, Jim Drake, and John Zapp, D.D.S., a dentist, and there's a Mahoney, and I don't remember what his first name is.

Q. John Mahoney?

A. I don't know which one he is.

Q. Very respectable advocate for the Commission?

A. Those are the only ones I can think of at the moment.

Q. Thank you. I have always been curious about Mr. Zapp with D.D.S. after it. I couldn't quite figure that out.

(Off-the-record discussion, after which the following proceedings were had:)

BY MR. OLDAKER:

Q. Dr. MacLaggan, as a member of the State Political Action Committee, are you aware of any contacts by those

lobbies with the State Medical Political Action Committee?

A. No.

Q. Any recommendations for contributions by that organization?

A. Not to my knowledge.

Q. Dr. MacLaggan, as to contributions made by CALPAC and by the Executive Committee of CALPAC, are you aware of any recommendations or advice from the members of AMPAC as to who money should be contributed to --

A. I've never had such advice, never heard such advice.

Q. You are not aware of such advice?

A. No.

Q. Coming to the Board?

A. No.

Q. To you or to any other individual?

A. No.

Q. So in summary, it would be fair to say that most of the advice as to who should be contributed to, is from the State of California Medical Political Action Committee to the American Medical Political Action Committee?

A. Yes.

Q. And a request is made?

A. Generally flows that direction.

Q. Would it be fair to say it generally flows from the

ad hoc organization that you once talked about on a --

A No, no. Those people are individuals who are banded together for one candidate, and they may or may not have one in those committees, and they are strictly -- each one is different, and rarely do we ever get requests from them, as such.

Q Well, the only reason I asked it three times, is I have a strong misconception as to that, and I wanted to make sure it was a misconception on my part.

A To my knowledge, there rarely, if ever - never is a big word - but I don't ever recall getting such a request.

Q I'm not asking for a never-type answer. I'm just trying to figure out how it works, sir.

Dr. MacLaggan, I don't have any further questions at this time. I'll turn it over to your two counsel, if they wish to ask questions.

MR. SMITH: You ready?

MR. OLDAKER: Yes, go ahead.

MR. SMITH: I have brief cross-examination.

MR. OLDAKER: Sure.

MR. SMITH: Very brief.

EXAMINATION

BY MR.SMITH:

Q Dr. MacLaggan, are you familiar with the

organizational charter of the American Medical Association?

A. The charter?

Q. I don't mean specifically familiar, but are you familiar with the written statement of purposes and governing instrument of the American Medical Association?

A. Well, they have a motto they start off with. It's very much the same as the one I tried to describe, and couldn't remember the little thing, about the betterment of the public health and an improvement in the practice of medicine, and so on, and I am familiar.

I have, in the past, gone over the bylaws, constitution and bylaws. I have served on the constitution and bylaws reference committee at one time.

Q. Fine. Do you know, then, whether or not the governing instruments, the American Medical Association require that if the American Medical Association be bound by the decisions of the California Medical Association on legislative issues? First --

A. I've never seen anything to indicate that.

Q. Did you not indeed know that is not the case?

A. No. I know that it is not, yes.

Q. Now turning it around, with regard to the California Medical Association, you testified that you have served in official positions with that organization; is that correct?

A. Yes.

Q. Are you aware of whether or not the governing instruments of that organization require it to be bound by the decisions of the American Medical Association?

A. No, they do not.

Q. Specifically with regard to the legislative issues?

A. I don't think legislative issues are even mentioned.

Q. Now do you know what slotting on a Board of Trustees, or Directors, means? Am I using a term that's familiar to you?

A. Yes. You mean having a position for an area or various things, yes.

Q. Is there slotting on the Board of Trustees of the American Medical Association for California to be represented?

A. No.

Q. Is there slotting on the Board of the California Medical Association for any type of represntative from the American Medical Association?

A. No.

Q. Is there slotting on the Board of the American Medical Political Action Committee for any representative of the California Medical Political Action Committee, or the California Medical Association?

A. No.

Q. Now with regard to the automatic nonexistence of

the American Medical Association, and the absence of its members of the federation in the context of State Medical Associations, is it not true, Dr. MacLaggan, that the American Medical Association is composed of other component elements, other than the delegates from State Medical Association elections?

A. Yes, there are representatives now from specialty organizations who have certain prerequisite numbers of AMA in their structure.

Q. In an negative sense, is it not true that those specialty organizations are not components of State Medical Associations?

A. No, they're an independent organization.

Q. With regard to requests such as we've been through ad nauseum, from California Medical Political Action Committee to the American Medical Political Action Committee, that it entertained the concept of contributing to a candidate, is it true that the American Medical Political Action Committee has, on occasions, declined to follow those requests?

A. Yes. They're requests, they have no binding. They're taken up in the same manner of requests.

Q. Is it true that those requests have, on occasion, been honored in differing amounts than the request?

A. Yes. Probably more often than not, actually.

Q. Is it true that the American Political Action

Committee has made contributions to candidates for federal office in districts located in California, on occasions when there was no request from the California Medical Political Action Committee for such contribution?

A. I think so. I find it hard to recall a specific instance at this moment, but I think that's true.

MR. SMITH: That's all I have.

MR. OLDAKER: I have some redirect on two points.

MR. SMITH: Then we'll go after that, I trust?

MR. OLDAKER: Absolutely. It would be impossible to not be within the scope of that.

MR. SMITH: For the record, it was, what, nine minutes.

FURTHER EXAMINATION

BY MR. OLDAKER:

Q. Two things. First, Dr. MacLaggan, are there delegates other than delegates from the State Medical Associations to the American Medical Association?

A. Well, that's what I just answered Mr. Smith's question, as there are delegates from the specialty organizations.

Q. Such as?

A. Well, Academy of Pediatrics, American Society of Internal Medicine, College of Surgeons.

Q. How many are there, if you know?

A. You mean delegates? This is a relatively new structure that was just set up at the last meeting, and I think it was projected that there would be perhaps twenty-seven such organizations eligible, and they would be eligible in the same manner as component states, to have one delegate for each one thousand members, after a minimum number. So that there could be more than one from a larger organization.

I think it's anticipated that if the total number were reached from all these, it would be somewhere in the neighborhood of fifty.

Q Out of how many would be a total delegates?

A. Well, there are -- Before this action was taken, there was another set of such delegates. They came from the specialty sections, and the AMA is broken up into the education departments, and each one of those special sections, again the same thing, neurology, medical surgery, and so on, including the Armed Services and the Air Force, Army, Navy, Public Health Service, had one delegate each. So -- and there were then about two hundred fifty. In fact, I think there was a limit of two hundred fifty-one, or two hundred fifty-three that they had to change the representation, if we got beyond that.

So that there may be a few more than there were before. I mean, those will be phased out when these other ones come in.

Q You said this is relatively new? When did the change occur?

A Last June.

Q Last June?

A So the first -- Well, last December, rather, the final action was taken, and so that the first meeting at which these new delegates will appear will be in June of '78.

MR. SMITH: If I may, though, that's as to the new representation?

THE WITNESS: The new way of representing, though. We have those other members --

MR. SMITH: As long as you understand that.

THE WITNESS: It's a little different way of getting the members, but they've been there for a long time, longer than I've been involved in.

BY MR. OLDAKER:

Q Did the change of last in December require a change in your constitution or bylaws?

A Yes.

Q All right.

A To change it from the sections providing the delegates to the independent bodies.

Q Well, I understand we can look at the bylaws and make a determination.

You suggested that more often than not, in response

to Mr. Smith's question, that the amount requested by AMPAC -- by CALPAC to AMPAC was not matched?

A. I couldn't be sure of that. I perhaps should not have said "often." I believe that perhaps more often than not.

Q. And he further asked in that same question - so I wasn't sure which you were responding to, whether you were responding to the amount - he also asked is it in the same amount, and you --

A. That was what I thought you were asking now, and that was the answer I gave to that.

On occasion, they do not honor our requests. Since our purposes are much the same, they very often do support the same candidates.

Q. And it would be safe to say they would very often support the candidates in the amount requested?

A. Yes.

Q. Would it be fair to say that that is generally what happens?

A. Well, that's relative. Very often, or generally -- I mean --

Q. Well, if you want to say "very often."

A. I think it's the same. I think we're talking the same.

Q. You're saying "very often"?

A. Yes.

A. I misunderstood that. I apologize.

MR. SMITH: I think the point he is making, is that the requests are honored much more frequently than the amounts are honored.

MR. OLDAKER: No. That is what I was misunderstanding.

THE WITNESS: No. What he says is right. The requests are very often --

BY MR. OLDAKER:

Q. Honored?

A. -- honored, and seldom not honored, and the amounts very often are different than the requests.

Q. Very often?

A. Fairly often, I said, at this point. It's a relative thing.

Q. I understand.

A. Sometimes they're not.

MR. SMITH: Refugee from Arthur Anderson now, "remote." Is it "remote" or "likely"?

MR. OLDAKER: I don't really want to go into this, because it will take a long period of time, but in my review of the documents, the great majority of them were exactly the same amount.

Now I can go through the minutes and I can go through all of the letters. That will take us forty-five minutes, maybe, or an hour.

MR. SMITH: Well, they speak for themselves.

MR. OLDAKER: I understand they speak for themselves. I just wonder if Dr. MacLaggan's recollection is correct.

THE WITNESS: I remember occasions on which the amount was different, and also remember occasions in which they did not honor a request, and that's as far as I can really go.

MR. OLDAKER: That's all I really wanted to do, is correct the record from "more often than not."

MR. SMITH: Well, your careful research ferreted Clauson, which is a good example. He asked for twenty-five, and they got twelve.

MR. OLDAKER: Maybe.

MR. SMITH: Maybe, okay. Maybe Peggy can find something else.

MR. OLDAKER: I have one final question.

MR. SMITH: So do I.

BY MR. OLDAKER:

Q All right. You mentioned that maybe AMPAC made contributions that were not requested by California Medical -- I mean California Medical Association Political Action Committee; can you recall one specifically?

A No. I stated --

Q I thought you did, but I couldn't remember.

///

///

FURTHER EXAMINATION

BY MR. SMITH:

Q My only other question is, in your capacity as a delegate to the American Medical Association, how many delegates are there from California?

A. We had twenty-six, and that was reduced by six, because we no longer had mandatory membership. So it's twenty-nine, I believe.

Q And is there any way that those twenty-nine people aggregating their votes could control the outcome of a decision-making process of the American Medical Association House of Delegates?

A. Not very well. We are less than ten percent.

Q I understand the numbers speak for themselves, but I'm asking your independent ability to calculate.

A. No way, because we usually don't vote together.

Q I didn't ask that, but I appreciate it.

MR. OLDAKER: We realize that, but I was interested in one thing that did come up.

You were about what percentage of the total?

THE WITNESS: I said less than ten percent.

MR. OLDAKER: Is that right around ten, though, close?

THE WITNESS: Well, we were two hundred fifty. We had twenty-six. That's about the population of California, relates to the population of the rest of the State.

We've lost some members because we went off the mandatory membership two years ago. Now we're less than ten percent.

MR. OLDAKER: I thank you, Dr. MacLaggan. We'll adjourn the deposition.

JAMES C. MAC LAGGAN, M. D.

STATE OF CALIFORNIA)
: ss.
COUNTY OF SAN DIEGO)

We, VERNA L. YOUNG, MARTHA L. DIX and LAURA L. SMITH, Certified Shorthand Reporters and/or Notaries Public for the State of California, County of San Diego, do hereby certify:

That the foregoing deposition of JAMES C. MAC LAGGAN, M. D., was taken before us at the time and place therein set forth pursuant to

That the witness was first duly sworn to testify the truth by Mr. Oldaker as indicated herein; and that the testimony of the witness and all objections made at the time of the examination were recorded stenographically by us as itemized below and thereafter transcribed into typewriting under our direction;

That the foregoing transcript, pages 1 through 90, inclusive, were reported by Verna L. Young; pages 91 through 144, inclusive, were reported by Martha L. Dix; and pages 145 through 181, inclusive, were reported by Laura L. Smith, and that said transcript is a true record of the testimony given by the witness and of all objections made at the time of the examination;

We further certify that we are disinterested persons and that we are in no way interested in the outcome of said action.

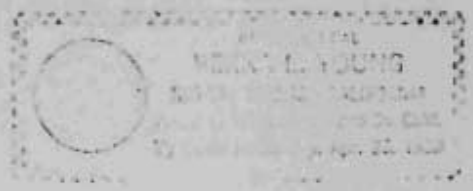
IN WITNESS WHEREOF, each of us have hereunto set our hand

and affixed our Notarial Seal (does not apply to Laura L. Smith) at the City of San Diego, in the County of San Diego, State of California, this the 15th day of April, 1978.

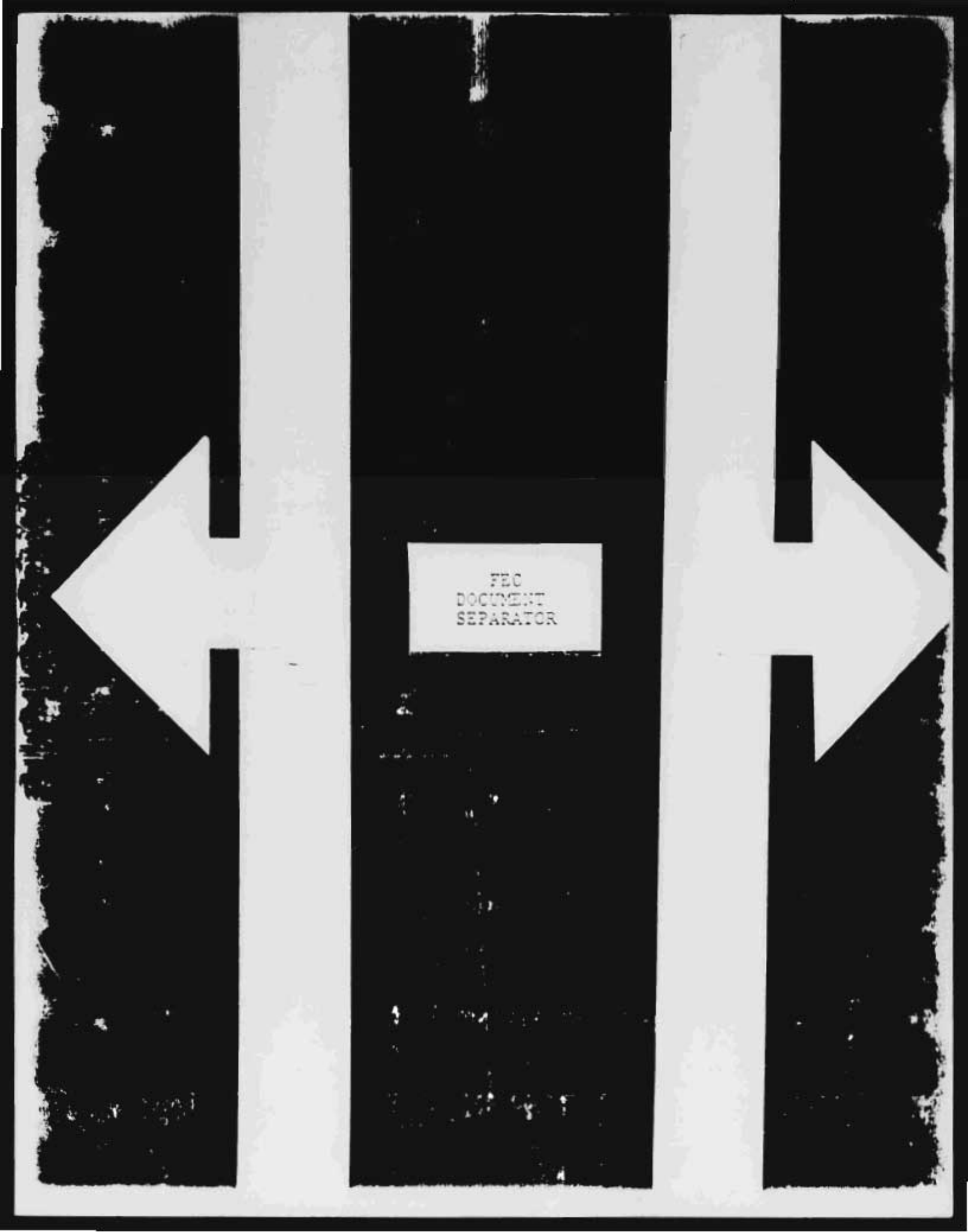
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NORTHERN DISTRICT OF CALIFORNIA

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FEDERAL ELECTION COMMISSION, Petitioner, -vs- CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, et al., Respondents	Case No. M-77-306-C-WHO

EXHIBITS TO

DEPOSITION OF JAMES C. MacLAGGAN, M. D.

San Diego, California

April 17, 1978

Reported By:

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AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

...t Office Box 4440 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Office located at 535 North Dearb...

August 1, 1975

James C. MacLaggan, M. D.
525 Hawthorn Street
San Diego, California 92101

Dear Jim:

I received your message concerning AMPAC's check for Bob Wilson. A check in the amount of $1,250.00 payable to the "Committee of 20,000 to Re-elect Bob Wilson" is enclosed. Federal law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

I have also enclosed copies of letters written over your signature to physicians in California asking them to deliver AMPAC's check to other members of the California delegation.

We have disbursed checks to all those California Congressmen that had been tentatively approved except Congressmen Kerchum, Sisk and Waxman. I will dispense these checks when the request is sent.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ld
Enclosed
bcc: ...

July 26, 1976

James C. MacLangan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

California's junior Democrat Senator, John Tunney, is seeking re-election this year and he will be challenged by Doctor S.I. Hayakawa, the Republican nominee.

CALPAC's Executive Committee is asking that AMPAC consider making a maximum contribution in support of Doctor Hayakawa's candidacy.

It is the opinion of most people that Doctor Hayakawa can wage a successful campaign against Senator Tunney but that every available dollar must be utilized to accomplish victory.

Thank you in advance for considering our request.

Sincerely,

Allen L. Pross

PLI'S _____ DEFT'S _____
Deposition Exhibit No. 2
Date _____ [illegible], Notary

8 1 0 1 2 0 7 5 3 0 9

AMERICAN | MEDICAL | POLITICAL | ACTION | COMMITTEE

Post Office Box 1449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearb

August 4, 1976

Mr. Al Pross
Executive Secretary
CALPAC
731 Market Street
San Francisco, California 94103

Dear Al:

At its most recent meeting the AMPAC Congressional Review Committee approved a contribution in the amount of $5,000 to be used to support S. I. Hayakawa in the California Senate race. A check in this amount payable to Hayakawa for U.S. Senator is enclosed.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days after it is received.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

- Take memo to check.

cc 2000 Riverside Dr.
LD - 10039

Sent 8/10/76

PLE'S ____ PTE'S ____
Secretary

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

30 North Michigan Avenue, Chicago, Illinois 60602 (312) 782-1436

December 9, 1974

James C. MacLaggan, M.D.
Chairman
California Medical Political
Action Committee
731 Market Street
San Francisco, California 94103

Dear Doctor MacLaggan:

At a recent meeting of the Congressional Review Committee expenditures were approved in two congressional districts in California.

In the 2nd congressional district, the Committee approved an expenditure of $1,000 to be used to support George Miller.

In the 17th congressional district, the Committee approved an expenditure of $1,000 to be used to support John Krebs.

A check in the amount of $2,000 payable to the California Medical Political Action Committee is enclosed. Also enclosed are forms to amend your Statement of Organization since neither of these candidates have been supported previously.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ls

Enclosed

MacLaggan

8 1 9 1 0 2 7 5 3 9 1

May 23, 1974

James F. MacLaggan, M.D.
Chairman
California Medical Political
Action Committee
731 Market Street
San Francisco, California 94103

Dear Doctor MacLaggan:

At its most recent meeting by conference call the AMPAC Congressional Review Committee reviewed and approved your request in three congressional districts in California.

In the 13th congressional district, the Committee approved an expenditure of $1,000 to be used on behalf of Congressman Pete McCloskey.

In the 8th congressional district, the Committee considered and approved an expenditure of $1,000 to be used to support Congresswoman Yvonne Burke.

In the 31st congressional district, the Committee considered and approved an expenditure of $1,000 to be used to support Congressman Charles Wilson.

A check in the amount of $3,000 payable to the California Medical Political Action Committee is enclosed. Also enclosed are forms to amend your Statement of Organization within ten days to show support of these candidates. AMPAC will amend its Statement of Organization to show support of these candidates within the allowable time.

The law provides that the Treasurers of each of the three candidates involved must be informed or must receive this money within five days.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:tlc

Enclosed
cc: Dick Perry

J. F. MacLaggan

Date _____ Pub. Notary

8 1 0 4 1 0 2 0 7 3 5 0 2

AMPAC will amend its Statement of Organization within ten days to show this support.

It is absolutely essential that the candidate be informed what part of the check he receives has been contributed by AMPAC. He is required to receive this information and to show it when he files his own report.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:tms

Enclosed

cc: Dick Perry

8104207 3503

file
AMPAC
1973
Contributions

November 19, 1973

James C. MacLaggan, M.D.
Chairman
California Medical Political
Action Committee
693 Sutter Street
San Francisco, California 94102

Dear Doctor MacLaggan:

At its most recent meeting by conference call the AMPAC Congressional Review Committee reviewed requests totalling $20,000 for 20 Congressional candidates in California. The Committee approved this expenditure for the following persons:

2nd C.D.	Don H. Clausen	(R)	$1,000
13th C.D.	Charles Gubser	(R)	1,000
14th C.D.	John McFall	(D)	1,000
15th C.D.	B.F. Sisk	(D)	1,000
16th C.D.	Burt Talcott	(R)	1,000
17th C.D.	Bob Mathias	(R)	1,000
18th C.D.	William Ketchum	(R)	1,000
19th C.D.	Charles Teague	(R)	1,000
20th C.D.	Barry Goldwater	(R)	1,000
21st C.D.	James Corman.	(D)	1,000
22nd C.D.	Carlos Moorhead	(R)	1,000
24th C.D.	Henry Waxman	(D)	1,000
25th C.D.	Charles Wilson	(D)	1,000
33rd C.D.	Del Clawson	(R)	1,000
36th C.D.	Victor Veysey	(R)	1,000
37th C.D.	Jerry Pettis	(R)	1,000
39th C.D.	Charles Wiggins	(R)	1,000
40th C.D.	Andrew Hinshaw	(R)	1,000
41st C.D.	Bob Wilson	(R)	1,000
43rd C.D.	Clair Burgener	(R)	1,000

A check in the amount of $20,000 payable to the California Medical Political Action Committee is enclosed. Also enclosed are forms to amend your Statement of Organization filed with the Clerk of the House and the Secretary of the Senate.

more -

8104207504

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

20 North Michigan Avenue, Chicago, Illinois 60611, Area Code 312 644-1585

37th
PD

March 24, 1975

Jerome Taurek, M.D.
California Medical Political
Action Committee
2015 Waterman Avenue
San Bernardino, California 92404

Dear Doctor Taurek:

At a recent meeting of the Congressional Review Committee an expenditure of $5,000 was approved to be used for Shirley Pettis in the 37th congressional district of California, as she will be a candidate in the special election to be held in this district.

Enclosed is a check payable to Shirley N. Pettis For Congress Committee in the amount of $5,000.

AMPAC will amend its Statement of Organization within the allowable ten days to show support for Shirley Pettis in 1975. Also enclosed are forms to amend your Statement of Organization to show this support.

Federal Law requires that the money must be delivered, or the treasurer of the campaign notified that it is available, within five days after it is received.

Sincerely,

William L. Watson
Executive Director and Treasurer

WLW:ts

Enclosed

cc: E. Kash Rose, M.D., Chairman-CALPAC
Al Pross
James C. MacLaggan, M.D.

[illegible]

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

P.O. Box 4188 • Chicago, Illinois 60680 • AMPAC Code for CCI-1975

Office located at 535 North Dear

July 25, 1975

12 C.D.

R. Hewlett Lee, M.D.
300 Homer Avenue
Palo Alto, California 94301

Dear Hewey:

At a recent meeting, the AMPAC Congressional Review Committee approved CAMPAC's request for $1,250 to be used to support Congressman Paul McCloskey, Jr., in the 17th congressional district. We would be very pleased if you would deliver this check on AMPAC's behalf. Enclosed is a check in the amount of $1,250 payable to Committee to Re-elect Congressman Pete McCloskey.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

James C. Maclaggan, M.D.
Chairman

JCM:ts

Enclosed

cc: Al Fresa
Howard W. Pearce

PLF'S EXHIBIT

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

[illegible] Box 1340 - Chicago, Illinois 60680 - Area Code (312) 645-[illegible]

July 25, 1975

3rd CD

Andrew M. Haven, M.D.
3065 J Street
Sacramento, California 95816

Dear Andy:

At a recent meeting of the AMPAC Congressional Review Committee, the Committee approved CALPAC's request for $1,250 to be used to support Congressman John Moss in the 3rd congressional district. We would be very pleased if you would deliver this on AMPAC's behalf.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

James C. MacLaggan, M.D.
Chairman

JCM:ts

Enclosed

cc: Al Proctor
William Dochterman

PU S [illegible]
Date [illegible] Martha L. Day, Notary

Nice Forgan Dept

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

P.O. Box [illegible] • Chicago, Illinois 60680 • AREA CODE 312 [illegible] • Office [illegible] North Dearborn

2nd CD

July 25, 1975

Joseph Clendenin, M.D.
1144 Sonoma Avenue
Santa Rosa, California 95405

Dear Doctor Clendenin:

At a recent meeting, the AMPAC Congressional Review Committee approved CALPAC's request for $1,250 to be used to support Congressman Don H. Clausen in the 2nd congressional district of California. We would be very pleased if you would deliver this check on AMPAC's behalf.

Enclosed is a check in this amount payable to 2nd Congressional Boosters.

Federal law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

James C. MacGregor, M.D.
Chairman

JCM:tm

Enclosed

cc: Al Cronn
Bonnie A. Brown
David H. Porter
Earl Koeyman

PLEASE [illegible]
[illegible]
Date _____ Mrs. [illegible], Notary

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

[illegible] Box [illegible] • Chicago, Illinois 60680 • Area Code 312 [illegible]

July 25, 1975

E. Vincent Moore, M.D.
265 Laguna Avenue
Laguna Beach, California 92651

Dear Vin:

At a recent meeting, the AMPAC Congressional Review Committee approved CALPAC's request for $1,250 to be used to support Clair Burgener in California's 43rd congressional district. We would be very pleased if you would deliver this check on our behalf. A check in the amount of $1,250 payable to the Burgener for Congress Committee is enclosed.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

James C. MacLaggan, M.D.
Chairman

JCM:ts

Enclosed

cc: Al Prosa
R. G. Bowman

11

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Office Box 6610 • Chicago, Illinois 60680 • Area Code 312 641-1595

July 25, 1975

43 CD

E. Vincent Moore, M.D.
265 Laguna Avenue
Laguna Beach, California 92651

Dear Vin:

At a recent meeting, the AMPAC Congressional Review Committee approved CALPAC's request for $1,250 to be used to support Clair Burgener in California's 43rd congressional district. We would be very pleased if you could deliver this check on our behalf. A check in the amount of $1,250 payable to the Burgener for Congress Committee is enclosed.

Federal law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

James C. Thelargan, M.D.
Chairman

JCH:ts

Enclosed

cc: Al Prenn
R. G. Benham

11 L

810400 10 2580

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

(Office Box 1449 • Chicago, Illinois 60690 • Area Code 312 CE 6-6666)

July 25, 1975

3rd CD

Harold E. Wilkins, M.D.
11411 Berkshire Avenue
Downey, California 90241

Dear Hal:

At a recent meeting the AMPAC Congressional Review Committee approved CALPAC's request for $1,250 to be used to support Congressman Del Clawson in the 33rd congressional district. We would be very pleased if you would deliver this check on AMPAC's behalf. A check in the amount of $1,250 payable to Citizens Committee to Re-elect Del Clawson Congressman is enclosed.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

James C. Purlington, M.D.
Chairman

JCH:tb

Enclosed

cc: Al Prora
Stan Johnson

11

81042075001

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

535 North Dearborn Street • Chicago, Illinois 60610 • Area Code 312 Telephone 467-4585

July 25, 1975

3163

David B. Horner, M.D.
233 North Prairie Avenue
Inglewood, California 90301

Dear Dave:

At a recent meeting, the AMPAC Congressional Review Committee approved CALPAC's request for $1,250 to be used to support Congressman Charles Wilson in the 31st congressional district. We would be very pleased if you would deliver this check on our behalf. I have enclosed a check in the amount of $1,250 payable to the Charles H. Wilson Campaign Committee.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

Jason C. Mactagpan, M.D.
Chairman

JCM:ts

Enclosed

cc: Al Prone
Stan Johnson

il

810420735002

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

P.O. Box 1160 • Chicago, Illinois 60690 • Area Code 312 [illegible]

July 25, 1975

Laynard L. Holloman, M.D.
1127 Wilshire Boulevard
Los Angeles, California 90017

Dear Laynard:

At a recent meeting, the AMPAC Congressional Review Committee approved CALPAC's request for $1,250 to be used to support Yvonne Burke in California's 28th congressional district. We would be very pleased if you would deliver this check on our behalf. I have enclosed a check in the amount of $1,250 payable to the Committee to Re-elect Yvonne Brathwaite Burke.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

Julian C. MacLaggan, M.D.
Chairman

JCM:ts

Enclosed

cc: Al Proch
Stan Johnson

11

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

P.O. Box 1049 · Chicago, Illinois 60690 · AREA CODE 312 [illegible]

July 25, 1975

19th Cd

Charles M. Hiar, M.D.
P.O. Box 4030
Saticoy, California 93003

Dear Chuck:

At a recent meeting the AMPAC Congressional Review Committee approved CALPAC's request for $1,250 to be used to support Congressman Robert Lagomarsino in the 19th congressional district. We would be very pleased if you would deliver this check on AMPAC's behalf. A check payable to the Committee to Re-elect Lagomarsino is enclosed.

Federal law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

John C. Goodpaster, M.D.
Chairman

JCG:ts

Enclosed

cc: Al Brown
Robert J. Marvin
Riley McWilliams

11

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 1449 · Chicago, Illinois 60690 · Area Code 312 Cedar 6-1515 · Offices Located 39 South LaSalle

July 25, 1975

Ernest E. Sieard, M.D.
505 East Rossie Lane
Salinas, California 93901

Dear Ernie:

At a recent meeting, the AMPAC Congressional Review Committee approved CAMPAC's request for $1,250 to be used to support Congressman Burt Talcott in the 16th congressional district. We would be very pleased if you would deliver this check in our behalf. I have enclosed a check in the amount of $1,250 payable to the Committee to Re-elect Burt Talcott.

Federal law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

James C. MacLaughlin, M.D.
Chairman

JCM:tn

Enclosed

cc: Al Prom
Edgar H. Colvin

PLF's

Date 7/31 11:E-7)

Candidate - Charles H. Wilson
District - 31
Amount - $1,000
Check Made Out to:
Charles H. Wilson Campaign Committee
Post Office Box 1968
Washington, D.C. 20515
John Hourcades - Treasurer
Send Check to:
David Burner, MD
811 Alisal Court
Santa Monica, CA
Send Letters to:
John B. White, MD, President, LACMA District 9
6101 Torrance Boulevard
Torrance, CA 90503

George S. Buchler, MD, President
Los Angeles County Medical Association
Post Office Box 3665
Terminal Annex
Los Angeles, CA 90054

If you have any questions regarding the check distribution, please do not hesitate to give me a call.

Sincerely,

Yukichi Takeuchi, MD
Chairman, CALPAC

JT:jl

12-2

810207 5605

April 28, 1976

James C. MacLaggan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

I was pleased to learn that AMPAC has acted favorably upon our recent requests for candidate support and would like to request that AMPAC issue and send checks accordingly to the following:

Candidate - Bramwell Fanning
District - 5th C.D.
Amount - $5,000
Check Made Out to:
Fanning for Congress
625 Market Street, Box 211
San Francisco, CA 94105
Hayden Henderson - Treasurer
Send Check to:
William L. Clark, MD
712 D Street
San Rafael, CA 94901
Send Carbons to:
Charles Hoffman, MD, President
Marin Medical Society
Post Office Box 4554
San Rafael, CA 94901
John A. Driscoll, MD, President
San Francisco Medical Society
250 Masonic Avenue
San Francisco, CA 94118

Sidney E. Foster, MD
490 Post Street
San Francisco, CA 94102

Candidate - Leo Ryan
District - 11th C.D.
Amount - $1,000
Check Made Out to:
Leo J. Ryan for Congress Committee
Post Office Box 725
San Mateo, CA 94401
Melvin Bernie - Treasurer
Send Check to:
Leo Bell, MD
36 North San Mateo Drive
San Mateo, CA 94401
Send Carbons to:
Charles L. Gessel, MD, President
San Mateo County Medical Society
1393 San Carlos Avenue
San Carlos, CA 94070
Ward L. Hart, MD
1100 Laurel Street
San Carlos, CA 94070

PLF 8

Assembly District	Candidate and Party	Trans #	CALPAC Amount

There being no further business the conference call ended at 9:15 p.m.

8 1 0 4 0 2 0 7 5 5 0 0 9

Cong. District	Candidate and Party	Trans #	Requested AMPAC Amount	CALPAC Amount
33	Del Clawson (R)		$2000	
37	Shirley Pettis (R)		$1000	
39	Charles Wiggins (R)		$2000	
40	Robert Badham (R)		$1000	
41	Bob Wilson (R)	354	$1500	$1500-if matched
42	Lionel Van Deerlin (D)		$ 500	
43	Clair Burgener (R)	355	$1000	$1000-if matche

STATE SENATE

Senate District	Candidate and Party	Trans #	CALPAC Amount

8104207 3509

ATTACHMENT "A"

M I N U T E S

Executive Committee Conference Call

Thursday
August 12, 1976 — 8:00 p.m.

ON THE LINE: Jokichi Takamine, MD, Chairman

William Clark, MD
Mrs. Bette Goettle
Franklin Glanz, MD
Ward Hart, MD
Dave Horner, MD
Brad Cohn, MD
Sidney Foster, MD
Ralph Milliken, MD
David Olch, MD
Theodore Steinberg, MD

STAFF: Jack Light
Al Pross
Don Test

The Executive Committee, after discussion, approved the following transactions:

CONGRESS

Cong. District	Candidate and Party	Trans #	Requested AMPAC Amount	CALPAC Amount
2	Don Clausen (R)		$2500	
11	Leo Ryan (D)	349	$1500	$1500
14	John McFall (D)	350	$2500	$1000
15	B. F. Sisk (D)		$1000	
16	Burt Talcott (R)	351	$2500	$2500-if matched
17	John Krebs (D)		$1000	
18	Bill Ketchum (R)		$1500	
19	Bob Lagomarsino (R)	352		$2000 ($1000 must be matche
20	Barry Goldwater, Jr. (R)	353		$2000 ($1000 must be matche
22	Carlos Moorhead (R)		$2250	

PUB'S ____ POL'S ____
Deposit $ ____ Bal. ____
Date 11/81 Martha L. Orr, Notary

9104207 55600

V. CALPAC Board Member Fundraising Ticket Fund.

Franklin Glanz, MD, requests two $50 tickets in support of a local fundraiser in San Diego for U.S. Senator John Tunney.

ACTION: CALPAC APPROVES $100 FOR THE PURCHASE OF TWO TICKETS IN SUPPORT OF SENATOR TUNNEY'S SAN DIEGO FUNDRAISER. (TRANSACTION NO. 268)

VI. Other PACs Activities.

Mr. Al Cross discussed CALPAC's participation in a joint campaign management seminar with dental, real estate, and corporate PAC leaders. The committee directed the staff to pursue such a meeting following Labor Day with the other PAC representatives with CALPAC sharing in the program and the attendant expenses.

VII. There being no further business the meeting was adjourned at 9:20 p.m.

9104207 3561

MATCHING $5,000 FOR BRAMWELL FANNING IN THE 5th CONGRESSIONAL DISTRICT.

3) SPECIFIED THAT FUNDS APPROPRIATED IN THE 2ND AND 16TH CONGRESSIONAL BE APPLIED TOWARD THE PURCHASE OF POLITICAL SURVEYS OF THE RESPECTIVE CONGRESSIONAL DISTRICTS.

II. 1976 CALPAC Membership Campaign.

The committee discussed the need for strong and immediate membership campaign to all non-CALPAC CMA members. The current CALPAC membership is approximately 6,500 physicians. The committee discussed two mailings to the approximately 19,000 non-CALPAC members during May at an approximate total cost of $7,500, plus a mailing to all 1975 CALPAC members who have not rejoined in 1976.

ACTION: CALPAC LAUNCH A 1976 MEMBERSHIP CAMPAIGN UTILIZING APPROPRIATE SOFT DOLLARS DURING MAY IN ORDER TO SOLICIT ALL NON-CALPAC CMA MEMBER PHYSICIANS.

III. State Candidate Support Requests.

IV. Presidential Campaign.

The Executive Committee discussed a potential contribution to the Brown for President Committee. Following thorough discussion the following action was taken:

ACTION: CALPAC APPROVE A $5,000 LOAN TO THE BROWN FOR PRESIDENT COMMITTEE. (Transaction No. 270)

The loan will be used by the Brown campaign to finance two television spots which will be aired in the Fresno area requesting contributions in support of his campaign. The Executive Committee felt that it is politically sound for CALPAC to take this action, combined with the fact that the chances for repayment from contributions received are excellent.

810407 3562

CALPAC Executive Committee

MINUTES

Wednesday
April 21, 1976
8:15 p.m.

Marriott Hotel
Los Angeles

ATTENDANCE: Jokichi Takamine, MD
Chairman

William Clark, MD
Mrs. Bette Goettle
James C. MacLaggan, MD
David Olch, MD

GUEST: David B. Horner, MD

STAFF: Al Pross
Don Test

1. Federal Candidate Selection Committee Candidate Support Recommendations.

Recommendations of the Federal Candidate Support Committee on April 21, 1976, for candidate support were as follows:

Congressional District	Candidate	CALPAC	Request to AMMC	Trans. No.
2	Don Clausen (R)	$ 2,500	$ 2,500	260
8	Lawrence Wegienka, MD (R)	500	--	261
5	Bramwell Fanning (R)	(To be determined by CALPAC Executive Committee)		
11	Leo Ryan (D)	1,000	1,000	263
16	Burt Talcott (R)	2,500	2,500	264
31	Charles Wilson (D)	1,500	1,000	265
41	Arnold Flick, MD (D)	1,000	1,000	266

RECOMMENDATIONS: THE EXECUTIVE COMMITTEE:

1) APPROVED THE ABOVE RECOMMENDATIONS FOR CALPAC CONTRIBUTIONS AND VOTED TO APPROPRIATE $5,000 IN SUPPORT OF MR. BRAMWELL FANNING IN THE 5th CONGRESSIONAL DISTRICT.

2) VOTED TO REQUEST MATCHING FUNDS FROM AMMC IN THE AMOUNTS RECOMMENDED BY THE FEDERAL CANDIDATE SELECTION COMMITTEE AND TO REQUEST A

PLF'S _____ DEF'S _____

M I N U T E S

Executive Committee Conference Call

Thursday
October 14, 1976 — 4:00 p.m.

ON THE LINE: Jokichi Takamine, MD - Chairman

Sidney Foster, MD
Franklin Glanz, MD
David Horner, MD
James MacLaggan, MD
Ralph Milliken, MD
David Olch, MD
Ted Steinberg, MD

STAFF: Jack Light
Al Press
Don Test

I. Doctor David Olch, Chairman of CALPAC's Federal Candidate Selection Committee submitted to the Executive Committee the recommendations emanating from CALPAC's Federal Candidate Selection Committee meeting held on October 13, 1976.

Accordingly, CALPAC's Executive Committee unanimously approved the following:

Transaction #	Candidate	Amount
373	John Krebs	$500
374	Bob Dornan	Up to $1000
375	Daniel Lundgren	$2500 (if matched by AMPAC)
376	Louis Brutacao	$1500
377	Robert Badham	$500
378	Mills Dinner Committee	$150

III. Doctor Takamine recommended that CALPAC staff members Al Press and Don Test be made available for assignments to specific campaigns beginning on or around October 22nd. It was agreed that Mr. Press would discuss potential areas of staff involvement with Mr. Jack Light, CMA's Association Director and that final approval would rest with the California Medical Association.

IV. There being no further business, the conference call was adjourned at 4:35 p.m.

Respectfully submitted,

Don Test

III. The Executive Committee considered a request from CALPAC Board member, Doctor Jack McCleary and from Doctor Paul Greenberg, the Key Man for Senator Alan Robbins, for CALPAC to make a contribution to Robbin's testimonial dinner on September 26.

The Committee voted unanimously to:

APPROVE A CONTRIBUTION OF $400 PAYABLE TO THE ROBBIN'S DINNER COMMITTEE.

There being no further business, the conference call was adjourned at approximately 8:25 p.m.

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MINUTES

CALPAC's EXEUCTIVE COMMITTEE

(Conference Call September 1, 1975, 8 p.m.)

ATTENDANCE: (on the line)

E. Kash Rose, MD, Chairman
Mrs. James Goettle
David B. Horner, MD
James C. MacLaggan, MD
David I. Olch, MD
Theodore Steinberg, MD
Jokichi Takamine, MD

Staff: Jack Light
Al Pross

I. The Executive Committee discussed in great depth and detail the status of the current U.S. Senate race in New Hampshire.

Both AMPAC and the overwhelming majority of the New Hampshire physicians are supporting the Republican candidate, Louis Wyman.

At the request of Doctor Albert Barcomb, Chairman of the Wyman for Senate Committee, the Executive Committee voted unanimously to:

MAKE A CONTRIBUTION OF UP TO $5,000 PAYABLE TO THE WYMAN FOR SENATE COMMITTEE.

II. The Executive Committee discussed California's 27th Congressional District and the fact that the incumbent, Representative Alphonso Bell, will not be seeking re-election in 1976.

In light of the potential candidates on both the Democrat and Republican side, it was felt that a survey would be valuable in determining the best possible candidate to succeed Mr. Bell. Accordingly, the Executive Committee voted unanimously to:

(1) COMMISSION A SURVEY OF THE 27TH CONGRESSIONAL DISTRICT FOR AN AMOUNT NOT TO EXCEED $7,000 AND (2) TO REQUEST THAT AMPAC SHARE IN THE COST OF THE SURVEY RESEARCH.

That CALPAC in 1975 will contribute:

A. $2,500 to the State Assembly and Senate Republican and Democrat caucuses for a total of $10,000.

B. $5,000 to each of the California Congressional campaign committees (Democrat and Republican) for a total of $10,000.

III. Review of Board Actions

A. Constitutional amendments:

The proposed language for the constitutional amendments recommended by the Board was approved. Members of the Board will be sent copies of the proposed changes with a mail ballot.

B. 1975 Political Leadership Seminar: The Executive committee felt that CALPAC should sponsor a 1975 Political Leadership Conference and voted to assign the planning responsibility to CALPAC's Political Education Committee.

C. Membership Solicitation Program and Survey of CALPAC Physicians: The Executive Committee referred both of these proposed programs to the Membership Committee for further consideration and action.

IV. ANPAC/CALPAC Q-Sort

The Executive Committee referred this matter to the Federal Candidate Selection Committee for further study.

V. Adjournment

The meeting adjourned at 1:30.

MINUTES

12:00 p.m.
Sunday
February 23, 1975

Grecian Room
Biltmore Hotel
Los Angeles

ATTENDANCE: E. Kash Rose, MD, Chairman

Josh Blodget, MD
Sidney E. Foster, MD
Mrs. James Goettle
Ward Hart, MD
David Horner, MD
James C. MacLaggan, MD
David Olch, MD
Jokichi Takamine, MD

GUESTS: L. L. Holloman, MD
Gene Scott
Jerome Tourek, MD

STAFF: Linda Gano
Al Pross
Don Test

I. Candidate Support

The Executive Committee considered requests for candidate support and took the following actions:

A. State Assembly

PETTIS DEITS

Date 2/24 Martha L. Cox, Notary

MacLaggan Dep.

C. Congressional

37th District Special Election	Shirley Pettis (R)	$5,000 CALPAC $5,000 AMPAC request

II. Caucus Contributions

After thoroughly discussing the advisability of making an annual pre-primary contribution to the Democrat and Republican Caucuses in the State Assembly and Senate and to the Republican and Democrat California Congressional Campaign Committees, the following action was unanimously approved:

The Executive Committee after thorough discussion, voted to:

RECOMMENDATION: CALPAC CONTRIBUTE $10,000 TO CALIFORNIANS AGAINST PROPOSITION NO. 9; AND THAT CALPAC FINANCE A MAILING TO ALL CMA MEMBERS WHICH WOULD INCLUDE A COVER LETTER EXPLAINING THE REASONS FOR OPPOSING PROPOSITION NO. 9, TWENTY-FIVE PAMPHLETS FOR DISTRIBUTION TO THEIR PATIENTS AND THE SOLICITATION TO THOSE PHYSICIANS WHO ARE NOT CALPAC MEMBERS TO BECOME A 1974 REGULAR MEMBER.

There being no further business to discuss, the conference call was adjourned at 4:45 pm.

JCM:sm

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MINUTES OF CONFERENCE CALL OF CALPAC EXECUTIVE COMMITTEE

4:00 p.m.
May 2, 1974

In Attendance:
(On the Line)

James C. MacLaggan, M.D., Chairman
Sidney E. Foster, M.D.
Ward L. Hart, M.D.
David B. Horner, M.D.
Mrs. Salvadore Lask
Ralph M. Milliken, M.D.
Theodore Steinberg, M.D.
Richard Wallrich, M.D.
Harold E. Wilkins, M.D.

Staff:

Paul Brown
Al Pross

The Executive Committee took the following actions on CALPAC's State Candidate Selection Committee's recommendation:

The Executive Committee took the following action on recommendations from CALPAC's Federal Candidate Selection Committee:

		CALPAC	Request to ANPAC
1.	Henry Waxman (Dem. - 24th District)	$5,000 ($2,500 now, $2,500 when matched)	$5,000
2.	Yvonne Burke (Dem - 28th C.D.)	$2,500	$1,000
3.	Charles Wilson (Dem - 31st C.D.)	$2,500	$1,000
4.	Anthony Guaitierri (Rep. - 13th C.D.)	$5,000	$5,000 (If he wins primary)
5.	Pete (Paul N.) McCloskey (Rep. - 12th C.D.)	$4,000	$1,000
6.	John Burton (Dem -6th C.D.)	$500	

MacLaggan

Date 11/1

RECOMMENDATION: THAT THERE BE ESTABLISHED A $5,000 CONTINGENCY FUND FOR THE PURCHASE OF TICKETS TO TESTIMONIAL DINNERS OF FEDERAL AND STATE-WIDE CANDIDATES. THE IMPLEMENTATION OF THE RESOLUTION IS SUBJECT TO MAJORITY VOTE OF THE BOARD OF DIRECTORS BY MAIL BALLOT.

IV. There being no further business, the conference call was concluded at 10:25 a.m.

8104207 5501

MINUTES OF EXECUTIVE COMMITTEE OF CALPAC BOARD CONFERENCE TELEPHONE CALL

9:45 a.m.
Friday, October 12, 1973

In Attendance:
((on the line)

James C. MacLaggan, M.D., Chairman

Frederick Ackerman, M.D.
Merlin Hendrickson, M.D.
Mrs. Salvadore Lask
Frank Rogers, M.D.
Theodore Steinberg, M.D.
Richard Wallrich, M.D.
Harold Wilkins, M.D.

Staff:

Mike Allen
Will Babb
Paul Brown
Don Test

Absent:

Ward Hart, M.D.

I. The CALPAC Executive Committee considered a request from Earl Brian, M.D., regarding the possibility of CALPAC supporting Proposition One (Tax Initiative) which will be on the Nov. 6 ballot. It is the policy of CALPAC to support candidates for federal and state office and not to support ballot propositions. The following action was unanimously approved by the Committee:

RECOMMENDATION: THAT CALPAC NOT SUPPORT PROPOSITION ONE.

II. The Executive Committee discussed the possibility of waiving the policy of not supporting a candidate prior to the primary election in the case of Assemblyman Henry Waxman who is planning to run for Congress in a newly created district. The Committee was informed that Waxman already has two active physician committees in his district and is aware of our policy of matching funds. Instead of appropriating funds at this date, the Committee unanimously recommended:

RECOMMENDATION: THAT CALPAC ENDORSE THE CANDIDACY OF ASSEMBLYMAN HENRY WAXMAN FOR A NEWLY CREATED CONGRESSIONAL SEAT.

III. The Executive Committee then discussed a request by Dr. MacLaggan regarding the need to set up a contingency fund for the purchasing of testimonial dinner tickets for candidates in federal and statewide campaigns so that as each request came in, it would not be necessary to poll the entire committee, but only the three executive officers. The Committee unanimously recommended:

-Continued-

PLT'S ___ DEFT'S ___

Date ___ Notary

In addition, the joint committees voted to recommend to the full CALPAC Board of Directors at the September 9-10 meeting that CALPAC reverse its general policy of not contributing to presidential campaigns and in addition specifically recommends that CALPAC match up to $5,000 raised locally by each of the three California area Physician Committees for the Re-election of the President not to exceed a maximum contribution of $15,000.

The meeting was adjourned at 9:40 p.m.

8102075603

70-4

9. 25th Congressional District - Congressman Charles Wiggins (R)

$2,500..... CALPAC

10. 27th Congressional District - Congressman Barry Goldwater (R)

$2,500..... CALPAC

11. 29th Congressional District - Congressman George Danielson (D)

$1,000..... CALPAC (local M.D.'s must first match $1,000 contribution appropriated in 1971)

12. 34th Congressional District - Congressman Richard Hanna (D)

$500..... CALPAC

13. 36th Congressional District - Bill Ketchum (R)

$5,000..... CALPAC (local M.D.'s must first match $2,500 appropriated in 1971)

$5,000..... Request to AMPAC

14. 38th Congressional District - Howard Snider (R)

$2,500..... CALPAC

$2,500..... Request to AMPAC

15. 39th Congressional District - Andrew Hinshaw (R)

$2,500..... CALPAC

$2,500..... Request to AMPAC

16. 41st Congressional District - Congressman Lionel Van Deerlin (D)

$500..... CALPAC

The following appropriations were approved providing a local physician support committee raises a matching amount as a prerequisite:

1. 2nd Congressional District - Francis Callahan (R)

   $2,500..... CALPAC

   $2,500..... Request to AMPAC

2. 3rd Congressional District - Congressman John Moss (D)

   $1,000..... CALPAC

3. 7th Congressional District - Peter Hannaford (R)

   $5,000..... Request to AMPAC

4. 14th Congressional District - Congressman Jerome Waldie (D)

   $1,000..... CALPAC

5. 18th Congressional District - Congressman Bob Mathias (D)

   $5,000..... CALPAC (local M.D.'s must first match CALPAC's $2,500 appropriated in 1971)

   $5,000..... Request to AMPAC

6. 20th Congressional District - Carlos Moorhead (R)

   $4,400..... CALPAC ($600 already given in 1972)

   $5,000..... Request to AMPAC

7. 23rd Congressional District - Congressman Del Clawson

   $5,000..... Request to AMPAC

8. 24th Congressional District - Congressman John Rousselot (R)

   $2,500..... CALPAC

   $2,500..... Request to AMPAC

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FEDERAL CANDIDATE SELECTION COMMITTEE

and

EXECUTIVE COMMITTEE

MINUTES

Wednesday
August 9, 1972
6:00 p.m.

Marco Polo Room
Airport Marina
Los Angeles

Attendance: James MacLaggan, M.D. - Chairman
Hal Wilkins, M.D. - Chairman, Federal Candidate Selection Committee
Mr. Ed Colvin
Tirso del Junco, M.D.
Mrs. James Goettle
Ward L. Hart, M.D.
Merlin Hendrickson, M.D.
L.L. Halloman, M.D.
David Horner, M.D.
Mrs. Salvatore Lask
Frank A. Rogers, M.D.
Joe Takamine, M.D.
J.E. Vaughan, M.D.

Staff: Mike Allen
Will Babb
Linda Gano
Gary Mack
Al Pross
Dick Perry

The Committees met to consider initial and/or additional CALPAC appropriations for specific Congressional races in November. Each of California's 43 districts were discussed and considered.

MacLaggan

Secretary

IX. CALPAC CO-CHAIRMENSHIP FOR 1977

The Executive Committee discussed a proposal that CALPAC have co-chairmen in 1977 instead of one individual acting as the chairman as has been the previous procedure. This suggestion, which met with general approval, will be addressed by CALPAC's nominating committee which will meet on Monday, March 7, during CMA's Annual Session.

X. ADJOURNMENT

There being no further business, the meeting was adjourned at approximately 9:15 p.m.

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21-4

VII. CALPAC ANNUAL SESSION ACTIVITIES

A. CALPAC BOOTH

It was announced to the Executive Committee that CALPAC will have a booth in the main exhibit hall sharing space with other CMA programs and activities that serve the membership. The booth will operate from 9 - 5 on Saturday, Sunday and Monday of Annual Session.

B. APPEARANCES BEFORE DELEGATION CAUCUSES

The Executive Committee plans to arrange for speaking engagements before each of the delegation caucuses at CMA's Annual Session. It was agreed that two members of CALPAC's Executive Committee should meet with each delegation caucus to briefly talk about CALPAC's goals, accomplishments and purposes and the need for their continuing support and enthusiasm during 1977.

VIII. CONTRIBUTION REQUESTS AND SPECIAL ELECTIONS REPORT

B 1 0 4 2 0 7 3 5 0 9

members were receptive to CMA particularly on the subjects of administrative rule making, medicare and medicaid anti-fraud and abuse legislation and AMA's national health insurance bill currently pending before Congress.

IV. CALPAC PARTICIPATION IN THE NATIONAL ASSOCIATION OF POLITICAL ACTION COMMITTEES

The Committee received a report from CALPAC's Executive Director, Mr. Al Pross, regarding the goals and purposes of the recently formed National Association of Political Action Committees (NAPAC). Following the discussion, the Executive Committee voted to: Approve the necessary funds to purchase two $400 memberships in NAPAC for CALPAC's Executive Secretary and CALPAC's Chairman. In addition, the Executive Committee voted to pay the expenses for one year for CALPAC's Executive Secretary to participate and attend NAPAC Board meetings and activities. Trans. #421

V. REVIEW OF CALPAC's 1977-78 CMA BUDGET

Doctor Sidney Foster, CALPAC's Treasurer, reviewed in detail, the minutes and recommendations of CALPAC's budget committee meeting held on February 9. The Committee discussed the proposed programs and activities and approved budget for fiscal year 1977-78 which, if implemented, would result in a small deficit.

There are several activities outlined in the proposed budget that should be highlighted due to their importance and significance.

A. POLITICAL ACTION WORKSHOPS

The Executive Committee voted in favor of sponsoring at least two area political action workshops in 1977 to inform and educate local physicians and their spouses on effective political action techniques and campaign evaluation. The Committee voted to sponsor the first of these workshops in Fresno with the active participation of CALPAC's Board members, Doctors Irwin Barg and Theodore Steinberg.

B. "CALPAC REPORTS" INSERT IN CMA NEWS

The Executive Committee discussed the need for more frequent communication to CMA and CALPAC members. Accordingly, the approved budget calls for CMA News to have a one page (front/back) insert four times a year highlighting political action news and CALPAC activities.

VI. AMPAC REPORT

Doctor James MacLaggan, immediate past-chairman of AMPAC and current Board member, reported that AMPAC encourages state medical PACs across the country to sponsor and organize political action workshops as noted above. He indicated that the AMPAC staff is more than willing to assist in the planning and staffing of the workshop programs.

Doctor MacLaggan also discussed an AMPAC letter, distributed to the Executive Committee, explaining the pros and cons of direct mail solicitation membership campaigns for PAC memberships. The letter concludes that personal solicitations of medium length are most productive.

21-7

Date 4-13-77 Myrtha L. Dix, Notary

MINUTES

CALPAC Executive Committee

February 16, 1977
Wednesday
5:00 p.m.

Hilton Inn
San Francisco

ATTENDANCE: Jokichi Takamine, MD, Chairman

Sidney Foster, MD
Franklin Glanz, MD
Ward Hart, MD
James MacLaggan, MD
David Olch, MD
Theodore Steinberg, MD

see p.2

CMA Executive Committee Liaison Member:

Ralph Milliken, MD

GUEST: E. Kash Rose, MD

STAFF: Will Babb
Jack Light
Al Pross
Don Test

The following matters were discussed and/or acted upon by CALPAC's Executive Committee:

I. FAIR POLITICAL PRACTICES COMMISSION TESTIMONY

The Executive Committee discussed in depth and detail CALPAC's proposed testimony before the Fair Political Practices Commission hearing held in San Francisco on February 9. Doctor Foster, CALPAC's Treasurer, explained that he felt that the testimony should be less specific and perhaps toned down before it is presented to the Commission. Accordingly, the Executive Committee unanimously voted: That representatives of CMA's and CALPAC's Executive Committee should meet as soon as possible to review CALPAC's proposed FPPC testimony.

II. CALPAC'S 1977 NOMINATING COMMITTEE

The Executive Committee discussed the role and function of appointing a nominating committee which would meet prior to the Annual Session Board meeting in order to recommend nominees for CALPAC's 1977 Executive Committee. It was moved, seconded and passed that: The chairman of CALPAC shall appoint a nominating committee and that a memorandum should be sent to the CALPAC Board explaining their role and function.

III. REPORT ON CMA'S WASHINGTON TRIP, FEBRUARY 7 - 9, 1977

Doctors Takamine and Milliken reported to the Executive Committee on CMA's recent visit to Washington to meet with individual members of the California Congressional Delegation and with other key Congressional leaders that have jurisdiction over health-related issues. Generally speaking, it was felt that the trip was very productive and that the

D) $1,000 for a membership in the United Democratic Finance Committee. CALPAC's representative shall be Doctor David Horner, CALPAC's vice-chairman. (Transaction #414)

X. ADJOURNMENT

There being no further business, the meeting was adjourned at approximately 11:45 p.m.

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22-5

county medical societies, specialty societies and other allied medical interest. Following this discussion the Executive Committee took the following positions:

ACTIONS:

A) CALPAC should not encourage the proliferation of medical political action committees that contribute to state and federal candidates.

B) CALPAC encourage component medical societies to form local PACs emphasizing candidate support activities for local offices such as city councils and boards of supervisors.

C) CALPAC feels that it is important that we work with existing and sometimes competing medical specialty PACs in an effort to coordinate medicine's political action activities at both state and federal levels.

VII. CMA ANNUAL SESSION CALPAC ACTIVITIES

The Executive Committee voted unanimously to:

ACTION:

A) Assign members of CALPAC's Executive Committee to appear before each delegation's caucus at the CMA Annual Session emphasizing CALPAC's activities in the past election year and seeking their future cooperation and assistance.

The Executive Committee discussed the fact that in the past CALPAC has financed from hard dollars an Annual Session Federal Legislation Program co-sponsored with the CMA Commission on Federal Legislation. Since our Constitution states that CALPAC's purpose is candidate support and political education, and since these programs are legislative and not political, the Executive Committee voted to:

RECOMMENDATION:

B) Ask the CMA Council to finance the 1977 Annual Session Federal Legislative Program; and

C) Provide the necessary honoraria, travel and hotel expense for two participants (up to $3,500) in the Federal Legislative Program at the 1977 Annual Session.

(The above recommendations were approved by CMA Council on January 14, 1977)

IX. CONTRIBUTIONS

The Executive Committee discussed the following requests for contributions and approved the following:

ACTIONS:

A) $1,000 for the purchase of 10 dinner tickets in support of Senator-elect Sam Hayakawa (Transaction #413)

B) $700 in support of Representative Leon Panetta for the purchase of dinner tickets (Transaction #415)

C) $500 to assist in retiring the deficit of Representative Burt Talcott's unsuccessful general election campaign (Transaction #417)

22-4

B) The CALPAC Chairman shall serve as an ex-officio member of CMA's Commissions on State and Federal Legislation.

(These recommendations were approved by the CMA Council on January 15, 1977)

IV. CALPAC BUDGET COMMITTEE

The Executive Committee discussed the newly created CALPAC Budget Committee. Its purpose is to review CALPAC's annual soft dollar budget with special emphasis on program activities and to report our financial status on a regular basis to CALPAC and CMA. The Executive Committee voted:

ACTION: To create a Budget Committee with Sidney Foster, MD as chairman and the following members: Doctors Irwin Barg, Jerome Taurek, Jack McCleary and Rush Blodget. The CALPAC Chairman shall be an ex-officio member.

It was pointed out that it is necessary for the Budget Committee to meet immediately in order to review the proposed CMA soft dollar CALPAC budget for fiscal year 1977-78 which will be voted upon by the CMA House of Delegates at the March Annual Session. A meeting has been scheduled for January 26, 1977.

V. CALPAC LIAISON REPRESENTATIVES FROM MULTI-COUNTY CONGRESSIONAL DISTRICT

The Committee again discussed the need for CALPAC Board liaison representatives from those counties that are not currently represented on the CALPAC Board. This situation occurs in those Congressional districts that are made up of more than one component medical society. The Executive Committee felt that we should continue to encourage these county medical societies to appoint CALPAC liaison representatives and that they should be invited to CALPAC Board meetings.

VI. CALPAC REPRESENTATIVE AT THE AMA LEADERSHIP CONFERENCE

After reviewing the agenda and program for AMA's Leadership Conference in Chicago, January 19 - 23, it was noted that the program includes an AMPAC session on developing political skills. Accordingly, CALPAC's Executive Committee took the following action seeking CMA Council approval:

RECOMMENDATION: That the CMA Council authorize and finance the participation of a CALPAC Board member at AMA's 1977 Leadership Conference.

(This was approved by CMA Council January 14, 1977)

The Committee then voted unanimously to appoint Doctor David Olch as CALPAC's representative to the AMA Leadership Conference. It was determined that should the CMA Council turn down our request that CALPAC would finance Doctor Olch's participation in the Conference with CALPAC hard dollars.

VII. CALPAC LIAISON WITH SPECIALTY AND COUNTY MEDICAL SOCIETY PACS

The Executive Committee discussed the proliferation of political action committees by

ACTION: Article III, Section 3 -- Dues.
CALPAC's dues shall be reviewed and determined annually by a vote of the CALPAC Board of Directors.

(E) Eliminating maximum 10 year service on the CALPAC Board of Directors.

The Executive Committee voted unanimously to present a Constitution and by-law amendment to the CALPAC Board of Directors' annual meeting at Annual Session to:

RECOMMENTATION: Strike from the Constitution and by-laws the last sentence of Article IV, Section 3--Board of Directors--Selection and Terms; which reads as follows: "No members shall serve for more than ten (10) years."

II. REORGANIZATION OF THE CALPAC BOARD

The Executive Committee discussed in detail a report of the CALPAC ad hoc Committee on Reorganization. The Committee took the following action on the two recommendations as proposed by this ad hoc committee:

ACTION:

A) The Executive Committee unanimously disapproved the recommendation which would have called for the direct election of CALPAC Board members. The Executive Committee feels strongly that the nomination process that is currently followed with nominees submitted to the CMA Committee on Nominations and final approval by the CMA Council should be retained.

B) The Executive Committee approved the recommendation of the ad hoc committee that individual CALPAC Board members, in light of their medical specialty, should be assigned by the CALPAC chairman to act as liaison with their respective specialty societies. The Executive Committee felt that it is extremely important that activities involving political action and education be communicated to all specialty societies on a timely and regular basis by those Board members appointed as liaison.

III. REPRESENTATION ON THE CMA'S COMMISSION ON STATE AND FEDERAL LEGISLATION

The Executive Committee discussed the need for coordinated action and cooperation with CMA's Commissions on State and Federal Legislation. It was pointed out that for the past two years, the chairmen of these two CMA commission have served as ex-officio members of CALPAC's state and federal candidate selection committees, respectively. It was the feeling of CALPAC's Executive Committee that the same opportunity should be extended, on a reciprocal basis, to CALPAC. Accordingly, the following recommendation was approved by CALPAC's Executive Committee for presentation to the CMA Council.

RECOMMENDATION: A) The Chairmen of CALPAC's State and Federal Candidate Selection Committees shall serve as ex-officio members of CMA's Commissions on State and Federal Legislation, respectively.

PLT'S _____ DEFT'S 32 (1-5)
Deposition Exhibit No. _____
Date 4-5-78 _____, Deputy, L. Dis. Notary

MINUTES

CALPAC Executive Committee

January 9, 1977
8:00 a.m.
Sunday

Pacifica Hotel
Zuma Room
Los Angeles

ATTENDANCE: Jokichi Takamine, MD, Chairman

William Clark, MD
Sidney E. Foster, MD
Franklin Glanz, MD
Mrs. Bette Goettle
Ward Hart, MD
David Horner, MD
James MacLaggan, MD
David Olch, MD

ABSENT: Theodore Steinberg, MD

STAFF: Linda Gano
Jack Light
Al Pross

The meeting of CALPAC's Executive Committee was called to order by Chairman Takamine at 8:00 a.m. The following business was transacted.

1. PROPOSED CHANGES IN CALPAC's MEMBERSHIP CATEGORIES AND CONSTITUTION AND BY-LAWS

(A) The Executive Committee discussed the possibility of raising CALPAC's 1978 dues. The committee voted to recommend to the CALPAC Board of Directors that:

ACTION: In 1978, regular membership in CALPAC will be $60 annually. This amount would include membership for the physician and his or her spouse in both CALPAC and AMPAC.

(B) The Executive Committee also voted to retain the traditional $99.99 sustaining membership category.

(C) In addition, the Executive Committee is proposing for consideration by the CALPAC Board that:

ACTION: A membership category referred to as the "300 Club" be created which would require dues in the amount of $300 annually with $100 of this amount being sent directly to AMPAC.

The Executive Committee felt that a special incentive program should be developed to encourage membership in the "300 Club" and that it should include special benefits, privileges and activities for those who join.

(D) The Executive Committee also voted unanimously to propose a change in CALPAC's Constitution and by-laws. The proposed amendment will strike Article III, Section 3 -- Dues, and instead read as follows:

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

...st Office Box 4440 · Chicago, Illinois 60680 · AREA CODE 312 644-1585 Offices located at 535 North Dearb...

PLF'S _____ DEFT'S _____
Deposition Exhibit No. 23
Date 4-15-76 Martha L. Dix, Notary
Mine for Maggan Jr.

December 11, 1975

CALPAC

E. Kash Rose, M. D.
Chairman, CALPAC
Post Office Box 2038
Napa, California 94558

Dear Kash:

Following through on our conversation in Hawaii, we are pleased to send a check in the amount of $6,000 as AMPAC's share of CALPAC's successful membership solicitation program.

You will recall the AMPAC Board voted in June to participate if funds were available from our 1975 budget allocation. This check is from our educational fund and, by law, may not be used for direct or indirect campaign activities -- only for the educational activities of CALPAC.

The AMPAC Board congratulates CALPAC on its sophisticated approach of this pilot membership project and hopes that the methods developed in California may be shared with other state pacs seeking workable solutions in the area of membership solicitation.

Sincerely,

James C. MacLaggan, M. D.
Chairman
AMPAC Board of Directors

JCM:dd
Enclosed
cc: Al Pross
Bill Watson

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AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

0 North Michigan Avenue, Chicago, Illinois 60611, Telephone 312 [illegible]

DEFT'S
Deposition Exhibit No. 24
Date 4-15-75 Martha L. Dix, Notary

October 6, 1972

James MacLaggan, M.D.
525 Hawthorn Street
San Diego, California 92101

Dear Jim:

It is with heartfelt thanks, that I thank all the members of the California Medical Political Action Committee, for the magnanimous gesture that they made in recent weeks. The allocation of $15,000.00 un-earmarked political dollars for use by AMPAC's Congressional Review Committee comes at a time of greatest need, and will allow us to back up physicians at the Congressional District level in their efforts to elect candidates.

I hope you will express our pleasure and our gratitude to each member of the Board, and accept our thanks for making this possible.

We gratefully acknowledge that this marvelous gift would not have been possible if the physicians in California did not comprehend the political situation, and understand the pac movement. All this happens because of strong leadership.

Sincerely,

Hoyt D. Gardner, M.D.
Chairman

HDG:tms

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AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

20 North Michigan Avenue, Chicago, Illinois 60611, Area Code 312 644-1585

NOV 1 1972

PLF'S _____ DEFT'S _____
Deposition Exhibit No. 25
Date 4-15-76 Martha L. Day, Notary
Mac Taggart Reporters

October 31, 1972

James C. MacLaggan, M. D.
525 Hawthorn Street
San Diego, California 92101

Dear Jim:

We acknowledge, with gratitude, the additional $10,000 supplemental political grant from CALPAC.

The extra money has been wisely spent in critical races where we felt we could not afford to become involved and in races where we substantially reduced the original request and, now, because of the generosity of CALPAC, have been able to provide additional assistance that could spell the difference between victory and defeat.

The AMPAC Board is most appreciative of the CALPAC Board's unique support and thorough understanding of the important Congressional races in 1972.

Sincerely,

Hoyt

Hoyt D. Gardner, M. D.
Chairman
AMPAC Board of Directors

HDG:sd
cc: Blair J. Henningsgaard, M. D.
W. J. Lewis, M. D.
Mr. William L. Watson
Mr. Allen Pross

8104020736

PLF'S _____ DEF'T'S _____

Deposition Exhibit No. 27

Date 4-15-88 Martha L. Dix, Notary

March 15, 1978

Mr. [illegible], M.D., Chairman
[illegible] POLITICAL ACTION COMMITTEE
[illegible] Avenue
[illegible] 91403

Dear [illegible]:

[illegible] Republican State Senator for [illegible] 13 years in California was elected on March 5 over seven [illegible] opponents in the [illegible] Congressional District to fill the unexpired term of Representative Charles Teague.

Mr. [illegible]-elect Lagomarsino was supported by substantial numbers of physicians in both Ventura and [illegible] counties. Approximately 100 physicians had contributed $2,600 to the Lagomarsino for Congress Committee.

Prior to the election, CALPAC contracted with [illegible] Decision Making Information to have a 400 interview telephone poll conducted within the district. CALPAC has already paid the negotiated sum of $5,000 for this survey.

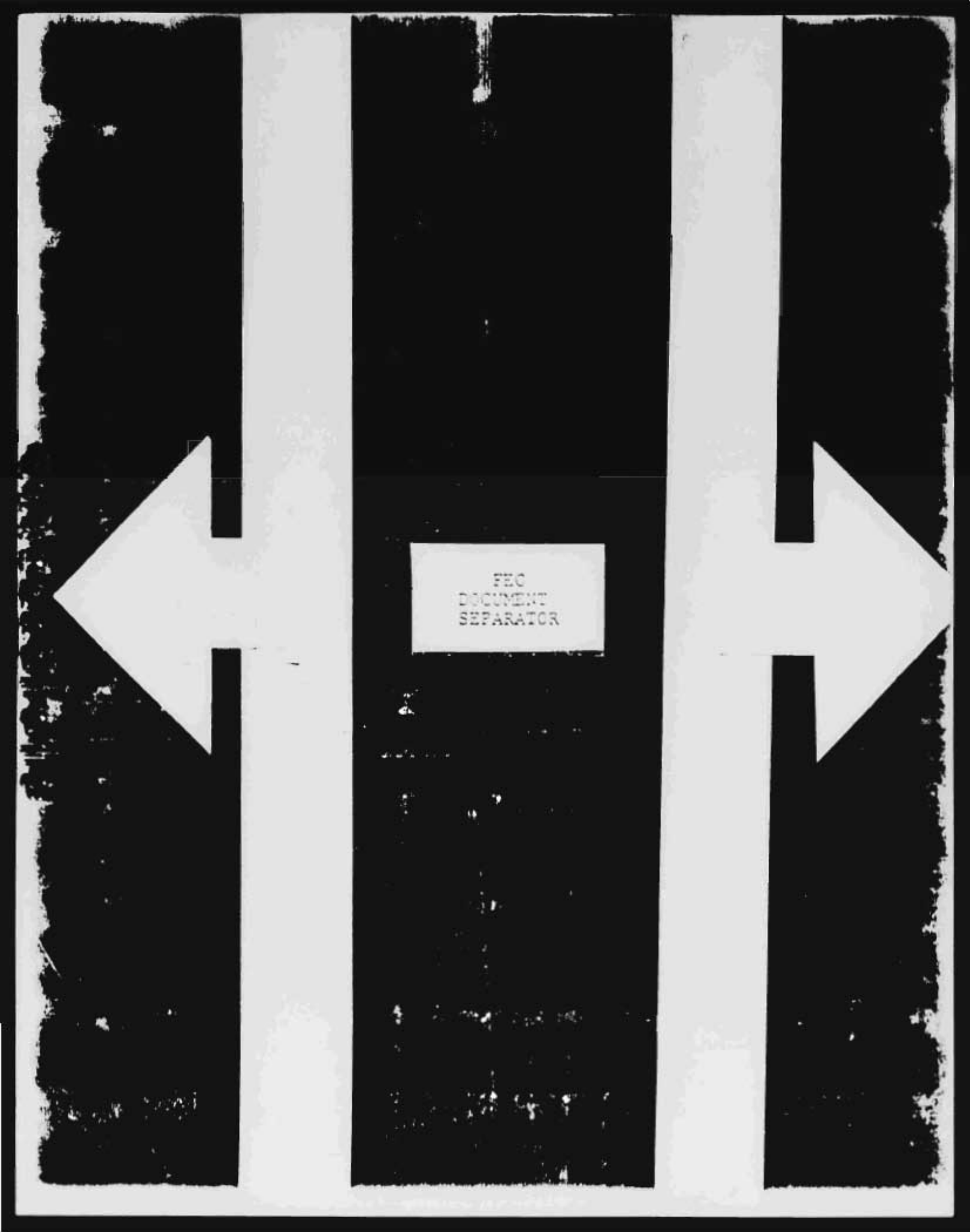
On behalf of CALPAC, I respectfully request that the AMPAC Contributions and Action Committee consider reimbursing CALPAC for approximately one-half the cost of this survey project. We can assure you that the favorable and immediate consideration of this request.

Sincerely,

[illegible], M.D.
Chairman

[illegible]

cc: [illegible], AMPAC


FEC
DOCUMENT
SEPARATOR

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FEDERAL CANDIDATE SELECTION COMMITTEE

and

EXECUTIVE COMMITTEE

MINUTES

Wednesday
August 9, 1972
6:00 p.m.

Marco Polo Room
Airport Marina
Los Angeles

Attendance: James MacLaggan, M.D. - Chairman
Hal Wilkins, M.D. - Chairman, Federal Candidate Selection Committee
Mr. Ed Colvin
Tirso del Junco, M.D.
Mrs. James Goettle
Ward L. Hart, M.D.
Merlin Hendrickson, M.D.
L.L. Holloman, M.D.
David Horner, M.D.
Mrs. Salvatore Lask
Frank A. Rogers, M.D.
Joe Takamine, M.D.
J.E. Vaughan, M.D.

Staff: Mike Allen
Will Babb
Linda Gano
Gary Mack
Al Pross
Dick Perry

The Committees met to consider initial and/or additional CALPAC appropriations for specific Congressional races in November. Each of California's 43 districts were discussed and considered.

The following appropriations were approved providing a local physician support committee raises a matching amount as a prerequisite:

1. 2nd Congressional District - Francis Callahan (R)

   $2,500..... CALPAC

   $2,500..... Request to AMPAC

2. 3rd Congressional District - Congressman John Moss (D)

   $1,000..... CALPAC

3. 7th Congressional District - Peter Hannaford (R)

   $5,000..... Request to AMPAC

4. 14th Congressional District - Congressman Jerome Waldie (D)

   $1,000..... CALPAC

5. 18th Congressional District - Congressman Bob Mathias (D)

   $5,000..... CALPAC (local M.D.'s must first match CALPAC's $2,500 appropriated in 1971)

   $5,000..... Request to AMPAC

6. 20th Congressional District - Carlos Moorhead (R)

   $4,400..... CALPAC ($600 already given in 1972)

   $5,000..... Request to AMPAC

7. 23rd Congressional District - Congressman Del Clawson

   $5,000..... Request to AMPAC

8. 24th Congressional District - Congressman John Rousselot (R)

   $2,500..... CALPAC

   $2,500..... Request to AMPAC

9. 25th Congressional District - Congressman Charles Wiggins (R)

$2,500..... CALPAC

10. 27th Congressional District - Congressman Barry Goldwater (R)

$2,500..... CALPAC

11. 29th Congressional District - Congressman George Danielson (D)

$1,000..... CALPAC (local M.D.'s must first match $1,000 contribution appropriated in 1971)

12. 34th Congressional District - Congressman Richard Hanna (D)

$500..... CALPAC

13. 36th Congressional District - Bill Ketchum (R)

$5,000..... CALPAC (local M.D.'s must first match $2,500 appropriated in 1971)
$5,000..... Request to AMPAC

14. 38th Congressional District - Howard Snider (R)

$2,500..... CALPAC

$2,500..... Request to AMPAC

15. 39th Congressional District - Andrew Hinshaw (R)

$2,500..... CALPAC

$2,500..... Request to AMPAC

16. 41st Congressional District - Congressman Lionel Van Deerlin (D)

$500..... CALPAC

In addition, the joint committees voted to recommend to the full CALPAC Board of Directors at the September 9-10 meeting that CALPAC reverse its general policy of not contributing to presidential campaigns and in addition specifically recommends that CALPAC match up to $5,000 raised locally by each of the three California area Physician Committees for the Re-election of the President not to exceed a maximum contribution of $15,000.

The meeting was adjourned at 9:40 p.m.

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Ex. #25

MINUTES OF CONFERENCE CALL OF CALPAC EXECUTIVE COMMITTEE

4:00 p.m.
May 2, 1974

In Attendance:
(On the Line)

James C. MacLaggan, M.D., Chairman
Sidney E. Foster, M.D.
Ward L. Hart, M.D.
David B. Horner, M.D.
Mrs. Salvadore Lask
Ralph M. Milliken, M.D.
Theodore Steinberg, M.D.
Richard Wallrich, M.D.
Harold E. Wilkins, M.D.

Staff:

Paul Brown
Al Pross

The Executive Committee took the following actions on CALPAC's State Candidate Selection Committee's recommendation:

The Executive Committee took the following action on recommendations from CALPAC's Federal Candidate Selection Committee:

		CALPAC	Request to AMPAC
1.	Henry Waxman (Dem. - 24th District)	$5,000 ($2,500 now, $2,500 when matched)	$5,000
2.	Yvonne Burke (Dem - 28th C.D.)	$2,500	$1,000
3.	Charles Wilson (Dem - 31st C.D.)	$2,500	$1,000
4.	Anthony Gualtierri (Rep. - 13th C.D.)	$5,000	$5,000 (If he wins primary)
5.	Pete (Paul N.) McCloskey (Rep. - 12th C.D.)	$4,000	$1,000
6.	John Burton (Dem -6th C.D.)	$500	

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The Executive Committee after thorough discussion, voted to:

RECOMMENDATION: CALPAC CONTRIBUTE $10,000 TO CALIFORNIANS AGAINST PROPOSITION NO. 9; AND THAT CALPAC FINANCE A MAILING TO ALL CMA MEMBERS WHICH WOULD INCLUDE A COVER LETTER EXPLAINING THE REASONS FOR OPPOSING PROPOSITION NO. 9. TWENTY-FIVE PAMPHLETS FOR DISTRIBUTION TO THEIR PATIENTS AND THE SOLICITATION TO THOSE PHYSICIANS WHO ARE NOT CALPAC MEMBERS TO BECOME A 1974 REGULAR MEMBER.

There being no further business to discuss, the conference call was adjourned at 4:45 pm.

JCM: sm

81210275516

Ex #256

ATTACHMENT "A"

M I N U T E S

Executive Committee Conference Call

Thursday
August 12, 1976 — 8:00 p.m.

ON THE LINE: Jokichi Takamine, MD, Chairman

William Clark, MD
Mrs. Bette Goettle
Franklin Glanz, MD
Ward Hart, MD
Dave Horner, MD
Brad Cohn, MD
Sidney Foster, MD
Ralph Milliken, MD
David Olch, MD
Theodore Steinberg, MD

STAFF: Jack Light
Al Pross
Don Test

The Executive Committee, after discussion, approved the following transactions:

CONGRESS

Cong. District	Candidate and Party	Trans #	Requested AMPAC Amount	CALPAC Amount
2	Don Clausen (R)		$2500	
11	Leo Ryan (D)	349	$1500	$1500
14	John McFall (D)	350	$2500	$1000
15	B. F. Sisk (D)		$1000	
16	Burt Talcott (R)	351	$2500	$2500-if matched
17	John Krebs (D)		$1000	
18	Bill Ketchum (R)		$1500	
19	Bob Lagomarsino (R)	352		$2000 ($1000 must be matche
20	Barry Goldwater, Jr. (R)	353		$2000 ($1000 must be matche
22	Carlos Moorhead (R)		$2250	

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Cong. District	Candidate and Party	Trans #	Requested AMPAC Amount	CALPAC Amount
33	Del Clawson (R)		$2000	
37	Shirley Pettis (R)		$1000	
39	Charles Wiggins (R)		$2000	
40	Robert Badham (R)		$1000	
41	Bob Wilson (R)	354	$1500	$1500-if matched
42	Lionel Van Deerlin (D)		$ 500	
43	Clair Burgener (R)	355	$1000	$1000-if matched

STATE SENATE

Senate District	Candidate and Party	Trans #	CALPAC Amount

*Assembly District	Candidate and Party	Trans #	CALPAC Amount

3117227 3519

There being no further business the conference call ended at 9:15 p.m.

Ex. #257

TAPE #1
OPENING SESSION

VOICE: ...this weekend but your support and participation throughout the year. 1975 was a superb year in membership for the entire Ampac movement - 1976 is on an upward trend that will carry us beyond last year's success. 1975 and 1976 are no exception to the growth that Ampac has experienced since its inception in 1961. Membership has tripled these past fourteen years with a steady increase each year and it has happened during a period of mass distrust of the American political system. As we have seen the public drop to the lowest level of voter participation and political activity in in the history of our country. The Democratic majority in the 94th Congress was elected by less than 25 percent of the voters.

An Illinois Congressman has recently observed that almost without exception, the really good congressmen come from districts in which the voters are well informed and make an effort to find out what their congressmen are doing. He went on to say most of us come from districts that don't care - We can be proud of our continued success in the midst of such cynicism but this success adds considerable responsibility to those we have already assumed. Dr. Holden has challenged you to motivate and direct your colleagues - I add to that the challenge of injecting a new vitality into a system is slightly warn but whose model is still a classic. The significant part of this model is the fact that it allows freedom of expression

ALLEN PROSS
Executive Director, CALPAC

Thank you Jim - I want you to know that I wasn't nervous at all about facing your interrogation - I - I slept like a baby last night - I woke up three times and cried myself back to sleep -

I may be a little bit of a text deviate today - because I am going to talk about where the political action movement, particularly within medicine has been in the past and then we are going to take a look at where it might be going in the future and hopefully where it could be going. There is no question in any of our minds that we have come a long way as far as medical-political action in the last fourteen or fifteen years - most of the state medical pacts have really come into teir own only in the last five or six years -

The other day I was up on the hill in one of the congressional campaign committee offices and one of the staff people was preparing a list of the 50 top pacts in the country, based upon how much money they had available for candidate support activities as of the end of 1975 - I was very surprised as I think you will be, to find on that list of the top 50 twenty state medical pacts. Also, Ampac was ranked #2 in the country - and yet, this is at a time where we are seeing a proliferation of political action committees. If you go over

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to the Federal Election Commission Office, if they still have one, you will see on file there approximately 450 political action committees, and in the last six months or so, over 200 of those are corporate political action committees - and yet if you look at their files you will ~~xx~~ see that they have raised no money and spent no money - they have simply filed their statement of organization. They are doing nothing they are waiting, waiting for what I do not know.

I can't help but think that George Meany, who was absolutely terrorized by the prospects of the corporations moving into the political action arena is sitting back very happily with his feet on his desk smoking his cigar and saying, I hope Congress will continue to delay acting upon a bill because as long as they delay, these other political action committees are not going to get going and hopefully, from his standpoint, it will be too late in time to have significant impact in the November elections -

As you know, the theme of this conference is turning out and turning on - and I would like to take a number of particular, or make a number of particular points relevant to this ~~xxxx~~ theme. I feel gazing into the future, that we will be turning out and turning on by a greater impetus in our political action committees, in our states, from the standpoint of membership participation - it has made no sense to me in the

past that our pacts are made up of 20percent, 30 percent, 40 percent of our association membership and yet we are all paying the tab for everyone else, regardless of whether they join our respective political action committees.

The interesting part is that the dues that physician pays to State Medical Associations and the AMA, uniformly are spent for legislative advocacy and yet the dues that are paid to political action committees, which very importantly are used to affect the individuals or to affect the makeup of the individuAls that are going to be lobbied by our legislative advocates, does not have the wholehearted support of the medical profession via membership -

One of the ways perhaps that we might be able to stimulate in the future greater membership participation was brought home to me by a political action committee in California known as the Association for Better Citizenship, ABC - that is, the poltical action committee of the California Teacher's Association - they have a very interesting technique - and so far a very legal one in soliciting voluntary memberships - when they send out their due statement for example, it lists the association dues - as I recall I think the dues itself for the association are $72 - the dues for their pact is $5 - but they add the $5 on to the $72 so that the dues read $77 - Then they have an asterick and a statement at the bottom of the

dues statement indicating that $5 of this amount is for membership, vyluntarily in their political action committee, that the individual must pay the full amount and if they want a refund in other words, for the $5, they have to send in a card with their check for the full amount, requesting a $5 refund -

Now, there are some people who call this negative billing, I call it comprehensive billing - it is interesting to note that the teachers in California have 140,000 members of their association and 126,000 are members of their political action committee and this phenmenon did not occur until they used comprehensive billing.

As I look into the future I also see the prospects for the proliferation within the medical pact movement of County Pacts - now, I say that with some trepidation because as a person who is responsible from a staff standpoint for CALPAC, there is nothing worse than a bunch of county medical societies deciding unilaterally to form a political action committee, compete with you for membership and run off on their own and support candidates that maybe you don't wish to support - a lot of confusion can result - there is no question about that - But rather than emphasizing the negative points of proliferating county pacts, I would rather speak to the positive points - we have a Federal Election Law that says regarding federal races

that the maximum amount that we can contribute is $5,000 - $5 from AMPAC, $5 from the state pact - it makes sense of course, doesn't it that if we had county pacts that were successful in raising money that they too then would be in a position to contribute up to $5,000, and if you realize it is really a difficult race and one that is a high priority with medcine, that all three entities could contribute $5,000 a piece, both preprimary and pre-general election. I think you can see the significant impact that - the potential that does exist if we can organize ourselves at the local levels -

A second point - as I look to the future, the Third Century, I think we will see our State Medical Associations turning out and turning on in support of political action committees and although we have all come a long way in the past few years, it is still very disturbing to me and many others the number of state medical pacts that receive virtually no soft dollar support whatsoever from their state medical associations - When I refer to soft dollar support, I am talking about administrative and overhead expense that the state medical association legally can provide for the operation of their political action committee - It boggles my mind to see some of my fellow staffers who are forced to operate in charge of their respective state medical pacts, in a back room at the State Medical Society or surreptitiously because some people

are afraid that, well, we shouldn't be engaging in medical political action activities as an activity of our state medical association -

I also see within this context of state medical associations becoming more active in support of the State Medical Pacts, that we will be utilizing some of the loopholes that do exist within that Federal Election Law so that you may be aware that a physician from California is running for Congress - you probably aren't aware that the California Medical Association after CALPAC had spent $5,000 or contributed $5,000, the legal maximum, sent an all membership letter, financed by CMA dues money to our 26,000 members, statewide in California - the purpose of that letter was to raise money for this physician candidate for congress in California -

The law does allow an organization to communicate to its members on political issues and candidates, and the money that is spent for that purpose is not considered a political contribution, does not have to be reported by that State Medical Association -

TAPE #2

...as I look into the future, I also see the prospects for state medical pacts helping other state medical pacts in the political action arena - there is no reason why one state pact, at the request of another state pact, cannot contribute

to a candidate running for Congress in that state. And I would be the first one to admit that CALPAC has thrown away litterally hundres of thousands of dollars giving contributins to candidates for congress in our state that we knew had little or no chance to win while there were candidates in other states across the country that a contribution of $2 - $3 - $4 = $5,000 may well have made the difference as to whether that candidate won or lost -

I think we have to help each other out much more than ever before and I must say there is nothing illegal about this activity - there are some who claim and I think it is wise to raise the issue, that we might bedefined as affiliated if we do this - but, I cannot foresee the Federal Election mission when it is reconstituted, possibly defining political action in medical arena and saying that the profession of medicine will be limited to a $5,000 contribution - after all, each of our state medical pacts acts unilaterally, has their own board members, they make their decisions, separate and apart from the other state pacts, there is no reason, no way I can see legally that they will restrict this kind of activity which is long overdue. As some of you may know CALPAC has broken this tradition, we did send $5,000 to a campaign in Nevada for U.S. Senate and that person did win, we did send $5,000 to a special election in New Hampshire for U. S. Senate and that person

lost and we did send a contribution to a candidate for congress in a special election in New York a month or so ago and and that candidate lost - we are not going to win them all - but if those candidates had won in those last two instances, I've got to think that medicine would have gotten the credit for a great deal of credit for that victory.

Perhaps, getting towards one of my last points, it has never made sense to a lot of the pact execs why we do not participate in presidential elections - and I know this is a senstive point with many people and I know all of the negative arguments but once again I would rather emphasize some of the positive - over the years, our State Medical Pacts have spent hundreds of thousands of dollars literally millions, trying to elect candidates to the House of Representatives and the U.S. Senate - and yet one man whoever is in the presidency at that time has the power to stop any legislation via the veto process at any time and I can think of a numbler of instances in the past where legislation very ornerous to medicine has passed both houses and gone to the White House and the president has stepped in and stopped it - or the president at that time and I cannot emphasize enough, perhaps we are not ready yet for each state medical pact to seriously consider a contribution to a candidate for the presidency but in my opinion, we will and we must do the some time in the near future -

The last point that I really must emphasize is that if medicine's political action activities are going to be beneficial, we must start now building coalitions with allied political action committees within our states - we ~~xx~~ have tried this in California, I would like to be able to report ~~xxxxx~~ that it has been an outstanding success, it hasn't been, it has been hard and it has been very difficult. But we have a number of instances where four political action committees, including ours, have sat down together, we have shared information about candidates, demographics within that district, past voting behavior and characteristics within that area, we have gone back then to our respective boards or councils, unilaterially made decisions - we have found that in about 80 percent of the cases, we agree upon the same candidates - and we were doing this in the past but we weren't even aware of it - and what we are doing now is where the four of us do agree - after we have made our own unilateral decision, we are making sure that the funds that the four of us put into a given campaign are spent wisely and efficiently and we are going to put some strings upon how that money is going to be spent -

We are not going to let the candidate plan the proverbial _____or buy hot pad holders or profiles with your money -

Doctor Sammons, I think I covered most of the points

that I wanted to try to bring home - perhaps the way to end Raymond Nolle has a very interesting quote which has always made sense to me - when he talks about politics and he says, it is not something to abolish or avoid or destroy, politics is like the air we breathe, we must master its ways or we will be mastered by those who do -

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AMPAC OVERVIEW

SUGGESTED REMARKS FOR

JAMES C. MAC LAGGAN, M.D.

AMPAC/ARMPAC POLITICAL EDUCATION SEMINAR

SATURDAY, FEBRUARY 14, 1976

ARIZONA STATE MEDICAL ASSOCIATION BUILDING

PHOENIX, ARIZONA

9112222 3551

TODAY I BRING YOU GOOD NEWS FROM AMPAC.

OUR MEMBERSHIP IN 1975 REACHED ITS HIGHEST FIGURE EVER. IN 1975 AMPAC HAD MORE SUSTAINING MEMBER THAN EVER BEFORE. IN 1975 MORE WOMEN JOINED AMPAC THAN EVER BEFORE. IN 1975 AMPAC RECEIVED MORE POLITICAL DOLLARS THAN EVER BEFORE.

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LETS TAKE A LOOK AT WHAT'S HAPPENING POLITICALLY IN 1976. I DON'T HAVE TO TELL YOU THAT THERE IS A PRESIDENTIAL ELECTION GOING ON. THE INCUMBENT REPUBLICAN PRESIDENT FACES A CHALLENGE FROM THE POPULAR EX-GOVERNOR OF CALIFORNIA ON THE ONE HAND; AND ON THE OTHER HAND SO MANY DEMOCRATIC SENATORS ARE VIEING FOR THE NOMINATION THAT THE MOST EXCLUSIVE CLUB IN THE WORLD NOW LOOKS LIKE THE PRESIDENTIAL PRIMARY BALLOT IN NEW HAMPSHIRE AND FLORIDA.

THE PRESIDENCY IS IMPORTANT AND I HOPE THAT YOU WILL BE ABLE TO PARTICIPATE IN THIS CRUCIAL NATIONAL DECISION. HOWEVER, PLEASE REMEMBER THAT AS PHYSICIANS, AND AS MEMBERS OF THE MEDICAL COMMUNITY, YOUR MOST IMPORTANT POLITICAL PRIORITIES HAVE BEEN AND WILL BE IN THE CONGRESS OF THE

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UNITED STATES. IT IS THE WORK OF THE CONGRESS THAT AFFECTS YOUR WORK EVERY DAY; IT IS U. S. SENATORS AND U. S. HOUSE MEMBERS WHO WRITE NATIONAL LEGISLATION LIKE PSRO, HMO AND ALL THE OTHER GOVERNMENT PROGRAMS WHICH ARE CAUSING PHYSICIANS NO SMALL AMOUNT OF HEADACHES.

YOUR SECOND POLITICAL PRIORITY LIES ON THE STATE LEGISLATIVE LEVEL. IF YOU MUST CHOOSE THAT ONE CRISIS WHICH MUST BE SOLVED BEFORE ANY OTHER, IT IS THE PROFESSIONAL LIABILITY CRISIS. AND RIGHT NOW, THAT CRISIS FACES EVERY STATE LEGISLATURE IN THE COUNTRY. SPEND YOUR TIME AND MONEY FIRST IN CONGRESSIONAL RACES, SECOND IN STATE LEGISLATIVE RACES AND THIRD BY ALL MEANS PARTICIPATE IN THE PRESIDENTIAL NOMINATION AND ELECTION.

THERE ARE 33 UNITED STATES SENATE RACES IN 1976. NATIONALLY, 22 DEMOCRATS AND 10 REPUBLICANS FACE RE-ELECTION. THUS FAR SEVEN INCUMBENT UNITED STATES SENATORS HAVE ANNOUNCED THAT THEY WILL NOT SEEK RE-ELECTION.

435 U. S. HOUSE MEMBERS ARE UP IN 1976. PRESENTLY THE HOUSE HOLDS 290 DEMOCRATS AND 145 REPUBLICANS. IN 1974, YOU WILL REMEMBER THAT 44 MEMBERS OF THE HOUSE DID NOT SEEK RE-ELECTION. ALREADY THE NUMBER OF THOSE NOT SEEKING RE-ELECTION IN 1976 HAS REACHED 32. OF THOSE 32, 14 REPUBLICANS ARE RETIRING AND 16 DEMOCRATS. OF THOSE 32, MANY ARE SEEKING THE UNITED STATES SENATE SEAT IN THEIR STATE.

WHAT DO YOU NEED TO DO IN ARIZONA TO MAXIMIZE THE EFFECTIVENESS OF ARMPAC AND AMPAC? WE SUGGEST THESE PRIORITIES.

ONE: RE-ELECT FRIENDLY INCUMBENTS. DIVIDE YOUR FRIENDLY INCUMBENTS INTO TWO CATEGORIES, THOSE WHO ARE SAFE AND THOSE WHO ARE IN TROUBLE. HELP THE FRIENDLY INCUMBENTS WHO ARE IN TROUBLE FIRST BEFORE YOU HELP THOSE WHOSE DISTRICTS ARE FAIRLY SAFE.

TWO: CAPTURE OPEN SEATS. AN OPEN SEAT IS WHERE THE INCUMBENT IS NOT RUNNING FOR RE-ELECTION. AN OPEN SEAT IS CONSIDERED AN OPPORTUNITY RACE BECAUSE THE OPPORTUNITY TO WIN IN THAT RACE IS GREATER THAN IN RACES WHERE THERE IS AN INCUMBENT. IT IS A WELL KNOWN FACT THAT INCUMBENTS USUALLY BEAT CHALLENGERS. THEREFORE, IF THERE IS NO INCUMBENT IN THE RACE, THE TWO CHALLENGERS ARE MORE EVENLY MATCHED FOR THE RACE. FIND GOOD CANDIDATES TO RUN IN OPEN RACES AND WORK HARD TO GET THOSE CANDIDATES ELECTED. THIS IS YOUR BEST OPPORTUNITY TO ADD TO YOUR FRIENDS IN THE CONGRESS AND STATE LEGISLATURE.

THREE: DEFEAT UNFRIENDLY INCUMBENTS: DIVIDE THE UNFRIENDLY INCUMBENT INTO TWO CATEGORIES - THOSE WHO CAN BE BEATEN AND THOSE WHO CAN'T. FORGET ABOUT THE UNFRIENDLY INCUMBENT WHO CANNOT BE DEFEATED. IF YOU CONCENTRATE YOUR EFFORTS IN A HOPELESS RACE, YOU HAVE NOT ONLY WASTED YOUR TIME AND YOUR MONEY, BUT YOU HAVE CREATED NEW ANTAGONISM WITH THE ALREADY UNFRIENDLY

INCUMBENT. CONCENTRATE YOUR EFFORTS ON THE UNFRIENDLY INCUMBENT WHO IS IN TROUBLE.

FOUR: RE-ELECT FRIENDLY FRESHMEN INCUMBENTS AND DEFEAT UNFRIENDLY FRESHMAN INCUMBENTS. ELECTION STATISTICS CONFIRM THAT THE HARDEST RACE TO WIN IS YOUR FIRST; THE SECOND HARDEST RACE TO WIN IS YOUR SECOND. LOOK OVER YOUR LIST AND FIND THOSE U. S. HOUSE MEMBERS AND STATE HOUSE MEMBERS WHOM YOU ELECTED IN 1974. HELP THOSE FRIENDLY FRESHMEN, AND WORK HARD TO DEFEAT THOSE UNFRIENDLY FRESHMEN ON THAT LIST.

YOU WILL RECALL THAT A HIGH NUMBER OF FRESHMEN CONGRESSMAN WERE ELECTED IN THE 1974 ELECTIONS. NEARLY 20% OF THE ENTIRE HOUSE OF REPRESENTATIVES CONSISTS OF FIRST-TERMERS. COPE, THE AFL-CIO'S POLITICAL ACTION ARM, IS CONCENTRATING THEIR EFFORTS ON THESE FRESHMEN. COPE WON BIG IN 1974 AS FAR AS THESE FIRST-TIMERS ARE CONCERNED. LABOR WILL BE DEVOTING THE MAJORITY OF THEIR TIME AND MONEY SEEING THAT THEIR FRIENDS IN THIS FRESHMEN CLASS ARE REELECTED TO THE CONGRESS. THEY WILL SPEND JUST AS MUCH TIME AND EFFORT SEEING THAT ANTI-LABOR FRESHMEN ARE DEFEATED. NINE TIMES OUT OF TEN, A FOE OF LABOR IS A FRIEND OF MEDICINE. YOU MUST CONCENTRATE YOUR EFFORTS IN THOSE CONGRESSIONAL AND STATE LEGISLATIVE DISTRICTS WHERE LABOR IS TRYING TO DEFEAT THE CANDIDATE YOU SUPPORT.

WHO ARE GOING TO BE THE WINNERS IN 1976?

WINNERS IN 1976

ONE - ON THE INCUMBENT SIDE, THE CANDIDATE WHO HAS MAINTAINED CLOSE CONTACT WITH HIS CONSTITUENTS DURING HIS TERM OF OFFICE IS MORE LIKELY TO BE RE-ELECTED THAN HIS CHALLENGER. IT IS VERY IMPORTANT FOR YOU TO REALIZE THAT THE INCUMBENT'S VOTING RECORD IS BECOMING AN INCREASINGLY UNIMPORTANT FACTOR IN TERMS OF HIS CAMPAIGN FOR RE-ELECTION. VOTERS PERCEIVE THE INCUMBENT TO BE A GOOD MAN IF HE IS PERSONABLE AND IF HE SEEMS TO CARE ABOUT THEM. HE MAY HAVE A VOTING RECORD WITH WHICH THEY DO NOT AGREE, BUT THEY CONSIDER THAT UNIMPORTANT COMPARED TO HIS PERSONALITY AND HIS CLOSE CONTACT WITH THEM.

TWO - AN INCUMBENT WHO APPEARS YOUNG AND VIGOROUS HAS A BETTER CHANCE OF WINNING THAN HIS CHALLENGER. HOWEVER, AN INCUMBENT WHO APPEARS TOO SENIOR AND LACK-LUSTER IS SURE TO BE BEATEN BY A CHALLENGER WHO IS YOUNG AND VIGOROUS.

THREE - THE CANDIDATE - INCUMBENT OR CHALLENGER - WHO RECRUITS A LARGE NUMBER OF VOLUNTEERS HAS A BETTER CHANCE OF WINNING THAN ONE WHOSE TOTAL CAMPAIGN ORGAN-IZATION IS BASED UPON PAID WORKERS.

FOUR - A CANDIDATE - INCUMBENT OR CHALLENGER - WHOSE STRATEGY IS WELL-PLANNED AND WHOSE IMPLEMENTATION OF THAT STRATEGY IS CARRIED OUT IN THE MOST EFFICIENT

MANNER IS SURE TO BE A WINNING CANDIDATE OVER ONE WHO HAS NO STRATEGY OR EFFICIENCY IN HIS ORGANIZATION.

FIVE - BECAUSE OF THE RESTRICTIONS UPON CAMPAIGN SPENDING AND CONTRIBUTIONS, THE CANDIDATE WHO SPENDS HIS MONEY WISELY WILL BE THE WINNING CANDIDATE. HE WILL BUILD A LARGE AND ENTHUSIASTIC VOLUNTEER ORGANIZATION. HE WILL NEED OPINION MAKERS IN THE COMMUNITY TO PROMOTE HIS CANDIDACY. THIS IS WHERE YOU CAN HELP.

WHAT YOU CAN DO

CANDIDATES ARE GOING TO NEED PHYSICIANS AND THEIR SPOUSES TO VOLUNTEER THEIR TIME IN 1976. BUT CANDIDATES REALIZE THAT PHYSICIANS ARE BUSY PEOPLE. PHYSICIANS FIND IT DIFFICULT TO SCHEDULE SPARE TIME DUE TO EMERGENCIES. BUT THEY CAN USE THE DOZENS OF OPPORTUNITIES WHICH PRESENT THEMSELVES DAILY TO PROMOTE THEIR CANDIDATE.

MOST PEOPLE VOTE FOR A CANDIDATE BECAUSE SOMEONE THEY RESPECT HAS ASKED THEM TO. YOU CAN WORK FOR YOUR CANDIDATE ANY TIME, ANYWHERE, WITHOUT ALTERING YOUR DAILY ROUTINE, BY ASKING THE PEOPLE YOU SEE - THE POSTMAN, THE GARAGE ATTENDANT, THE ELEVATOR OPERATOR, THE RECEPTIONIST AT THE HOSPITAL, THE NURSE IN THE WARD, YOUR COLLEAGUES, YOUR CLUB MEMBERS, YOUR SOCIAL ACQUAINTENANCES - THESE ARE SOME OF THE PEOPLE YOU ENCOUNTER ON A TYPICAL DAY.

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ONCE YOU DECIDE THE CANDIDATE YOU WANT TO SEE ELECTED, SPEND SOME TIME TRYING TO DECIDE WHY YOU ARE FOR THAT CANDIDATE. THEN, IN YOUR DAILY CONTACTS WITH PEOPLE, TRY TO CONVINCE THOSE PEOPLE THAT YOUR CANDIDATE IS THE BEST MAN FOR THE JOB. THIS IS CALLED OPINION-MAKING. THERE IS A CHAIN REACTION TO OPINION MAKING, BECAUSE THE PEOPLE YOU TALK TO WILL TALK TO OTHERS AND THOSE OTHERS WILL TALK TO MORE AND PRETTY SOON YOU HAVE CONVINCED FAR MORE VOTERS THAN YOU HAVE PERSONALLY TALKED TO.

ANOTHER WAY IN WHICH PHYSICIANS CAN HELP THE CANDIDATE OF YOUR CHOICE IS THROUGH THEIR STATE POLITICAL ACTION COMMITTEE.

WHEN YOU CONTRIBUTE TO ArMPAC AND AMPAC, WHERE DOES YOUR CONTRIBUTION GO? AMPAC SPENDS YOUR CONTRIBUTION TO HELP CANDIDATES GET ELECTED TO THE U. S. HOUSE AND THE U. S. SENATE. ArMPAC SPENDS YOUR CONTRIBUTION TO HELP CANDIDATES GET ELECTED TO THE U. S. SENATE, THE U. S. HOUSE AND YOUR STATE LEGISLATURE.

CONTRIBUTING TO THE PAC IS NOT ENOUGH. YOU MUST PROTECT YOUR INVESTMENT BY GETTING ACTIVELY INVOLVED FOR YOUR CANDIDATE. YOUR PAC CONTRIBUTION, PLUS YOUR VOLUNTEER MAN HOURS, CAN PRODUCE FOR YOUR CANDIDATE A MUCH LARGER CONTRIBUTION BY TAKING ADVANTAGE OF THE FEDERATED GIVING OF AMPAC AND ArMPAC. IF YOU CONTRIBUTE TO YOUR CANDIDATE, AND WORK FOR HIM BY RAISING

FUNDS AND RECRUITING VOTERS, YOU CAN CALL ON YOUR STATE PAC FOR ADDITIONAL FUNDS. THE FEDERAL LAW ALLOWS YOUR STATE PAC TO GIVE $5,000 TO YOUR CANDIDATE IN HIS PRIMARY, AND $5,000 TO HIM IN HIS GENERAL ELECTION." IF YOU CONVINCE YOUR STATE PAC OF HIS ELECTABILITY, AND THE STATE PAC FEELS HE NEEDS MORE FUNDS, THE STATE PAC CAN CALL UPON AMPAC. AMPAC IS LEGALLY ALLOWED BY LAW TO CONTRIBUTE $5,000 IN HIS PRIMARY AND $5,000 IN HIS GENERAL ELECTION CAMPAIGN. THEREFORE YOUR CONTRIBUTION PLUS YOUR HARD WORK HAS JUST MADE IT POSSIBLE FOR YOUR CANDIDATE TO RECEIVE NOT ONLY INDIVIDUAL CONTRIBUTIONS FROM YOUR MEDICAL COLLEAGUES IN THE CONGRESSIONAL DISTRICT, BUT AN ADDITIONAL $20,000 FOR HIS RE-ELECTION CAMPAIGN. THE PROSPECT OF SUCH A LARGE CONTRIBUTION IN THESE TIMES OF TIGHT MONEY AND CAMPAIGN SPENDING LIMITATIONS IS AN ATTENTION GETTER INDEED!

SPEAKING OF POLITICAL GIVING - HOW DOES IT CONNECT WITH LEGISLATION? IF YOU THINK AMPAC AND ARMPAC SUPPORT CANDIDATES TO INSURE THAT THE CANDIDATE WILL VOTE FOR MEDICINE ON EVERY ISSUE YOU ARE MISTAKEN AND NAIVE. SUPPORTING A CANDIDATE MEANS THAT YOU KNOW HE FEELS THE SAME WAY ABOUT GOVERNMENT THAT YOU DO. IT DOES NOT MEAN THAT YOU ARE BUYING HIS VOTE. IT MEANS YOU THINK HE IS THE BEST MAN FOR THE JOB; IT DOES NOT MEAN THAT YOU WILL BE ABLE TO BUY HIS VOTE ON ANY GIVEN ISSUE. IT MEANS THAT WHEN THE CANDIDATE WINS, HE

REMEMBERS YOU AND TURNS TO YOU FOR YOUR IDEAS AND ADVICE ON HEALTH LEGISLATION. IT MEANS THAT YOU CAN MAKE AN APPOINTMENT TO SEE HIM OR HIS LEGISLATIVE AIDE AND DISCUSS HEALTH ISSUES. IT MEANS SIMPLY THAT THE CANDIDATE KNOWS YOU AND IS WILLING TO GIVE YOU A CHANCE TO PRESENT YOUR VIEWS.

THE PARTY LEADERSHIP IN THE HOUSE OF REPRESENTATIVES AND IN THE UNITED STATES SENATE KNOW AMPAC AND THE STATE PAC AS GENEROUS GIVERS. THEY KNOW THAT PHYSICIANS ARE POTENTIAL POLITICAL ACTIVISTS AND THAT THE LEADERSHIP OF MEDICINE IS QUICK TO RESPOND TO THE LEADERSHIP IN THE CONGRESS. THIS KIND OF REPUTATION WAS ACQUIRED THROUGH FEDERATED GIVING, IN ADDITION TO THE INDIVIDUAL CONTRIBUTIONS OF PHYSICIANS IN CONGRESSIONAL CAMPAIGNS.

THE GOAL OF MEDICAL POLITICAL ACTION IS TO IMPROVE THE QUALITY OF LEGISLATION BY IMPROVING THE QUALITY OF LEGISLATORS. IT TAKES A WELL INFORMED LOBBYING EFFORT ON THE PART OF THE MEDICAL ASSOCIATION PLUS A WISELY ADMINISTERED POLITICAL ACTION FUND TO PRODUCE LEGISLATIVE RESULTS. IT IS THE LOBBYIST'S JOB TO TRY TO INFORM THE ELECTED OFFICIAL OF HIS VIEWS; IT IS THE POLITICAL ACTIVIST'S JOB TO ELECT A MAN WHO IS FAIR MINDED AND WILL LISTEN TO ALL SIDES OF AN ISSUE.

AS PAC LEADERS, AS PHYSICIANS, AS CITIZENS, YOU HAVE AN OBLIGATION TO WORK FOR THE CANDIDATE OF YOUR

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CHOICE IN 1976. THERE IS A CRITICAL NEED FOR YOUR DOLLARS AND YOUR VOLUNTEER HOURS. IF YOU DO NOT CONTRIBUTE, AND IF YOU DO NOT BACK UP YOUR CONTRIBUTION WITH VOLUNTEER HOURS, YOU HAVE ONLY YOURSELVES TO BLAME FOR THE CRITICAL LEGISLATIVE DILEMMA OUR COUNTRY WILL FACE IN 1977 AND BEYOND. THANK YOU.

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Ex. #259

AMPAC AT WORK

SUGGESTED REMARKS FOR

LINDA HUDSON

AMPAC/FLANPAC POLITICAL EDUCATION SEMINAR

FRIDAY, JANUARY 30, 1976

ORLANDO HYATT HOUSE

ORLANDO, FLORIDA

8112120735672

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435 U. S. HOUSE MEMBERS ARE UP IN 1976. PRESENTLY THE HOUSE HOLDS 290 DEMOCRATS AND 145 REPUBLICANS. IN 1974, YOU WILL REMEMBER THAT 44 MEMBERS OF THE HOUSE DID NOT SEEK RE-ELECTION. ALREADY THE NUMBER OF THOSE NOT SEEKING RE-ELECTION IN 1976 HAS REACHED 32. OF THOSE 32, 14 REPUBLICANS ARE RETIRING AND 16 DEMOCRATS. OF THOSE 32, MANY ARE SEEKING THE UNITED STATES SENATE SEAT IN THEIR STATE.

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WHAT DO YOU NEED TO DO IN FLORIDA TO MAXIMIZE THE EFFECTIVENESS OF FLAMPAC AND AMPAC. WE SUGGEST THESE PRIORITIES.

ONE: RE-ELECT FRIENDLY INCUMBENTS. DIVIDE YOUR FRIENDLY INCUMBENTS INTO TWO CATEGORIES, THOSE WHO ARE SAFE AND THOSE WHO ARE IN TROUBLE. HELP THE FRIENDLY INCUMBENTS WHO ARE IN TROUBLE FIRST BEFORE YOU HELP THOSE WHOSE DISTRICTS ARE FAIRLY SAFE.

TWO: CAPTURE OPEN SEATS. AN OPEN SEAT IS WHERE THE INCUMBENT IS NOT RUNNING FOR RE-ELECTION. AN OPEN SEAT IS CONSIDERED AN OPPORTUNITY RACE BECAUSE THE OPPORTUNITY TO WIN IN THAT RACE IS GREATER THAN IN RACES WHERE THERE IS AN INCUMBENT. IT IS A WELL KNOWN FACT THAT INCUMBENTS USUALLY BEAT CHALLENGERS. THEREFORE, IF THERE IS NO INCUMBENT IN THE RACE, THE TWO CHALLENGERS ARE MORE EVENLY MATCHED FOR THE RACE. FIND GOOD CANDIDATES TO RUN IN OPEN RACES AND WORK HARD TO GET THOSE CANDIDATES ELECTED. THIS IS YOUR BEST OPPORTUNITY TO ADD TO YOUR FRIENDS IN THE CONGRESS AND STATE LEGISLATURE.

THREE: DEFEAT UNFRIENDLY INCUMBENTS: DIVIDE THE UNFRIENDLY INCUMBENT INTO TWO CATEGORIES - THOSE WHO CAN BE BEATEN AND THOSE WHO CAN'T. FORGET ABOUT THE UNFRIENDLY INCUMBENT WHO CANNOT BE DEFEATED. IF YOU CONCENTRATE YOUR EFFORTS IN A HOPELESS RACE, YOU HAVE NOT ONLY WASTED YOUR TIME AND YOUR MONEY, BUT YOU HAVE CREATED NEW ANTAGONISM WITH THE ALREADY UNFRIENDLY

p5

INCUMBENT. CONCENTRATE YOUR EFFORTS ON THE UNFRIENDLY INCUMBENT WHO IS IN TROUBLE.

FOUR: RE-ELECT FRIENDLY FRESHMEN INCUMBENTS AND DEFEAT UNFRIENDLY FRESHMAN INCUMBENTS. ELECTION STATISTICS CONFIRM THAT THE HARDEST RACE TO WIN IS YOUR FIRST; THE SECOND HARDEST RACE TO WIN IS YOUR SECOND. LOOK OVER YOUR LIST AND FIND THOSE U. S. HOUSE MEMBERS AND STATE HOUSE MEMBERS WHOM YOU ELECTED IN 1974. HELP THOSE FRIENDLY FRESHMEN, AND WORK HARD TO DEFEAT THOSE UNFRIENDLY FRESHMEN ON THAT LIST.

YOU WILL RECALL THAT A HIGH NUMBER OF FRESHMEN CONGRESSMAN WERE ELECTED IN THE 1974 ELECTIONS. NEARLY 20% OF THE ENTIRE HOUSE OF REPRESENTATIVES CONSISTS OF FIRST-TERMERS. COPE, THE AFL-CIO'S POLITICAL ACTION ARM, IS CONCENTRATING THEIR EFFORTS ON THESE FRESHMEN. COPE WON BIG IN 1974 AS FAR AS THESE FIRST-TIMERS ARE CONCERNED. LABOR WILL BE DEVOTING THE MAJORITY OF THEIR TIME AND MONEY SEEING THAT THEIR FRIENDS IN THIS FRESHMEN CLASS ARE REELECTED TO THE CONGRESS. THEY WILL SPEND JUST AS MUCH TIME AND EFFORT SEEING THAT ANTI-LABOR FRESHMEN ARE DEFEATED. NINE TIMES OUT OF TEN, A FOE OF LABOR IS A FRIEND OF MEDICINE. YOU MUST CONCENTRATE YOUR EFFORTS IN THOSE CONGRESSIONAL AND STATE LEGISLATIVE DISTRICTS WHERE LABOR IS TRYING TO DEFEAT THE CANDIDATE YOU SUPPORT.

WHO ARE GOING TO BE THE WINNERS IN 1976?

WINNERS IN 1976

ONE - ON THE INCUMBENT SIDE, THE CANDIDATE WHO HAS MAINTAINED CLOSE CONTACT WITH HIS CONSTITUENTS DURING HIS TERM OF OFFICE IS MORE LIKELY TO BE RE-ELECTED THAN HIS CHALLENGER. IT IS VERY IMPORTANT FOR YOU TO REALIZE THAT THE INCUMBENT'S VOTING RECORD IS BECOMING AN INCREASINGLY UNIMPORTANT FACTOR IN TERMS OF HIS CAMPAIGN FOR RE-ELECTION. VOTERS PERCEIVE THE INCUMBENT TO BE A GOOD MAN IF HE IS PERSONABLE AND IF HE SEEMS TO CARE ABOUT THEM. HE MAY HAVE A VOTING RECORD WITH WHICH THEY DO NOT AGREE, BUT THEY CONSIDER THAT UNIMPORTANT COMPARED TO HIS PERSONALITY AND HIS CLOSE CONTACT WITH THEM.

TWO - AN INCUMBENT WHO APPEARS YOUNG AND VIGOROUS HAS A BETTER CHANCE OF WINNING THAN HIS CHALLENGER. HOWEVER, AN INCUMBENT WHO APPEARS TOO SENIOR AND LACK-LUSTER IS SURE TO BE BEATEN BY A CHALLENGER WHO IS YOUNG AND VIGOROUS.

THREE - THE CANDIDATE - INCUMBENT OR CHALLENGER - WHO RECRUITS A LARGE NUMBER OF VOLUNTEERS HAS A BETTER CHANCE OF WINNING THAN ONE WHOSE TOTAL CAMPAIGN ORGAN-IZATION IS BASED UPON PAID WORKERS.

FOUR - A CANDIDATE - INCUMBENT OR CHALLENGER - WHOSE STRATEGY IS WELL-PLANNED AND WHOSE IMPLEMENTATION OF THAT STRATEGY IS CARRIED OUT IN THE MOST EFFICIENT

MANNER IS SURE TO BE A WINNING CANDIDATE OVER ONE WHO HAS NO STRATEGY OR EFFICIENCY IN HIS ORGANIZATION.

FIVE - BECAUSE OF THE RESTRICTIONS UPON CAMPAIGN SPENDING AND CONTRIBUTIONS, THE CANDIDATE WHO SPENDS HIS MONEY WISELY WILL BE THE WINNING CANDIDATE. HE WILL BUILD A LARGE AND ENTHUSIASTIC VOLUNTEER ORGANIZATION. HE WILL NEED OPINION MAKERS IN THE COMMUNITY TO PROMOTE HIS CANDIDACY. THIS IS WHERE YOU CAN HELP.

WHAT YOU CAN DO

CANDIDATES ARE GOING TO NEED PHYSICIANS AND THEIR SPOUSES TO VOLUNTEER THEIR TIME IN 1976. BUT CANDIDATES REALIZE THAT PHYSICIANS ARE BUSY PEOPLE. PHYSICIANS FIND IT DIFFICULT TO SCHEDULE SPARE TIME DUE TO EMERGENCIES. BUT THEY CAN USE THE DOZENS OF OPPORTUNITIES WHICH PRESENT THEMSELVES DAILY TO PROMOTE THEIR CANDIDATE.

MOST PEOPLE VOTE FOR A CANDIDATE BECAUSE SOMEONE THEY RESPECT HAS ASKED THEM TO. YOU CAN WORK FOR YOUR CANDIDATE ANY TIME, ANYWHERE, WITHOUT ALTERING YOUR DAILY ROUTINE, BY ASKING THE PEOPLE YOU SEE - THE POSTMAN, THE GARAGE ATTENDANT, THE ELEVATOR OPERATOR, THE RECEPTIONIST AT THE HOSPITAL, THE NURSE IN THE WARD, YOUR COLLEAGUES, YOUR CLUB MEMBERS, YOUR SOCIAL ACQUAINTENANCES - THESE ARE SOME OF THE PEOPLE YOU ENCOUNTER ON A TYPICAL DAY.

pc

ONCE YOU DECIDE THE CANDIDATE YOU WANT TO SEE ELECTED, SPEND SOME TIME TRYING TO DECIDE WHY YOU ARE FOR THAT CANDIDATE. THEN, IN YOUR DAILY CONTACTS WITH PEOPLE, TRY TO CONVINCE THOSE PEOPLE THAT YOUR CANDIDATE IS THE BEST MAN FOR THE JOB. THIS IS CALLED OPINION-MAKING. THERE IS A CHAIN REACTION TO OPINION MAKING, BECAUSE THE PEOPLE YOU TALK TO WILL TALK TO OTHERS AND THOSE OTHERS WILL TALK TO MORE AND PRETTY SOON YOU HAVE CONVINCED FAR MORE VOTERS THAN YOU HAVE PERSONALLY TALKED TO.

ANOTHER WAY IN WHICH PHYSICIANS CAN HELP THE CANDIDATE OF YOUR CHOICE IS THROUGH THEIR STATE POLITICAL ACTION COMMITTEE.

WHEN YOU CONTRIBUTE TO FLAMPAC AND AMPAC, WHERE DOES YOUR CONTRIBUTION GO? AMPAC SPENDS YOUR CONTRIBUTION TO HELP CANDIDATES GET ELECTED TO THE U. S. HOUSE AND THE U. S. SENATE. FLAMPAC SPENDS YOUR CONTRIBUTION TO HELP CANDIDATES GET ELECTED TO THE U. S. SENATE, THE U. S. HOUSE AND YOUR STATE LEGISLATURE.

CONTRIBUTING TO THE PAC IS NOT ENOUGH. YOU MUST PROTECT YOUR INVESTMENT BY GETTING ACTIVELY INVOLVED FOR YOUR CANDIDATE. YOUR PAC CONTRIBUTION, PLUS YOUR VOLUNTEER MAN HOURS, CAN PRODUCE FOR YOUR CANDIDATE A MUCH LARGER CONTRIBUTION BY TAKING ADVANTAGE OF THE FEDERATED GIVING OF AMPAC AND FLAMPAC. IF YOU CONTRIBUTE TO YOUR CANDIDATE, AND WORK FOR HIM BY RAISING

FUNDS AND RECRUITING VOTERS, YOU CAN CALL ON YOUR STATE PAC FOR ADDITIONAL FUNDS. THE FEDERAL LAW ALLOWS YOUR STATE PAC TO GIVE $5,000 TO YOUR CANDIDATE IN HIS PRIMARY, AND $5,000 TO HIM IN HIS GENERAL ELECTION. IF YOU CONVINCE YOUR STATE PAC OF HIS ELECTABILITY, AND THE STATE PAC FEELS HE NEEDS MORE FUNDS, THE STATE PAC CAN CALL UPON AMPAC. AMPAC IS LEGALLY ALLOWED BY LAW TO CONTRIBUTE $5,000 IN HIS PRIMARY AND $5,000 IN HIS GENERAL ELECTION CAMPAIGN. THEREFORE YOUR CONTRIBUTION PLUS YOUR HARD WORK HAS JUST MADE IT POSSIBLE FOR YOUR CANDIDATE TO RECEIVE NOT ONLY INDIVIDUAL CONTRIBUTIONS FROM YOUR MEDICAL COLLEAGUES IN THE CONGRESSIONAL DISTRICT, BUT AN ADDITIONAL $20,000 FOR HIS RE-ELECTION CAMPAIGN. THE PROSPECT OF SUCH A LARGE CONTRIBUTION IN THESE TIMES OF TIGHT MONEY AND CAMPAIGN SPENDING LIMITATIONS IS AN ATTENTION GETTER INDEED!

SPEAKING OF POLITICAL GIVING - HOW DOES IT CONNECT WITH LEGISLATION? IF YOU THINK AMPAC AND FLAMPAC SUPPORT CANDIDATES TO INSURE THAT THE CANDIDATE WILL VOTE FOR MEDICINE ON EVERY ISSUE YOU ARE MISTAKEN AND NAIVE. SUPPORTING A CANDIDATE MEANS THAT YOU KNOW HE FEELS THE SAME WAY ABOUT GOVERNMENT THAT YOU DO. IT DOES NOT MEAN THAT YOU ARE BUYING HIS VOTE. IT MEANS YOU THINK HE IS THE BEST MAN FOR THE JOB; IT DOES NOT MEAN THAT YOU WILL BE ABLE TO BUY HIS VOTE ON ANY GIVEN ISSUE. IT MEANS THAT WHEN THE CANDIDATE WINS, HE

REMEMBERS YOU AND TURNS TO YOU FOR YOUR IDEAS AND ADVICE ON HEALTH LEGISLATION. IT MEANS THAT YOU CAN MAKE AN APPOINTMENT TO SEE HIM OR HIS LEGISLATIVE AIDE AND DISCUSS HEALTH ISSUES. IT MEANS SIMPLY THAT THE CANDIDATE KNOWS YOU AND IS WILLING TO GIVE YOU A CHANCE TO PRESENT YOUR VIEWS.

THE PARTY LEADERSHIP IN THE HOUSE OF REPRESENTATIVES AND IN THE UNITED STATES SENATE KNOW AMPAC AND THE STATE PAC AS GENEROUS GIVERS. THEY KNOW THAT PHYSICIANS ARE POTENTIAL POLITICAL ACTIVISTS AND THAT THE LEADERSHIP OF MEDICINE IS QUICK TO RESPOND TO THE LEADERSHIP IN THE CONGRESS. THIS KIND OF REPUTATION WAS ACQUIRED THROUGH FEDERATED GIVING, IN ADDITION TO THE INDIVIDUAL CONTRIBUTIONS OF PHYSICIANS IN CONGRESSIONAL CAMPAIGNS.

THE GOAL OF MEDICAL POLITICAL ACTION IS TO IMPROVE THE QUALITY OF LEGISLATION BY IMPROVING THE QUALITY OF LEGISLATORS. IT TAKES A WELL INFORMED LOBBYING EFFORT ON THE PART OF THE MEDICAL ASSOCIATION PLUS A WISELY ADMINISTERED POLITICAL ACTION FUND TO PRODUCE LEGISLATIVE RESULTS. IT IS THE LOBBYIST'S JOB TO TRY TO CONVINCE THE ELECTED OFFICIAL OF THE PURITY OF HIS VIEWS; IT IS THE POLITICAL ACTIVIST'S JOB TO ELECT A MAN WHO IS FAIR MINDED AND WILL LISTEN TO ALL SIDES OF AN ISSUE.

IT IS YOUR RESPONSIBILITY TO SEE THAT YOU HAVE THE BEST STATE POLITICAL ACTION COMMITTEE POSSIBLE. HERE IS WHAT YOU MUST DO TO BUILD THIS STRONG ORGANIZATION.

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A GOOD STATE PAC LEADER IS ACTIVE IN HIS LOCAL POLITICAL PARTY. HE STAYS INFORMED ON NATIONAL AND STATE POLITICAL DEVELOPMENTS. HE IS EFFECTIVE BECAUSE HE HAS HIS OWN POLITICAL BASE. HE IS THE MAN IN THE KNOW IN HIS COMMUNITY.

A GOOD STATE PAC LEADER INVOLVES MANY OF HIS MEDICAL COLLEAGUES IN PAC-SUPPORTED ACTIVITIES AS POSSIBLE. HE RECRUITS THEM FOR MEDICAL SUPPORT ACTIVITIES. HE TRAINS THEM, GIVES THEM MEANINGFUL RESPONSIBILITIES AND ALLOWS THEM TO WORK THEIR WAY UP THE RANKS OF PAC LEADERSHIP. HE MAKES NEW AND STRONG LEADERS OUT OF HIS RECRUITS. HE KNOWS THAT FRESH LEADERSHIP MEANS THE PERSPECTIVE OF HIS TOTAL STATE PAC BOARD IS MORE ACCURATE IN REFLECTING THE PHYSICIAN POPULATION OF THE STATE.

A GOOD STATE PAC LEADER KNOWS THE IMPORTANCE OF THE MEMBERS OF THE AUXILIARY IN THE TOTAL PAC PICTURE. THE LATE SENATOR EVERETT DIRKSON OF ILLINOIS WAS ONCE ASKED WHERE WOMEN FIT INTO A POLITICAL CAMPAIGN. HIS REPLY WAS: "SHE DOESN'T FIT IN, SHE DOMINATES IT". IT IS TRUE THAT 9 OF EVERY 10 VOLUNTEERS IN POLITICAL CAMPAIGNS ARE WOMEN. WOMEN MAKE GOOD VOLUNTEERS AND MAKE GOOD VOLUNTEER RECRUITERS. THEY KNOW OTHERS WHO ARE AVAILABLE TO WORK AND WHO WILL DO THE BEST JOBS. THEY KNOW THE DEPENDABLE WORKERS AND THE CAPABLE WORKERS. WOMEN ARE TENACIOUS, REALISTIC, FLEXIBLE, AND WOMEN PERSEVERE. A GOOD STATE PAC LEADER RECOGNIZES THE POTENTIAL LEADERSHIP OF THE

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AUXILIARY MEMBERS AND RECRUITS THEM TO WORK ALONG SIDE YOU IN BUILDING YOUR STATE POLITICAL ACTION COMMITTEE.

A GOOD PAC LEADER CONTRIBUTES GENEROUSLY TO FLAMPAC AND AMPAC BY BECOMING A SUSTAINING MEMBER. A SUSTAINING MEMBER GIVES $50.00 TO FLAMPAC AND $50.00 TO AMPAC. THAT'S LESS PER YEAR THAN CHIROPRACTORS, UNION MEMBERS, BUSINESSMEN, AND MOST OTHER POLITICAL ACTION COMMITTEE DUES.

BEING A GOOD PAC LEADER MEANS CONVINCING MEDICAL ASSOCIATION LEADERSHIP TO CONTRIBUTE GENEROUSLY TO THE PAC. WHEN MEDICAL LEADERSHIP SUPPORTS THE PAC, THEN THE PAC BECOMES THE PLACE TO BE.

ONE OF THE BEST ASSETS A PAC LEADER CAN HAVE IS TO BE ABLE TO BE OBJECTIVE. HE TRIES TO SEE THINGS AS THEY REALLY ARE IN THE STATE AND IN THE COUNTRY. HE LOOKS AT POLITICS WITHOUT EMOTIONAL THINKING. HE TRIES TO SEE THE BIG PICTURE AND THE LONG RANGE GOALS, AND SPENDS PAC MONEY AND TIME WISELY.

AS PAC LEADERS, AS PHYSICIANS, AS CITIZENS, YOU HAVE AN OBLIGATION TO WORK FOR THE CANDIDATE OF YOUR CHOICE IN 1976. THERE IS A CRITICAL NEED FOR YOUR DOLLARS AND YOUR VOLUNTEER HOURS. I AM NOT GOING TO TELL YOU WHAT WILL HAPPEN IF YOU DON'T. THAT IS THE MESSAGE YOU WILL HEAR FROM CONGRESSMAN FREY AND CONGRESSMAN MICHEL. I WILL ONLY SAY IN CLOSING THAT IF YOU DO NOT CONTRIBUTE, AND IF YOU DO NOT BACK UP YOUR CONTRIBUTION WITH VOLUNTEER HOURS,

YOU HAVE ONLY YOURSELVES TO BLAME FOR THE CRITICAL LEGISLATIVE DILEMMA OUR COUNTRY WILL FACE IN 1977 AND BEYOND. THANK YOU.

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Ex # 26)

BEFORE THE FEDERAL ELECTION COMMISSION

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In the Matter of: :
Herman Talmadge, : MUR 638(78)
Talmadge Campaign Committee :
:
- - - - - - - - - - - - - - - - - -x

Washington, D. C.

Friday, April 13, 1979

Deposition of

WILLIAM J. COLLEY

a witness in the above-entitled matter, called for examination by counsel for the Federal Election Commission, pursuant to notice, taken at the offices of the Federal Election Commission, 1325 K Street, N.W., Washington, D. C., beginning at 10:15 a.m., before William Oldaker, a Notary Public in and for the District of Columbia, when were present on behalf of the respective parties:

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For the Federal Election Commission:

WILLIAM OLDAKER, ESQ.
DEBORAH McFARLAND, ESQ.
1325 K Street, N.W.
Washington, D. C.

C O N T E N T S

WITNESS:	EXAMINATION BY COUNSEL FOR: FEDERAL ELECTION COMMISSION (Mr. Oldaker)
WILLIAM J. COLLEY	3

E X H I B I T S

Marked For Identification and atttached:	Page
Exhibit No. 1 -- Copy of Check No. 147, dated February 28, 1977	14
Exhibit No. 2 -- Copy of Statement of T. Rogers Wade, dated March 20, 1979	34

Thereupon

WILLIAM J. COLLEY

a witness, was called for examination by counsel for the Federal Election Commission and, after having been sworn by the notary, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR THE FEDERAL ELECTION COMMISSION:

BY MR. OLDAKER:

Q Do you swear to tell the whole truth and nothing but the truth, so help you, God?

A I do.

Q Would you state your full name for the record?

A William Joseph Colley, C-o-l-l-e-y.

Q Your current business address?

A 2550 M Street, N.W., Suite 800, Washington, D. C., 20037.

Q What is your current line of business?

A I am an attorney in practice in Washington, D.C.

Q Are you with a firm?

A I am of counsel to the firm of Patton, Boggs and Blow.

Q What type of practice do you have, sir?

A I have a general practice. However, most of my practice is devoted to legislation and representing clients on

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the Hill. And as such I am a registered lobbyist.

Q For approximatly how many organizations are you a registered lobbyist?

A I think currently I am registered for about 29 corporations and associations.

Q Are you registered as a lobbyist for the Pulmonary Doctors Association?

A I am registered for -- the organization's correct name is Cardio-Pulmonary Contractors Association.

Q What is that association?

A This is a group of companies who provide respiratory therapy services to patients in hospitals. The corporations contract to provide the service and the equipment to the hospital so the hospital doesn't have to purchase equipment, and hire personnel to do it.

It is what in the HEW vernacular is called under-arrangements, which means a contractual arrangement with a hospital.

Q Does this organization have what is commonly known as a political action committee, if you know?

A They do not.

Q Do you know if they make political contributions

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themselves?

A As such, they do not. However, as their lobbyist, I make personal contributions to members of Congress, in their name, so to speak, so that when I make the contribution the Senator or Congressman knows that I am making a contribution on behalf of a client.

Q What form do these contributions usually take? Are they usually by instrument, by check?

A Yes. In every instance they are by check so that there is a record, under FEC requirements since 1974. I always make the contribution either by my personal check or a bank treasurer's check or a cashier's check from the bank.

Q What is your personal account number, if you know, that you make these checks from?

A It varies. I have accounts with several banks in Washington. The one that I am using currently is with the National Bank of Washington. I will have to look at my check here to get the account number.

It is acccount 3-"45-92-9. That is the National Bank of Washington. The account is under "William J. Colley, Attorney at Law."

Q During 1977 did you have another account that you

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used?

A Yes. I had accounts -- and still have accounts -- with the Union First Bank, with Riggs Bank and I guess it is just those three -- Riggs, Union First and National Bank of Washington.

Q During 1977 did you make, to your knowledge, a contribution to Senator Talmadge, either his campaign fund or his office account, commonly known as the Newsletter Account?

A Yes. In February of 1977 I made a personal contribution of $1,000 to the Talmadge Newsletter Fund.

Maybe it was the Talmadge Newsletter Account. I can't remember. As soon as my check gets here I can refresh what it was. But it was the Newsletter account.

Q What were the circumstances surrounding that contribution, if you recall?

A I have known Senator Talmadge for many years, and had been in touch with his office. His position on the Senate Finance Committee and as Chairman of the Health Subcommittee is one of importance to my clients.

So what I have done -- like for many other members of Congress -- is from time to time make contributions to their -- if they are running for reelection -- to their political

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campaign, or if they are not running, to their office to help defray the expenses they incurr.

Senator Talmadge had a unique situation in 1977. In 1976 Jimmy Carter was elected President. He was from Georgia, the same state as Senator Talmadge. At the inauguration in 1977 many, many people came up from Georgia to celebrate the new President's inauguration.

As such, they would go to Senator Nunn's and Senator Talmadge's offices. And Senator Nunn and Senator Talmadge -- as the eight members of the House of that state -- would offer cokes, hamburgers, whatever, to these people and under the circumstances they do not have an expense account. They have to pay those out of their pocket.

So what happens is that many lobbyists or friends of these members of Congress will make a contribution to their office account so that they can defray some of their expenses in sending newsletters back home and buying cokes and hamburgers for their visitors, that sort of thing.

Q What were the circumstances surrounding the contribution itself? Was it solicited, do you recall?

A No. After I got the letter -- and I have given it thought -- obviously, it is difficult to recall the exact

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circumstances. But to my recollection -- and I am pretty sure because I have been in close touch with Talmadge's office over the years -- I volunteerd, I made a voluntary personal contribution to his office account.

Sometimes, like anything else, I am solicited by members of Congress to make contributions or go to their fund raisers or whatever. But in this instance, I believe -- and I am sure that I contacted his administrative assistants -- I said I would like to help the Senator, and made a contribution.

Q Who was his administrative assistant at that time?

A Rogers Wade.

Q What did you say when you contacted him, if you recall?

A To my recollection, it was a "stopped in for a cup of coffee," and chatted with him, asked if I could help out in any way.

I noticed that we talked about the fact that Senator Talmadge, in the previous month of January -- in fact, the first time I talked about trying to help out was when about 600 -- Senator Talmadge is Chairman of the Agriculture Committee. When he had this large number of people from Georgia that came in in the third week in January, he offered coffee and doughnuts

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and things like that to the visitors. They had it in the Agriculture Committee; I think some 600 people showed up in one day. So if you can picture after the election of President Carter that the Georgia delegation -- there was a tremendous amount of people that came up here and they expected, since they were in Washington, that they could go see their Congressman or Senator.

That gave me the idea that I knew he was paying for this out of his pocket, that I should make a contribution to help him out.

Q Did you make this contribution out of your personal account?

A Yes, I made it out of my personal account.

Q Do you recall which account it came from?

A My secretary will bring in the check shortly. If we could come back to this. I am trying to remember, and I am positive that it was the National Bank of Washington, my personal checking account.

What will happen is when my secretary walks in here she will show me a check that is Union First. But I believe it was the National Bank of Washington.

Q On the memo entry on some of these checks was there

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any indication as to which client it was for?

A No. The check was just made out to the Talmadge Newsletter Fund. There was no indication in the memo relative to it because it was --

Q Was it earmarked from any client?

A No, it was not.

Q This was generally from you?

A Yes. This was a personal contribution from me and on my personal checking account, after taxes. It was on my behalf rather than the behalf of one of the 29 clients that I work with.

Q Are there times when you do make contributions either to newsletter accounts or to campaign accounts that are, for lack of a better word, earmarked from a client to the candidate, out of your personal account?

A Yes. Often I will make a contribution for a particular purpose, such as an honorarium for a member to give a speech. I will indicate at the time to that member what the client's name and organization is so that when he speaks to them he will know who had made the contribution to his honorarium.

Q Do you bill clients in these cases for those amounts?

A No. My relationship with my clients is that rather

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than have a formal relationship, they pay me a fee and they expect me out of that fee to make my contributions on their behalf to various members of Congress.

Q Is this true for the -- I am sorry. I cannot remember the name of the --

A Cardio-Pulmonary Contractors Association. Yes, I am on a retainer to the Cardio-Pulmonary Contractors Association although they know that that retainer in addition to my legal services involves contributions to politicians. It is not a formal arrangement where I have to have their approval or tell them where I am making the contributions.

I just make them out of my personal account after I have received the retainer.

Q On the retainer itself do you pay income tax?

A Yes, I do. It is for legal services. So it is taxable income.

Q Do your retainers go into the firm account or your personal account?

A They go to my personal account. May I back up just a little bit?

Q Surely.

A On some of my clients, they pay the firm and then I

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draw money from the firm, so to speak. So I take that back when I said they all. Some clients pay Patton, Boggs and Blow. Some clients pay me directly.

Q With the client we have been talking about, they pay you directly?

A Yes. They send me a check made out to me personally.

Q With those clients that pay the firm, is the whole amount of the retainer then passed through to your account?

A No. The ones that pay the firm I receive hourly remuneration. It may go to ten or fifteen diferent attorneys in the firm.

I am paid $150 an hour for my time. I submit to the firm for those clients that pay the firm, every two weeks, and hourly billing. Then the firm bills them for it.

Q Going back to the matter where you contacted Mr. Wade, have you on other occasions contacted Mr. Wade or anyone in the Talmadge office to make contributions to the newsletter account?

A Yes, both the newsletter account -- I have contacted the office over the years to make either political contributions to the newsletter account or to honoraria. I am trying to recollect back in 1974, when Senator Talmadge ran; I contacted

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his office. At that time his administrative assistant was a Mr. Campbell. I told him we would like to help Senator Talmadge in his reelection campaign. As I recall we gave him -- I recommended one of my clients to give him $10,000. The American Medical Association was the client. They gave, as I remember it, $5,000 from the American Medical Political Action Committee and $5,000 from the Georgia Medical Society Political Action Committee.

Q When was that?

A The last time he ran was in 1974. I think we gave him $10,000.

Q The American Medical Association and the --

A And the Georgia Medical Society, from their political action committee.

Then in 1974, I can recall asking Senator Talmadge to speak to a client of mine. It was in May of 1974, and I gave him him $1,000. In that instance it was a thousand dollar contribution as an honorarium. Rather than the Newsletter, it went to Senator Talmadge personally.

I made the check out to Senator Talmadge. It was for giving a speech for another client at that time, National Ethical Ethical Pharmaceutical Association.

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Q As far as the honorarium in that case, how would you make the check out?

A I would make it out to Senator Herman Talmadge. And then down in the memo section of the check, I would put NEPA honorarium.

MR. OLDAKER: Off the record.

(Discussion off the record.)

THE WITNESS: Back on the record?

BY MR. OLDAKER:

Q Surely.

A Here is the material and the copy of this check. I was right, it is the National Bank of Washington. Here is the copy of the check.

Q You don't have a copy of this check, do you?

A I do. I would be happy to give you a copy. Here is a copy of the check, photostatic copy, both sides, how it was cashed, what bank. I brought the original to show it was an actual replica of the check.

MR. OLDAKER: Would you mark this Exhibit 1?

(The document referred to was marked Exhibit No. 1, a copy of which is attached to the original of this deposition.)

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MR. OLDAKER: Let the record reflect that Mr. Colley has given us a check numbered 147 from the National Bank of Washington, dated February 28, 1977, to the Talmadge Newsletter Account in the amount of $1,000.

The line behind the memo entry is blank. It has been marked as Exhibit No. 1.

THE WITNESS: What I was doing was I was trying to show a pattern here. But I am not a very good bookkeeper. When it was an honorarium I would put down that it was for an honorarium. But I am trying to get some examples.

My secretary used to keep a record. Here is another Georgia one. If it was going out to someone, she would list the Senator and whether it was a political contribution or whether it was an honorarium. I thought I had some examples to show you of how I differentiate between honorarium and political contributions.

BY MR. OLDAKER:

Q I hand you the exhibit numbered 1. Do you recall around that time a speech given by Senator Talmadge to any one of your clients' groups?

A Yes. I can recall during this period of time that we had a metting here in Washington. I wanted a Senator to

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come and speak to the people, which I am sure you are familiar with. When you bring a group of clients into Washington they always like to see a Senator. This was a luncheon.

They asked me if I could get someone to come over and give a speech to them. I asked Senator Talmadge if he would be willing to come to the Regency Hyatt Hotel on Capitol Hill and have lunch with my clients and talk to them about what the health committee of the Senate Finance Committee was going to do.

Q Which client was this?

A A This was the Cardio-Pulmonary Contractors Association.

Q Do you recall the date that occurred?

A It was in February of 1977.

Q Do you recall if it was before or after this check, which is February 28, 1977?

A It was before. As I recall the speech, it was in the middle of February of 1977.

Q Do you recall discussing with anyone in the Talmadge office, or Senator Talmadge himself, the question of an honorarium before that speech?

A Not specifically with that speech. I can recall in January of 1977 asking how the Senator's schedule was going to

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be during the year and what his obligations as far as commitments to organizations was. As I recall this was before the inauguration. So it was right about, I would say, the second week of January when they came back in the 95th Congress.

Q What was that discussion?

A Just asking, I think I contacted Rita Hubler first, his personal secretary. I do recall. I have a close relationship with Senator Talmadge's office, the people in his office like Russ King, his legislative assistant, Rita Hubler, his personal secretary.

Often when clients come to town, especially those from Georgia, they will want to see the Senator. So I call his secretary and make an appointment and bring them in. We have a cup of coffee and chat with the Senator for a while.

But I asked what his schedule was going to be for the year, knowing that he is in great demand. That was January, I think, of 1977.

Q Did they indicate his readiness to accept honoraria at that time or not to accept it?

A As I recall the conversation -- and this is difficult because I do have contacts with a lot of offices -- as I recall the conversation was with Rogers Wade at this time.

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There had been a series of administrative assistants, from Campbell to Dan Minchew, to Rogers Wade, and now his administrative assistant is a fellow by the name of Will Ball.

My recollection was that he was booked completely, that he had already been contacted by organizations and had made commitments that would tie up his schedule for honoraria.

Q When you say booked completely, what do you mean?

A In the Senate in 1977 the rules of the Senate were that a Senator could only accept $25,000 in outside -- not necessarily outside -- speechs, honoraria, and that most of the top Senators, at that time Senator Humphrey, Senator Long, Senator Talmadge, were in such great demand that usually by January they were booked for the $25,000.

Q For the year?

A For the year. That was the limit that they could take.

Q What would be your options if they were booked?

A You would hope that through your personal relationship with the office and the things that you have done in the past, like in Talmadge's case where I raised not only $10,000 in 1974, but we had a group of physicians in Georgia that put together, out of their own pocket, about $25,000 for his

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campaign, that even though they were booked, couldn't accept honoraria, that they would agree to give a speech if you asked them to talk with clients or give a speech or join a group for dinner or lunch or whatever.

Q So then sometime after this, I guess, you said was prior to the inauguration, so prior to January 20th, sometime after that you contacted the office regarding the speech which was given in February?

A Yes, that is correct.

Q At that time was there any discussion of honoraria?

A No, because when I asked him to give the speech he had already committed himself for $25,000, so there was no way that I could give him an honorarium for the speech.

Q Who did you discuss this with at that time, the speech?

A I talked to Rita Hubler and Russ King, and Rogers Wade in the office.

Q Did they agree to put it on his schedule? I am not sure how they handle such matters.

A They said they would check and see what his schedule would be. They wanted to know when the group was going to be in town and where they were going to be. They would see if he

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would be willing to do it.

Q Did they get back to you on that?

A Yes. I got a phone call saying that the Senator would be in town and would be willing to come over to the Hyatt and have lunch with us and give a speech.

Q Was there any written correspondence?

A No. I looked through my files on this completely. I couldn't find, nor do I recall, any correspondence because the way I dealt with Senator Talmadge's office, it was on a personal, stopping in, talking with his staff, on a personal basis rather than a formal letter writing thing.

Q In general, in dealing with the Talmadge office, did you deal through correspondence or was it usually verbal?

A No. Invariably, in dealing with Senator Talmadge's office--his was one of the offices where it was a personal thing. I would stop in, talk to his staff, or talk to the Senator.

Q Did you make any other contributions to the newsletter account during 1977, that you recall, the Talmadge Newsletter Account?

A This is an interesting area. Yes. I thought I did. I have searched the files. It was my understanding that I had made a couple of contributions to the newsletter account in 1977.

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Yet, I can only find one check. That is this check that is Exhibit 1, for $1,000. In my own mind I thought I made a couple because I checked, and they didn't have very much money in their account and I said, "Well, I will see what I can do." I thought I made two contributions.

Q Did you make any contributions during 1977 that you recall to the Talmadge political fund?

A No. He was not up for reelection in 1977. I was not contacted by his campaign committee or anybody to make a political contribution to him.

Q Since you have gotten notified of this subpoena, have you had any conversations with anyone in the Talmadge office?

A Yes. When I received a phone call from a reporter for the Atlanta Constitution, his name was Seth Kantor, after I received the inquiry from the reporter, I contacted Talmadge's office to let them know I had been contacted by this reporter and and what I had told the reporter in response to his questions about my relationship With Senator Talmadge and my relationship of political contributions to his campaign in 1974, and even before that, in 1968.

I talked, at the time, to Mr. Ball. Rogers Wade was out

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-all Rogers
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Q Do you recall what was discuss

A Yes. I recall speaking with bot
Ball, and I think -- I am trying to remember
talked to Rogers here or he was out of town and
and I indicated to them what I had told the report
made these personal contributions to the Senator's n
account and that they were unsolicited and I made them
voluntarily on my own behalf.

The article that appeared in the newspaper said to t
effect that Rogers Wade and the spokesman -- there was a Gord
somebody -- Gordon Roberts, who is the press secretary for
Talmdage was contacted by the same reporter. I didn't talk
to Gordon. But when the article appeared it said the
spokesman for Talmadge indicated that the contributions by
Colley were voluntary and unsolicited.

Q Did you talk to Mr. Wade at all about the speech
that was given in February of 1977?

A Yes. I recall checking with him as to the Senator's

schedule, and if he would be available to give the speech.

Q Do you recall talking to him recently about that speech?

A No. This was back in 1977, before the speech.

Q When you talked to Rogers Wade back in 1977 about the speech, did you talk to him at that time about the possibility of making a contribution to the newsletter account?

A I think I had already indicated when I talked to him about the speech, I had already indicated that I would like to make a contribution to the newsletter account. Yes, I did talk to him about making a contribution.

Q Did he indicate any amount that would be acceptable? Were there any limits that you knew of, as far as contributions to such accounts?

A No. The rule that I have always used was a thousand dollars. When I make a personal contribution I limit my contributions to any one office or any one individual to $1,000.

Q A time?

A A thousand dollars maximum, I take that back; a thousand dollars a year. That is what threw me on this one because I thought I made a couple, which was unusual. But Talmadge's relationship was a little different than others. But I couldn't find any record other than the thousand dollars.

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Q Beyond the personal contributions that you make to various candidates, do your clients make contributions out of their political action funds, also?

A If they have a political action committee, yes. Often I will ask my clients to make personal contributions out of their own pocket for particular members of Congress.

On those organizations like the American Medical Association where they have a large political action committee, they will make them out of their AMPAC. Companies that don't have political action committees or organizations that do not have, then often on behalf of a particular member of Congress, I will call my clients and ask them, it would be a favor to me if they made a contribution to a member who is running for election.

As you know, Senators only run every six years. In 1977 Talmadge wasn't running for anything. He is up for reelection in 1980, next year. So there was no solicitation to make a political contribution in 1977.

Q With a client like the American Medical Association that is large, you mentioned that you would call someone and then they would, at times, make a contribution from their political action committee; would you also call their state

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organization?

A Yes. The way that the American Medical Association is organized is that their national political action committee will not make a political contribution unless the state political action committee of the physicians' requested it or agreed that that would be the candidate they wanted to support.

We try never to get the national organization in conflict with the state where maybe the state doctors would not like a particular candidate, so you would not send money into the state unless the state agreed that that was the candidate of their choice.

I think in 1976 -- I take that back -- 1972 we spent about $4 million in political contributions. We were very careful to coordinate the state and the national organization so that there would be no conflict or hard feelings between the two.

Q One of your functions as their Washington lobbyist is you --

A Yes, one of the functions I had as a lobbyist was to indicate to the state and the national organization the particular voting record or the type of regard the member of Congress had for organized medicine and whether he was a

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supporter or an opponent to the objectives of organized medicine. Obviously, we wouldn't recommend money for an opponent. But we would try to get candidates who were favorable to organized medicine reelected, just like coke labor does for their candidates. They make their contributions. We would make them.

What I would do would be, from Washington contact both the state and the national organization and try to get funds for a candidate that I thought was worthy of being reelected.

Q And try to coordinate that?

A Coordinate the two. What I would do -- for example, in Georgia, since we are on Senator Talmadge, in 1974, and 1973, theyear before the election -- is I would talk to the physicians in the Georgia Medical Society and find out their concerns or their feeling about Senator Talmadge and then I would request that they would support him.

Then I would go to AMPAC and when I was there in 1973, on that particular issue, I tried to get more. They said their limit was $10,000 to any one candidate. He really didn't have an opponent. Then I went back to Jim Kauffman, a physician in Atlanta and said we got to do better than $10,000. He got some physicians together and we got about 25 more thousand for him.

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Q When you say 10,000 that is 5 --

A $5,000 from the national organization and $5,000 from the state.

Q I guess the PACs' limits were $5,000?

A Yes, at that time the limits that the multi-candidate political action committees could give would be $5,000 maximum.

Q Is the Medical Association currently a client of yours?

A It is very tenuous. They call me for certain things, like Governors' conference work and so forth. But I am not on a retainer to the American Medical Association.

Q Were you at one time?

A Yes, I was on retainer but I had a conflict that I was retained by the College of American Pathologists and there was a conflict between AMA and the college. So I found it in my best interests to not be retained.

So in 1975 or 1976 -- either in the end of 1975 or the first part of 1976 I stopped my retainer from AMA.

Q What is the relationship -- since I don't really understand the client we have been talking about --

A The Cardio-Pulmonary Contractors Association?

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Q Yes, does it have any relationship with the Medical Association?

A No; only in the fact that they contract with hospitals and that they have physicians that they hire and often some of the companies that belong to Cardio-Pulmonary Contractors Association, physicians are in their organization, and they belong to AMA, in that sense.

Q As to the check that we have marked Exhibit 1, a Xerox copy of it, do you know if you sent that to the Talmadge Newsletter Account by mail or if you hand-delivered it?

A I hand-delivered it.

Q Who would you hand-deliver it to? If you recall.

A I am not trying to be evasive here.

Q I understand.

A You get involved in these things, and even your own memory fails you sometimes. I am sure I gave it to one of two people. I either gave it to Rita Hubler or I gave it to Rogers Wade.

Q Do you recall where you would have given it?

A In their office. This was not a political contribution. Therefore, it was not bound by the law about transferring funds on federal property. So on this newsletter--

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Q You didn't have to go out to the corner?

A Right, meet them on the steps.

You know it is a situation where everybody gets involved in these technicalities of the law. But I am sure that I hand-carried it and I either gave it to Rita or Rogers, one of the two.

Q You say that it, to your mind, was not a political contribution under the law at that time?

A No. This wasn't a political contribution. So I didn't handle it like I would a political contribution. Political contributions I invariably mail to the campaign, and find out where the committee is, usually in the state or whoever the campaign chairman is and then I mail the check there.

What I usually do, obviously, in order to make sure the credit is given me, I send a copy of the letter to the individual member of Congress.

So that I don't send him the check but I send it to his committee and then with a carbon copy to the Senator so he knows I made it.

Q You send the attached letter?

A Right. I couldn't find any letters on this. This is why I know I hand-carried it up to the office. However, I don't

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want to put myself in a situation where -- I could have given this to the Senator. I don't know. I am sure I did not. But on some checks I have given checks to the member of Congress or the Senator.

I would give it to him personally, outside of their office if it was a political contribution.

Q How do you handle an honorarium? Is that different than the two incidences we are talking about?

A Yes. When I am involved where there is an honorarium involved, I discuss it with the member. Usually I try to have a check so that I give it to the Senator or Congressman at the time he gives the speech, when we are riding back to his office or before, whatever.

But political contributions I mail or give to their committee or their representative.

Q How about a political contribution from a PAC like AMPAC, do they mail it or do they send it to you to mail?

A It varies. Sometimes they will send it and we will hand-carry it. Other times it is mailed back to the state and it is given by a physician in his state. They put the two together and give the $10,000 or $5,000 or whatever, and they give it to the member in his state.

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MR. OLDAKER: Off the record.

(Discussion off the record.)

BY MR. OLDAKER:

Q Are you aware of any difference of opinion between yourself and others?

A Yes. I treated this, during the time I was contacted by the reporter in Atlanta, I had treated this as a personal contribution to the newsletter account. It was not a political contribution. It was not an honorarium in my mind.

However, I have heard that the check that I made out to the newsletter account was transferred into the Senator's account and listed as an honorarium. But that was not my intention, it was not my understanding of it.

But the reporter, Seth Kanter, brought up this and I am trying to remember whether it was Rogers Wade or Will Ball who told me -- I am really not trying to be evasive. But my check was put into, not to the newsletter account.

To pay for newsletters and hot dogs and hamburgers, a lot of members of Congress, until recent years when FEC sort of frowned on it, they had what was called office accounts where they would run the extraordinary expenses of the office with the money that the lobbyists or people would give them.

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But I had been led to believe that this check that I gave was transferred into the Senator's honorarium account and documents were filed with the FEC that this was an honorarium.

Q If it were an honorarium would you make it out to the Senator personally or would you make it out to his newsletter account?

A No, I would make it out to the Senator personally. All honoraria I have given in the years that I have been here in Washington, I have never given an honorarium, other than to the personal name of the member of Congress, because he has to list that as income. It is tax deductible to him. It is an honorarium that is tax deductible.

When you make an honorarium, you can take a deduction for business expense.

Q We have had an affidavit from Rogers Wade. I don't know if he told you he had given us an affidavit.

A No, he did not.

Q In that affidavit he states, and I quote--and you can have a copy of this to look at, if you want.

He states -- and I say this not in an attempt to impeach you but just so you know what the record is and you can respond to it, if you want. He states, "I explained to Mr. Colley

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that the Talmadge Newsletter Fund was not a campaign account and would not accept campaign contributions for the purpose of influencing the election of Senator Talmadge. From our discussion, it was my understanding that Mr. Colley wished to make a thousand dollar donation to the Talmadge Newsletter Fund for defraying office-related expenses. The officers of the Talmadge Newsletter Fund received Mr. Colley's personal check made payable to the Talmadge Newsletter Fund."

That seems exactly the same.

Let me read you earlier on, he said, "I also made the scheduling arrangements for Senator Talmadge's speech before the Cardio-Pulmonary Doctors Association with Mr. Colley. I explained to Mr. Colley that Senator Talmadge would not accept an honorarium to speak to the Doctors' group, but I informed him of the Talmadge Newsletter Fund and told him the officers of the fund would welcome any voluntary donation to the fund for the purpose of helping defray newsletter and other office-related expenses but that Senator Talmadge's speech would not be conditioned on such a donation."

Would that refresh your recollection at all as to the conversation you had with Mr. Wade?

A Yes, that was the understanding that the contribution

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I made was unrelated to any speaking engagements by the Senator, or quid pro quo, so to speak, that I did not make this contribution with the understanding that it had anything to do with the Senator's personal account, honorarium or his limitation that he had with the Senate.

Q It is the third paragraph on page 2 of this affidavit. I would ask that the affidavit be marked as Exhibit 2, only for the purposes of referencing this, and referencing paragraph 3 of page 2. It is the second full paragraph on page two.

A That was my recollection of the circumstances surrounding my contribution at the time; although I thought I had volunteerd the contribution to the account.

(The document referred to was marked Exhibit No. 2, a copy of which is attached to the original of this deposition.)

BY MR. OLDAKER:

Q Have there been any other instances that you recall offhand where a Senator or Congressman has been, as you indicated before, booked up for the year, as far as honoraria where you have later made a contribution to their office account?

A Yes. I can recall some situations where I would ask a particular Senator or member of the House of Representatives

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and find that they had already reached it without any, again, quid pro quo. But if they did a favor by talking, giving a speech anyhow, it was sort of an understanding that you would show your appreciation in some manner; later, if he were running for office, to make a political contribution to his campaign in some form.

I can remember Congressman Stucky had an office account. He would ask that you make a contribution to his office account. One that just happened recently was I asked Senator Kennedy to give a speech to a group at a dinner. He said that he would not accept an honorarium but that if we wanted to make -- it wasn't necessary, but if we wanted to make a contribution -- we offered him a thousand dollars -- to the Bobby Kennedy Memorial Fund, that that would be appreciated. So he came to the dinner, made the speech, and we made a check out for a thousand dollars to the Bobby Kennedy Memorial Fund.

Another one that happens quite often is that Senator Long does not accept honoraria. However, I asked him to give a speech one time and he said that he would be happy to give the speech. During our ride to the dinner he made a suggestion that a particular member of Congress was having a difficult time for reelection and perhaps we might want to help them by making a

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political contribution. These are the things that happen all the time.

Another time you will have somebody like Senator DeConcini; he would not accept an honorarium. He came and we had dinner. He gave a speech. He suggested -- but it wasn't necessary -- a charity in his state that would appreciate a contribution. So what we have done invariably is, taking the hint from a particular Senator or Congressman, we would, instead of giving it to them, give it to the charity that they would designate.

I can remember Congressman Rostenkowski one time suggesting we make a contribution to the school that he went to in Chicago, that type of thing. This happens all the time with lobbyists, where some members -- especially when I was representing AMA -- some members did not want to haveit reported where people could find out that the doctors gave them money. So they would ask that you send it somewhere else.

That was also back in the days before FEC. It is the old situation where you say, "Will it help you if we come out and support you or would you be better off if we come out and oppose you, and you will get more votes in your district if we oppose you?"

That is what happens on these issues.

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Q When you would give something, like to Mr. Rostenkowski's school would you designate it as coming from him?

A Yes. We would write a letter saying on behalf of Congressman Rostenkowski we are making this contribution in his name and the same way with Senator DeConcini. We would do the same.

We wrote a letter to the charity and indicated it was being done in the Senator's name. Senator Bentsen does that, too.

Lloyd Bentsen doesn't like to take honoraria. So he will usually mention some charity in Texas. We would send a letter with a copy to the Senator so he would know that we actually had done what we told him we would.

Some Senators ask cash. We have a policy that we never give cash.

Q That sounds like a sensible policy.

A We always have checks to back up any contribution.

Q Do you feel that these designated contributions are done on a quid pro quo basis?

A It is difficult to come up with a real honest answer. I don't mean that the way it sounds. Yes. Here is my reaction.

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I obviously would not have made any contribution to that particular charity or to a school unless I felt that I was doing it on behalf of a Congressman who had done me a favor by going out of his way to come and meet with my clients and give a speech or sit at a luncheon or something of that nature.

So if you put it in a quid pro quo, would I have voluntarily sent that money to that charity, not unless the Congressman told me about it.

Q Would you think probably the same thing were true here if Mr. Wade had mentioned it, to the newsletter account?

A No. I think this is an exception. There are other exceptions that I could mention. I try to keep a continuing relationship with certain offices.

However, if I made a contribution to an office fund, like Congressman Stuckey had one, and Senator Humphrey used to have one, you would expect some response when you would ask a favor from that office to meet with your clients or to -- I really wouldn't put it as quid pro quo.

It is sort of part of the game that is played as lobbyists with members of Congress. You know you are not going to get favorable consideration if you don't show some favorable consideration of helping them.

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I was amazed in 1977 with the tremendous onslaught in the Georgia delegation. Every member of the Georgia delegation, including the two Senators said they never had seen that many people in their life, after President Carter came up here to be the President. They just had to pay for it.

People don't understand members of Congress don't have office accounts, expense accounts. When the high school band comes up here and they parade in the Senator's office and they get hamburgers and cokes, that is out of the Senator's pocket. Most lobbyists do make contributions to offset some of that.

I have been asked and complied where they would ask me to pick up a dinner. Congressman Kirwan would have a group. If you wanted him to speak to your group, he would say, "All right, you be the captain at Paul Young's." The captain at Paul Young's meant you would take his people out to dinner.

I don't know if you put that quid pro quo, but you have to do it in order to survive in the business.

MR. OLDAKER: Off the record.

(Discussion off the record.)

BY MR. OLDAKER:

Q Back on the record.

Do you have any statement that you wish to make for the record?

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A Only in sort of a summary, is that if any of my records -- I always have tried to keep a copy of everything, records of checks, cancelled checks and so forth, that if any of them can be of assistance -- Senator Talmadge has, over the years spoken to a lot of my clients without any checks involved.

In some instances it was an honorarium that he did expect a check and I made the check out to the Senator. In this instance it was not my understanding that this was an honorarium.

Q I guess I have one final question. In the cases -- and I think you answered it before, but in the cases of an honorarium that you pay on behalf of a client out of your personal account, it would be out of an account like the National Bank of Washington?

A Yes. They would be drawn on Washington Banks. It would either be my personal account or a cashier's check, the treasurer's check from a bank.

Q Would you get reimbursed for those honoraria from those organizations as opposed to contributions you said you did not?

A Political contributions, never have. One, the National Pharmaceutical Alliance would usually, in the last

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four years, they would contribute half. If we gave somebody $1,000 then they would send me an additional check of $500 in addition to my monthly retainer. But often speeches that were honoraria, I wouldn't get reimbursed.

They just figured I would be spending that money out of my retainer they give me every year, that that was what they were paying me for.

Q How did this client handle it?

A On this client, Cardio-Pulmonary Contractors Association has never reimbursed me for honoraria, nor have they reimbursed me for any political contributions. They retained me four years ago at a monthly retainer. That is what I receive every month.

What I do with the money -- in other words, I would be ahead of the game if I didn't make any contributions because they don't ask who I give the money to. I don't have to get their approval. Nor do, when they have a meeting and I have a speaker there, if I don't have a speaker they don't seem to care one way or the other. I am probably ahead of the game by not spending the money.

Q Except you might lose your client.

A That is the point. It is part of being a Washington

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lobbyist, they expect when they come to town to have somebody there.

MR. OLDAKER: I want to thank you very much for being so cooperative. We will adjourn the deposition at this point in time.

(By stipulation of counsel, and agreement of the witness, reading and signature waived.)

# # #

CERTIFICATE OF SHORTHAND REPORTER

I, Lynell C. Shreve, shorthand reporter, do hereby certify that the testimony of the witness appearing in the foregoing deposition at pages 3 through 42, inclusive, was taken by me in shorthand and therafter reduced to typewriting by me; that the said deposition at said pages is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this deposition was taken; and further that I am not a relative or employee or any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Lynell C. Shreve

Shorthand Reporter

MILTON & GREENWOOD REPORTING ASSOCIATES, INC.
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Ex 261

February 9, 1976

R. William Alexander, M.D.
Chairman, PaMPAC
544 Elm Street
Reading, Pennsylvania 19601

Dear Bill:

As Chairman of the American Medical Political Action Committee, let me take this opportunity to thank you for what your state has done for medical political action in the past year. We are looking forward to working with you in 1976 and wish to start the year off right by telling you just a few of our plans.

MEMBERSHIP

In an attempt to conserve funds and to increase medical political action's identification, every contributing member to AMPAC will receive a letter of acknowledgement from me. In the past, attractive, but costly, membership cards were sent. This year's acknowledgement letter carries the usual thank you for the contribution and urges the member to become active in candidate support activities. It also calls attention to the celebration of our country's Bicentennial year and announces AMPAC's 1976 Bicentennial membership certificate. If the member requests the certificate by completing and returning the form at the bottom of the letter, he will receive the membership certificate.

The 1976 Bicentennial membership certificate carries the picture of the four practicing physicians who signed the Declaration of Independence. On the back of the certificate are 300-word biographies of the four physicians. One physician who never practiced medicine also signed the Declaration. He is mentioned, but his picture is not featured.

We are enclosing a copy of the certificate, along with a copy of the membership acknowledgement letter, for your information and for your use in promoting your state PAC membership. Please be advised that distribution of this certificate will be to AMPAC members only.

In a further attempt to help you boost your state PAC membership, we will soon send you one PaMPAC/AMPAC exhibit. Your should receive it by March 1, 1976. The exhibit is a 4 x 8 ft. white oilcloth drape.

The exhibit is portable, light weight for lost-cost shipping, and can be easily carried in the mailing tube provided.

In keeping with the Bicentennial year, AMPAC has designed a special sustaining membership pin. It carries the traditional 99+ symbol on a red, white and blue background. There will be no pins for active members in AMPAC ($10.00 contributors) this year.

AMPAC awards for the 1975 membership competition will be presented to the top three winners in each category on Sunday night, April 11, in connection with the AMA/AMPAC Public Affairs Workshop at the Shoreham Hotel in Washington, D.C. You will recall that last year no workshop was held and membership awards were presented at state meetings. This year we will return to presenting the membership awards at the awards dinner in Washington, D.C.

For your information the 1976 AMA/AMPAC Public Affairs Workshop will begin Saturday evening, April 10, with a cocktail party and entertainment by Mark Russell. The Workshop will officially open on Sunday morning, April 11, and will continue through lunch on Monday, April 12. Monday afternoon is reserved for legislative briefings by the Washington office and Tuesday, April 12 is set aside for state congressional delegation visits.

POLITICAL EDUCATION COORDINATORS

In answer to the continuing need for communication between the state political action committees and the American Medical Political Action Committee, I am pleased to announce that AMPAC has plans to increase its staff to include three political education coordinators. Two of these coordinators have joined the staff and are being trained right now to help AMPAC serve you better. The two present political education coordinators are Peter B. Lauer and Mike Konicek.

We at AMPAC wish to call your attention once again to the fact that your relationship with us is completely voluntary and autonomous. Therefore, we are doubly grateful for your cooperation in the past. We look forward to a good membership year in 1976 because we know you are out there working to build medical political action. Your state is unique, and we at AMPAC are acutely aware of this fact. We hope that you will not hesitate to call upon the AMPAC Board and staff to help you in any way in 1976. Please let us hear from you soon.

Sincerely,

James C. MacLaggan, M.D.
Chairman
AMPAC Board of Directors

cc: Jerry Rothenberger

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601

December 28, 1977

Mark B. Listerud, M.D.
Chairman, MONTPAC
P.O. Box 729
Wolf Point, MT 59201

Dear Mark:

Just a note to wish you the best for 1978 and hoping the PAC movement will also find the year a prosperous one.

In this line, I want to urge you to attempt to secure photographs of literally any event that your political action program undertakes. If you will then forward these onto me, I will attempt to get them placed in either our AMPAC newsletters, or the AM News. It is our hope that this sharing of "visual accomplishment" will spur other PAC's around the country to perhaps follow your example, or at the very least, to be aware of what the other states are up to. If you have questions on this, please contact me here.

1978 is, of course, an election year, and an important one. With public financing again a distinct possibility, and the 1980 reapportionment very much on the mind of both parties, it is vitally important that the medical political action movement be in the forefront of those groups who are active this year. I urge you to set out a direct "plan-for-action," similar to one that I have enclosed, and to proceed to impliment it as soon as possible.

If you have been following the news reports from Washington, you are probably aware that many Congressmen will be "running-their-own-campaigns" this year, rather than coat-tailing on the accomplishments of the current Administration.

RECEIVED
DEC 30 1977
MONTANA MEDICAL ASSOCIATION

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For this reason, they will be looking for early support. Obviously, this is exactly the type of situation of which we must take advantage.

Hopefully, your action plan will not only call for heavy membership recruitment early in the year, but will also call for specific, active involvement within individual campaigns. More than ever, personal participation will be the measure of "true value" to Congressmen, and this cannot be overlooked by our medical community.

If there is any aspect of these ideas which you would like to discuss further, please don't hesitate to contact us. We're anxious to assist. See you in Montana, soon.

With best wishes.

Thomas C. Norton
Political Education Coordinator

TCN/js

Enc:

cc: Mr. Brian Zins

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1978 Basic Medical Political Action Program

	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.
78 Membership	-Joint Billing Shipped (-'77's Priorty)		-Medical Journal Solicitation -First Rebilling to '77's that didn't rejoin			-Med. Journ. Solicit. -Second rebil. to '77's		-Med. Journ. Solicit.		-PAC article in Med. Journal -Final billing		
AC Board ctivities	-Sustaining Mem. from all Board -Est. of Board mem. responsibility areas -Disbursements where poss.		-Cand. select and eval. work(primary) -Disbursement if poss -Eval. of Board recruitment work			-Board letters to '77's that don't rejoin. -Primary involvement	-Disbursements for General	-Post Prim. Evaluation	-Cand. Eval. for Gen.	-Final Disbursements	-Letter solicit PAC involvement	
					PRIMARY							NOV. 7th
PAC Action Annual Meetings		PAC Chr.speaks Auxiliary Meeting (Mem. sales at meeting)				PAC Chr. Reports to House (Mem. sales at meeting)						
Newsletter	-Mem. solicit. Registration urged!		-Primary Update Hot races, etc. Ways to involve, etc. VOTE urged.			-Primary Eval. Hot gen. races. Urge gen. involve. for fall races. Urge registration			-Gen. Summary of fall races. List names, locations, etc. of cand, hq's, hours, needs. VOTE urged			
PAC Chr.	-Design speaking tour, i.e., largest hospitals, counties, etc.-Before primary -AMPAC Leadership program at AMA Lead. Conf.-Chicago		-Personal appeals for action to Board, general membership. Actual involvement in campaign. -AMPAC staff updates			-Contacts established with all major campaigns. -Editorial contributions to general and specialty journals in state.		-Urge involvement in critical campaigns. -Impliment priority list with help of cand. eval, committee -AMPAC Staff updates		-WORK HQ's, POLLS, PHONE BANKS,ETC., ESP NOV. 7th.		
Candidate Support			-Realistic Eval. of capacities	-Assess specific cand. needs and involve PAC		-Primary Involvement evaluation	-Promote early summer involvement by physicians and physician spouses		-Final eval. of needs	-Turn out yo physician families & Elect. Day		

Ex 263

AMERICAN | MEDICAL | POLITICAL | ACTION | COMMITTEE

Chairman
James C. MacLaren, M.D., San Pedro, California
Secretary
Mrs. Jean M. Cornwall, Decatur, Alabama
Edgar F. Berendsen, Jr., M.D., Wilson, North Carolina
William M. Cooper, M.D., Washington, D.C.
John J. Cowperthwaite, M.D., Pawtucket, Rhode Island
Roy F. Kenzie, M.D., Oklahoma City, Oklahoma
Michael P. Lynn, M.D., Pittsburgh, Pennsylvania
W. J. Lyon, M.D., Hudson, Ohio
John M. Smith, Jr., M.D., Los Angeles, California
Joseph C. Van Tuinen, M.D., Grand Rapids, Michigan
William L. Watson, Executive Director and Treasurer
Mrs. Lee Ann Elliott, Associate Executive Director and Assistant Treasurer

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

February 26, 1976

Mr. Francis Sweeny, Executive Director
Connecticut State Medical Society
160 St. Ronan Street
New Haven, Connecticut 06511

Dear Frank:

Thank you for the opportunity to meeting with you and members of the COMPAC Board.

In my discussions with you and Dr. Richards I mentioned the possibility of obtaining an hour of time during your annual meeting for an AMPAC presentation. The format could include a formal presentation by an AMPAC Board member followed by a brief question and answer session. I believe this could be a starting point in building PAC support. If this seems agreeable to Dr. Richards please advise me so that we may schedule our speakers time.

On my way back to Chicago I had time to consider many of the problems COMPAC is facing. I have enclosed a recommended reorganization of the board so that a minimum of confusion will result. Of course the plan is only a suggestion, but I believe a smaller more active group could increase COMPAC's effectiveness.

I have also included a general outline of candidate support committee responsibilities. There seemed to be some confusion as to the role of such a committee and I hope this will clear up this confusion.

I thank you again for your time and advice. Please feel free to contact us regarding any questions you might have. We are most anxious to help in any way possible. I look forward to hearing from you regarding your annual meeting.

Sincerely,

Peter B. Lauer
Political Education Coordinator

PBL:hc
Encl.

Copies of reports filed with the Federal Election Commission are available for purchase from the Federal Election Commission, Washington, D.C.

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COMPAC BOARD ORGANIZATION

The following proposal is made with the intent of forming a nucleus of active COMPAC support in each of the six congressional districts and the state at large.

Under this system each district will then have a "Key-Man" who is the contact with his or her congressman, state representative and state senator. The Key-Man is also responsible for setting up candicate support committees in his area and evaluating the records of candidates.

BOARD COMPOSITION

1 Member from each congressional district

2 Members-at-large

2 Members from Connecticut Womens Auxiliary
- CSMS Chairman

A total of 11 members serve on the board. All members should be sustaining members in AMPAC/COMPAC. The members-at-large will be responsible for monitoring the two senators and setting up candidate support committees for them or the challenger.

Each congressional district board member would also be responsible for the state legislative and senatorial districts in his area. Members-at-large would be responsible for the governor and other state officials as appropriate.

Officers of COMPAC will be elected by the board and serve a two year term. Elections should be held in non election years.

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CANDIDATE SUPPORT COMMITTEES

The candidate support committee is based on a very logical ideology. The methods of implementation are quite practical. All that the system needs is a motivated group of physicians (and their wives) concerned about the future of the medical profession as it is affected by government officials.

A candidate support committee should be set up for each congressional district. There should be a "key man" in every district to head the committee. This key man will serve several purposes. He will serve on the COMPAC board to review policy decisions and develop strategies to be implemented on a state wide basis. Equally if not more important, he will keep a record of his congressional district's politicians. The "key man" will be an authority as to what is happening politically in his area. He can keep track of the voting records of the incumbants and at the same time get a feeling for any challenger that would want to run against the incumbant in his district. This local familiarity will aid the COMPAC candidate selection committee in reaching a decision as to who they will support. In addition, as mentioned before, the "key man" will head the candidate support committee and organize the physicians of his district into a working unit.

At the grass roots level the candidate support committee will have three main functions. First the committee will (if appropriate) support their favored candidate with financial contributions from members of the medical profession. Secondly they will organize a registration drive to see that as many physicians and members of their families as possible are registered to vote. Finally on election day the candidate support committee recontacts the physicians and their families and remind them to get out and vote. Although political know-how and money are important it is the actual vote by the citizen that will win the election for your candidate.

It should be noted that the candidate selection committee must make a choice between two candidates with a wide spectrum of philosophies. Some times the candidates are both undesirable. This is a difficult position to be in for the selection committee but all that can be said is that sometimes it is better to support a candidate that votes with you half of the time than to stay out of a race where the winning candidate would vote against you all of the time. Good luck.

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RK 264

MEMORANDUM

TO: Bill Watson

FROM: Thomas Norton

DATE: October 14, 1977

RE: JEMPAC Meeting, October 12, 1977

Frank Watson carried off his last Board meeting prior to the New Jersey gubernatorial election. Frank pointed out that although JEMPAC had not achieved all that he had hoped it would for this election, it nevertheless accomplished quite a bit. Among these items are:

- Two political education seminars, one prior to the primary and one after.
- Listing of all candidates for all state offices according to district. Where possible, annotations were made as to understanding of medical problems.
- Involvement on both sides of the gubernatorial race for the first time in JEMPAC history.
- Substantial involvement in a large number of state senate and assemblymen seats.
- Dissemination of voting location, voting district, candidates running in that district and campaign contact numbers for that district for all JEMPAC members.
- Compilation of all home addresses of all JEMPAC members, and as possible, by county, all physicians in the Medical Society of New Jersey. These lists are being distributed to those county coordinators for the various campaigns to be utilized in election day activities.
- JEMPAC election day activities coordinators appointed to all legislative districts. (Questionable as to how many are active)
- Manpower funneled into the various positions for Bateman committees throughout the state, as well as physicians for Burne committees. Actual record of physicians working phone banks, election day activities, etc.

Overall, JEMPAC has come quite a distance since January of 1977. I'm quite pleased with the progress that Frank Watson was able to make with this diverse, and many times reluctant committee.

- Following his discussion of the final campaign programs, he laid out his plan for a reorganization of the JEMPAC operation. He mentioned that he was using the by-laws and operating procedures of the best state PAC's around the country to serve as models for this JEMPAC reorganization. He requested that anyone interested in serving on a committee for the reorganization join him in this project. He is determined to have this done by January of 1978, and I have been assisting him with a number of ideas, as well as out of state by-laws, etc.

One of the major points of his reorganization is to place physicians in positions on campaign staffs in the New Jersey House and State Senate. He was also discussing the possibility of getting him involved with local liaison committees with the Congressmen and Senators from the state. As it turns out, this is already the case in a number of situations. Physicians are serving as Senate AA's, etc. Also, one JEMPAC Board member indicated he was attempting to be appointed as an Aid during the next session if his candidate wins. As I understand it, the responsibilities of an Aid in the New Jersey House are not particularly great, and therefore, physicians can work effectively in these rolls. Basically, they are nothing more than volunteer jobs. It seems to me this might be an excellent article for either the Sustainer or Political Stethoscope.

Frank also picked up on his pitch for membership which he made during the last meeting. At this session he simply handed out quotas to each one of the Board members present for their counties. He also handed out a list which showed the number of members each county had in JEMPAC, as compared to the number of MSNJ members that are currently listed. Have included this with my memo. He intends to present an award for best percentage, best total, best mens division, best womens division, and best combined division. In addition, he plans to make special recognition for the group with the most outstanding purchase of 99+ pins. This met with the Boards approval.

Politically, the situation appears as follows:

- Bateman is still apparently ahead by approximately 7 to 12 percent, depending on the polls you believe. In both cases, the undecided is extremely high, in the 20 to 25 percent range. Burne is counter attacking very well. Basically, he is pointing out the paradoxes in the Bateman position vis-a-vis Burne's state income tax. In essence, what he is attempting to do is to show that Bateman has gone on record a number of times on the instituting of a state income tax. Unfortunately for Bateman, he has publically switched his position on this matter three times in the last 4 years. At the present time, the New York Times reportedly is carrying on a rather strong attack on Bateman for this apparent inconsistency in his viewpoint.

  Realistically, it would appear this race is going to turn into a very close one before it's all over with. Not only is Bateman falling down on the income tax issue which has been the basis for his entire effort, but Burne is also taking excellent use of his incumbency and all the power that goes with that. In particular, he seems to feel whatever

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rife there was between himself and the state Democratic operation. This bodes for trouble as far as Bateman is concerned on November 8. As is Virginia, it appears a low voter turnout will work heavily in Burnes favor.

Best estimates indicate that the spread between the two should be in the 100,000 vote area. Following the election, JEMPAC will be holding a candidate evaluation session. The first project the PAC will undertake is an analysis of how many physicians and physicians wives and family voted during the election. This will be carried out by the Auxiliary on a county by county basis. The intent is to begin targeting soft spots for the 1978 election.

Watson also indicates that at that meeting he will begin lobbying for full-time political help for JEMPAC's efforts in 1978.

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COUNTY	MEMBERSHIP					
	MSNJ		JEMPAC			%
ATLANTIC	210		3			1.4
BERGEN	1087		84			7.7
BURLINGTON	258		15			5.8
CAMDEN	542		53			9.7
CAPE MAY	45		5			11.1
CUMBERLAND	131		13			9.9
ESSEX	1630		58			3.5
GLOUCESTER	109		12			11.
HUDSON	512		10			1.9
HUNTERDON	76		2			2.6
MERCER	581		23			3.9
MIDDLESEX	541		19			3.5
MONMOUTH	539		33			6.1
MORRIS	498		30			6.
OCEAN	223		12			5.3
PASSAIC	698		26			3.7
SALEM	43		10			2.3
SOMERSET	164		11			6.7
SUSSEX	69		10			14.5
UNION	730		63			8.6
WARREN	62		8			12.9
TOTAL	8748		500			

DX. 265

M E M O R A N D U M

TO: Bill Watson

FROM: Tom Norton TN

DATE: August 8, 1977

RE: Meeting with IMPAC Representatives, August 4, 1977.

Carried on a two hour meeting with Don Udstuen, Al Lerner and Dr. George Wilkins, at the ISMS headquarters on Thursday, August 4. The reception was cordial, if pointed; however, overall I was somewhat heartened by developments. Among the items discussed:

1. ISMS, consistent with past complaints, feels that the AMPAC, AMA Public Affairs, and AMA Administration Operations are all working against each other. I realize this is probably nothing new, but it certainly was the crux of the entire conversation that was carried on. At one point in the discussion, Udstuen asked why if AMPAC is not a lobby, did we carry on the "lobby" for the public financing bill. I attempted to explain this following our line, but they did not accept this. All three present took shots at us for this. At the same time, I wondered why they would be upset with this approach, since they were pushing for the integration of the so-called three arms.

2. The result of this "inconsistency," Udstuen and Lerner both indicated IMPAC felt they had been shut off from the federal level of operation to a great extent. I suggested that perhaps closer communication between our two offices could alleviate much of the concern they have in this area. At one point during this portion of the discussion, Udstuen indicated a number of physicians had been complaining about a contribution to Congressman Metcalfe. When the physicians asked Udstuen why Metcalfe had received the contribution, and to what extent the physicians had utilized the impact of the contribution, Udstuen had little to say. Stated he would like to know from either our Washington lobbyist, or AMPAC, where he could attempt to utilize this input. Today, he said he had received no indication. I again suggested that communication between our two offices should be improved in this type of a matter. No telling how this was really received.

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with the sophistication that IMPAC is demonstrating, I would not rule it out as a real possibility for the future.

4. There was repeated reference to the size of the IMPAC membership. There was also mention that California's membership is down this year because Pross is holding back on membership dues, which they feel he is investing elsewhere. Much talk about doing the same with IMPAC next year. I asked them how they could justify not having the "big guys" help out the "little guys" with medical action throughout the United States. This obviously made no impression.

5. The basic body of the meeting was centered around all of the membership efforts that IMPAC has put together for 1977 and the prior years. It was extremely helpful to me. I will be putting together a compendium of all the pamphlets, envelopes, etc., which they gave to me. I think there is real value in some of these for a number of the states that I am servicing. I will also circulate an annotated copy of the pieces to the other PAC's. The bulk of our meeting was centered on the thoughts that they had on the New Jersey and Virginia situations, as I explained it to them. Their ideas and comments were extremely useful. However, most importantly, I think they all came to more fully appreciate the problems we have with most of the other states. If nothing else, they seem to understand why we appear to be "crawling" in a number of other states, when compared to the progress that IMPAC is making here in Illinois.

6. I think that the overall points which I left ISMS feeling were:

- we must find a way to work out better avenues of cooperation with ISMS

- we must have more input into their political operations

- I believe that George Wilkins, despite his griping, is our key to the above two. If we achieve these points, I would guess that our situation with IMPAC would improve very much.

TCB/jm

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EK. 266

FILE

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MEMORANDUM

To: Bill Watson

From: Pete Lauer

Date: May 17, 1976

Subject: WaMPAC Visit, May 13-16

Arrived in Seattle on Thursday evening and after checking in the hotel, I contacted Harlan Knudson for schedule of Friday's events.

On Friday morning, I was picked up and taken to WSMA office to brief Harlan and other staff on PAC activities and review their Washington State program. I spent most of the morning with Mary Boyd, Harlan's assistant, going over their books, filings and membership program. WaMPAC is doing a very fine job of membership recruitment. The new Board members realize that without members, the dollars just won't be there in the fall.

Harlan asked about the possibility of a PAC education seminar this summer. I advised him that AMPAC would not be in a position to underwrite one this year as our budget for seminars is depleted. If AMPAC receives budget approval for this activity next year, WaMPAC would like consideration for a seminar in conjunction with their Leadership Conference in January, 1977.

Over lunch, my discussion centered on Dr. Bill Champion, candidate for Congress in Washington's 7th Congressional District. It was pointed out to me that he realizes the odds against beating Congressman Brock Adams, but his desire to run a strong race could make Adams more in tune with medicine

The Pat Gallagher & Associates of Seattle, a major public relations firm with a long success record in managing campaigns (mostly Democratic), will be running the Champion campaign. They intend to use TV and radio a great deal with emphasis on his blue-collar background. A major portion of his district, Renton, is labor-oriented from Boeing.

Later that afternoon I had the opportunity to discuss the Dr. Ronald Reed campaign. Reed is running against Congressman Meeds of the 2nd District, a repeat of 1974. Dr. Reed is a very angry young man. Because WSMS, WaMPAC and AMPAC did not support him in 1974, he feels betrayed. Harlan indicated Dr. Reed's complete misunderstanding of PAC and its relationship to WSMS and AMA. There is also a personality clash between Harlan and Dr. Reed which gets in the way of reason.

Mr. Bill Watson May 17, 1976

At this time, Dr. Reed still does not have an organization, budget or strategy. It was because of this same problem in 1974 that PAC did not support him and is unlikely to in 1976. I might add that his attitude has done a great deal to turn off Harlan and the WaMPAC Board of Directors.

Saturday morning, I had a breakfast meeting with Dr. Peter Ormsby, the new PAC Chairman. A most delightful man with his feet on the ground and a real drive to see WaMPAC become a political force in Washington State.

Following breakfast, a meeting of the WaMPAC Board of Directors was held. Most of the members are new to the PAC movement, but very enthusiastic as to its potential. Two major areas need to be mentioned: 1) the word American has been dropped from their name and instead of capital A in WAMPAC, it will now be a small a -- WaMPAC. 2) A request for $2,500 for Dr. Champion will be made to AMPAC this week. An additional $2,500 will be requested at a later date. WaMPAC will contribute $1,000 at this time and additional sums in August.

Dr. Reed was the topic of great discussion and the feeling is that he will not be a winner and will turn off more people than pull to his side. The sad fact of this race is that Meeds can be beaten if the Republicans have a strong candidate. There may be new developments in a few weeks, but support for Dr. Reed is not in the picture at any time.

I was most impressed with the WaMPAC Board and Harlan. They have a commitment to see the PAC grow and they are working toward that end. They are willing to learn, yet do not go off on an emotional tangent.

PBL/chs

3112175712

Ex 267

MEMORANDUM

TO: Mr. William Watson

FROM: Mr. Thomas Norton

DATE: August 11, 1977

RE: JEMPAC Meeting, Trenton, New Jersey

Dr. Wilkins and I attended the JEMPAC Board meeting on August 11th and were quite pleased and interested with what we observed. Among the PAC items discussed:

- Frank Watson has physically and mentally put out about all he can at this point. At our urging, he discussed the possibility of taking on staff for the duration of the campaign with Vince Maressa. Maressa responded favorably to this suggestion and indicated that he would have some kind of an answer for Frank before Labor Day. [redacted] working with a $6,000 budget to cover staff expenses and salary. Maressa's only concern seems to be control of the staff person, which was quite understandable. However, Dr. Watson is anxious that JEMPAC have some input into the selection of the fieldman.

- Dr. Watson is well aware of the vast responsibility he's undertaken for this up coming gubernatorial election. In this light, he understands that JEMPAC will not be able to do all that he would like to have it do. Therefore, he is approaching the problem as one of simple targeting which he should have worked out by Labor Day. Again, going back to my first point, a fieldman should answer many of his problems. My suggestion to Frank was to shoot for three or four critical counties in which there is a large physician population. The counties that would seem prime for this include Mercer, Hudson, Essex, and Sussex.

- JEMPAC has gone on record for the first time as supporting specific state and legislative candidates. Although the contributions are not particularly large in size, it is an indication of political action on the part of JEMPAC at the state level and should set a precedent for future elections. At the same time, JEMPAC, by a vote of four to three went on record as supporting Governor Byrne with a $600 contribution which is the maximum here in New Jersey; and went on record with a vote of seven to nothing as contributing $600 to the campaign of Senator Bateman.

- As far as the gubernatorial campaign is concerned, JEMPAC has certainly established a number of good lines into the Bateman camp. Dr. Arno Hilliard is apparently among a number of physicians who are involved directly with the Bateman camp, and Dr. Wilkins indicated during

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the meeting that a number of other physician support committees for Bateman have formed throughout New Jersey. As far as Governor Burne is concerned, Dr. Watson has not been able to identify, nor create any physician committees for the incumbent.

- For the first time since I have been making visitations to New Jersey, Vince Maressa came out four square for Frank Watson and JEMPAC. On any number of occasions to date, Vince came to Dr. Watson's assistance and seemed more interested throughout the session than during any other meeting. Perhaps Maressa has become a believer in JEMPAC.

Politically, the situation appears to be the following:

- Campaign of Governor Brendan Burne, which last month appeared to be coming on so strong, is apparently in some trouble. Burne campaign manager, Dick Coffey, and State Democratic Chairman has reportedly come into conflict with a close associate of Governor Burne's. This person, one has apparently had the Governor's ear for some time. is said to be more than a business acquaintance with the Governor, but thats speculation. Nonetheless, has clashed head on with Coffey, and this has created great disruption in the Burne camp at this point. Certainly something to watch, but I doubt something that will determine whether the campaign will be successful for Burne or not.

- Senator Bateman's campaign continues to be extremely low profile, described by some as being that of an incumbent's campaign. He is refusing to debate publicly with Governor Burne, following his first disasterous debate with the Governor. In addition, his overall public image is reportedly very very low. Physicians who have contact with the Bateman campaign indicate that this is part of an intentional strategy: the theory apparently being, let Burne make the mistakes. (Perhaps the English-Coffey problem bears this out.)

- The best information we were able to obtain today would indicate that the race, if anything, is closer than it was when I was last in New Jersey. Both candidates are saving their 1.5 million dollars, allocated by the public financing of the state, for the last month or so of the campaign. Reportedly, both candidates will spend approximately 1 million dollars on media during this period.

An interesting side note, Frank Watson reports that the strongest candidate support committee action in the state at this time, is in Bergen County. Coincidentally, this county is in the heart of Congressman Hollenbeck's district, and is headed by the physician who arranged to have the Congressman at one of our New Jersey seminars. This may prove useful next year.

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M E M O R A N D U M

TO: Bill Watson

FROM: Pat Stevenson Pat

DATE: December 27, 1971

SUBJECT: Enclosure

Mr. Watson, when I closed the Minneapolis field office I had my mail forwarded to me. This was sent to me and due to my move to Washington, D.C. I did not receive it until today. I am sorry it is arriving late but know the money will be appreciated anyway.

Enclosed you will find a check for $100.00 and a list of new AMAC members from the state of North Dakota.

Best Wishes for a Happy New Year.

DEC 30 1971

ps

Enc.

9112?2?713

North Dakota Medical Association
LOCK BOX No. 1198
BISMARCK, NORTH DAKOTA 58501
PHONE (701) 223-9475

EXECUTIVE SECRETARY
LYLE A. LIMOND

ASSISTANT EXECUTIVE SECRETARY
VERNON E. WAGNER

RECEIVED BY DEPT.
JAN 28 1972
FIELD SERVICE

January 25, 1972

Richard G. Layton, Director
Field Services Department
American Medical Association
535 N. Dearborn Street
Chicago, Illinois 60612

Dear Dick:

Since this area is not served by a Field Representative, we do not know where we should send AMPAC funds - to you or directly to AMPAC.

Anyway, enclosed is a check for $130. for 13 members. We need a supply of AMPAC Reporting forms. Further funds will be forwarded when the necessary forms arrive.

Sincerely,

Vernon E. Wagner

VEW:alk

enc.

3112 2 7 5715

ex 270

693 SUTTER STREET • SAN FRANCISCO • CALIFORNIA 94102 • (415) 776-9400

FEDERAL CANDIDATE SELECTION COMMITTEE

and

EXECUTIVE COMMITTEE

MINUTES

Wednesday
August 9, 1972
6:00 p.m.

Marco Polo Room
Airport Marina
Los Angeles

Attendance: James MacLaggan, M.D. - Chairman
Hal Wilkins, M.D. - Chairman, Federal Candidate Selection Committee
Mr. Ed Colvin
Tirso del Junco, M.D.
Mrs. James Goettle
Ward L. Hart, M.D.
Merlin Hendrickson, M.D.
L.L. Holloman, M.D.
David Horner, M.D.
Mrs. Salvatore Lask
Frank A. Rogers, M.D.
Joe Takamine, M.D.
J.E. Vaughan, M.D.

Staff: Mike Allen
Will Babb
Linda Gano
Gary Mack
Al Pross
Dick Perry

The Committees met to consider initial and/or additional CALPAC appropriations for specific Congressional races in November. Each of California's 43 districts were discussed and considered.

The following appropriations were approved providing a local physician support committee raises a matching amount as a prerequisite:

1. 2nd Congressional District - Francis Callahan (R)

   $2,500..... CALPAC

   $2,500..... Request to AMPAC

2. 3rd Congressional District - Congressman John Moss (D)

   $1,000..... CALPAC

3. 7th Congressional District - Peter Hannaford (R)

   $5,000..... Request to AMPAC

4. 14th Congressional District - Congressman Jerome Waldie (D)

   $1,000..... CALPAC

5. 18th Congressional District - Congressman Bob Mathias (D)

   $5,000..... CALPAC (local M.D.'s must first match CALPAC's $2,500 appropriated in 1971)

   $5,000..... Request to AMPAC

6. 20th Congressional District - Carlos Moorhead (R)

   $4,400..... CALPAC ($600 already given in 1972)

   $5,000..... Request to AMPAC

7. 23rd Congressional District - Congressman Del Clawson

   $5,000..... Request to AMPAC

8. 24th Congressional District - Congressman John Rousselot (R)

   $2,500..... CALPAC

   $2,500..... Request to AMPAC

8120273718

9. 25th Congressional District - Congressman Charles Wiggins (R)

$2,500..... CALPAC

10. 27th Congressional District - Congressman Barry Goldwater (R)

$2,500..... CALPAC

11. 29th Congressional District - Congressman George Danielson (D)

$1,000..... CALPAC (local M.D.'s must first match $1,000 contribution appropriated in 1971)

12. 34th Congressional District - Congressman Richard Hanna (D)

$500..... CALPAC

13. 36th Congressional District - Bill Ketchum (R)

$5,000..... CALPAC (local M.D.'s must first match $2,500 appropriated in 1971)
$5,000..... Request to AMPAC

14. 38th Congressional District - Howard Snider (R)

$2,500..... CALPAC

$2,500..... Request to AMPAC

15. 39th Congressional District - Andrew Hinshaw (R)

$2,500..... CALPAC

$2,500..... Request to AMPAC

16. 41st Congressional District - Congressman Lionel Van Deerlin (D)

$500..... CALPAC

8102737719

In addition, the joint committees voted to recommend to the full CALPAC Board of Directors at the September 9-10 meeting that CALPAC reverse its general policy of not contributing to presidential campaigns and in addition specifically recommends that CALPAC match up to $5,000 raised locally by each of the three California area Physician Committees for the Re-election of the President not to exceed a maximum contribution of $15,000.

The meeting was adjourned at 9:40 p.m.

81212737 0

CONFIDENTIAL

TEXPAC BOARD OF DIRECTORS
Meeting of January 19, 1973

The TEXPAC Board of Directors met at 8:00 P.M., Friday, January 19, at the Sheraton-Crest Hotel in Austin. Dr. L. S. Thompson, Jr., Chairman, presided at the meeting.

Board members present were : Leo D. O'Gorman, M. D., Leroy A. Boriack, M. D., John H. Childers, M. D., Norman E. Wright, M. D., John I. McHenry, M. D., Mylie Durham, M. D., James C. Mann, M. D., Tom Hunter, M. D. Peyton L. Denman, M. D., O. E. Harper, M. D., H. D. Gilliam, M. D., Charles H. Wilson, M. D., Robert L. Donald, M. D., J. J. Waller, Jr., M. D., Courtney M. Townsend, M. D., D. Clifford Burross, M. D., J. Thomas Telle, M. D., David S. Dow, M. D., R. Lowell Campbell, M. D., John Youngblood, M. D., James M. Graham, M. D., Tynus W. McNeel, M. D., Patrick H. Pappas, M. D., Phillip W. Voltz, M. D., Sam A. Nixon, M. D., Val F. Borum, M. D., L. S. Thompson, Jr., M. D., Sterling H. Fly, Jr., M. D., and representing the Woman's Auxiliary, Mrs. C. B. Bruner.

Others present were: Braswell Locker, M. D., Max E. Johnson, M. D., Mr. Edwin F. Smith, and Mr. Robert G. Mickey.

I. REPORTS OF OFFICERS

A. Chairman

Dr. Thompson welcomed members of the Board of Directors and guests. He introduced Mr. Edwin F. Smith, Assistant Director, Department of Field Service of the American Medical Association. Mr. Smith made brief remarks and offered the services of his office in support of the TEXPAC program.

B. Secretary

Dr. Sam A. Nixon made the following report:

C. Treasurer

Mr. Robert G. Mickey made the following report:

1. Administrative and Educational Fund

2. Political Fund

B. Receipts		144,582.14
1. Memberships ($110,533.00)		
2. AMPAC ($32,500.00)		
3. Local PAC's ($409.14)		
4. 1971 checks voided in 1972 ($1,140.00)		
C. Disbursements		182,003.70
1. To Candidates ($146,161.70)		
2. To AMPAC for 1972 membership dues ($35,842.00)		

5. Beginning in April of last year, all political action committees were required to file reports with federal and state authorities.

A "Statement of Organization" report was filed April 7th; since then TEXPAC has filed five "Receipts and Expenditures" reports with the Clerk of the U. S. House of Representatives, the Secretary of the U. S. Senate, and the Secretary of the State of Texas.

Concerning disclosure of amounts given to candidates, TEXPAC is required to file information only on candidates for the U. S. House and U. S. Senate.

The next report is due March 10.

(A copy of the latest report was circulated for the Board's review)

II. REPORTS OF COMMITTEE CHAIRMEN

A. Organization

Dr. Val F. Borum made the following report:

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B. Communications -

Dr. Tynus W. McNeel made the following report:

C. Membership

Dr. R. Lowell Campbell made the following report.

1. The results of our 1972 membership campaign are as follows: 3,230 physician members contributing $110,048.00 -- both new records. A total of 138 Auxiliary members also joined TEXPAC and AMPAC.

4. Nationally, Texas ranked 4th in total dollars contributed to AMPAC, trailing California, Illinois and Pennsylvania, all of which have more physicians than Texas. Texas ranked 7th nationally in the number of Auxiliary members joining AMPAC.

7. At its September meeting, the Board voted to not raise the basic dues amount of $30, but to concentrate on enrolling more members, and encouraging larger contributions of $50, $90, and $300.

The Board then discussed Goals for county medical societies. In 1969, 1970 and 1971, Goals were based on $10 per Regular TMA member. In 1972 the Board raised this to $12 per Regular TMA member. Thirty-nine of our county societies raised $12 or more per member.

The Board reviewed a District listing of 1973 Goals on the basis of $12 per member. After discussion, the Board voted to establish 1973 Goals on the basis of $15 per Regular TMA member.

8. Dr. Campbell reported that in October, 1971 the Board defeated a motion to pilot test the concept of "Designated Giving", a procedure whereby a contributing physician could designate that $10 of his $30 contribution be earmarked for support of Republican or Democratic candidates. Designations would be for parties only and would not be accepted for support of specific candidates.

Several TEXPAC County Chairmen have asked that the Board reconsider the possibility of pilot testing "Designated Giving". After discussion, the Board voted not to pilot test "designated giving".

D. Candidate Evaluation and Support

Dr. James C. Mann made the following report.

In 1972, TEXPAC participated in the Governor and Lt. Governor's races, in the U. S. Senate race, in fourteen U. S. House races, 33 primary and general election races in the Texas Senate, and 106 primary and general election races in the Texas House. A total of $178,131.70 was expended in these races; additionally, we contributed a net of $25,642.00 to AMPAC during 1971-1972; for a total financial involvement of $203,773.70. This is 55% more than was spent in 1970.

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III. OLD BUSINESS

IV. NEW BUSINESS

mpson announced that the Annual AMA-AMPAC Leadership Workshop held in Washington, D. C. on March 10-11. He reported that funds cluded in the 1973 TEXPAC budget for one-half of the expenses of five ntatives. AMA would pay the other half of the expenses. The Board o designate the Executive Committee to select representatives to the Workshop.

r. Thompson then called on Dr. Phillip W. Voltz for the report of the Nominaing Committee. Dr. Voltz presented the Committee's nominations:

p. 8 omitted

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

TUESDAY, OCTOBER 24th, 1972

PARTICIPANTS: W.J. (Jack) Lewis, M.D.,Chairman
Rex Kenyon, M.D.
Joe T. Nelson, M.D.
Hoyt D. Gardner, M.D., Ex-Officio

William L. Watson
Mrs. Lee Ann Elliott
Harry Hinton

ARIZONA

In the 4th Congressional District, the Committee reconsidered the previous request from ArMPAC and approved $2,000 additional dollars to be used to support John Conlan.

DELAWARE

Mr. Watson reported that a pac board meeting had been held in Delaware last weekend. He reported on the outcome and the attitudes at that meeting. The Committee approved an expenditure of $3,000.00 to be used to support Senator Caleb Boggs.

FLORIDA

The Committee approved the following additional expenditures in Florida:

4th C.D. William Chappell, Jr.	$500
5th C.D. William Gunter	500
10th C.D. L.A. Bafalis	500
13th C.D. William Lehman	500

more -

Action Of The AMPAC Congressional
Review Committee
October 24, 1972

HAWAII

In the 1st Congressional District, the Committee approved an expenditure of $1,500.00 to be used to support Mr. Rohlfing. Reconsideration was due to the fact that the request had been so drastically cut previously, that some reconsideration was necessary.

MASSACHUSETTS

In the 5th Congressional District, the Committee considered and approved a request in the amount of $1,000.00 to be used to support Paul W. Cronin.

In the 9th Congressional District, the Committee approved an expenditure of $500.00 if this money will support the pac activity in Massachusetts. Staff was asked to check out the situation.*

NEVADA

The Committee reconsidered the action previously taken in the At-Large race in Nevada. The Committee approved an additional expenditure of $2,000.00 to be used to support Mr. David Towell.

NEW YORK

In the 26th Congressional District, the Committee approved an expenditure of $2,000.00 to be used to support Mr. Benjamin Gilman.

more -

Action of The AMPAC Congressional
Review Committee
October 24th, 1972

OKLAHOMA

In the 1st Congressional District, the Committee approved an expenditure of $500.00 additionally to be used to support James W. Hewgley.

PENNSYLVANIA

In the 4th Congressional District, the Committee approved an additional expenditure of $2,000.00 to be used to support Mr. William Pfender.

SOUTH CAROLINA

In the 4th Congressional District, the Committee approved an expenditure of $1,000.00 to be used to support Congressman James Mann.

In the 6th Congressional District, the Committee considered and approved an additional expenditure of $2,000.00 to be used to support Ed Young.

UTAH

In the 1st Congressional District, the Committee approved an additional expenditure of $2,000.00 to be used to support Robert Wolthuis.

In the 2nd Congressional District, the Committee approved an additional expenditure of $1,000.00 to be used to support Congressman Sherman P. Lloyd.

more -

Action Of The AMPAC Congressional
Review Committee
October 24th, 1972

* Following the conference call, the AMPAC staff checked with the field staff and was able to ascertain that the $500.00 contribution approved for Mrs. Hicks would support the pac and the physicians working in this district.

Record approved,

W.J. Lewis, M.D.

W.J. (Jack) Lewis, M.D., Chairman

Rex Kenyon, M.D.

Joe T. Nelson, M.D.

Hoyt D. Gardner, M.D., Ex-officio

LAE:tms

81210737551

AMPAC | POLITICAL | ACTION | COMMITTEE

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601

...e, Chicago, Illinois 60611, AREA CODE 312 644-1585

ex 273

October 3, 1974

William E. Hadcock, M.D.
Chairman
Montana Medical Political
Action Committee
2021 11th Avenue
Suite 12
Helena, Montana 59601

Dear Doctor Hadcock:

At its most recent meeting by conference call, the AMPAC Congressional Review Committee reviewed and approved your request for a brush fire public opinion poll in the Montana 1st congressional district for Richard Shoup.

AMPAC has been in touch with Mike Riley and the research will be implemented in coordination with the Shoup Campaign.

AMPAC will be billed for this survey when the research is underway and at that time we will indicate to the Shoup Campaign, that the expenditure has been made, and is reportable. You will receive a copy of the correspondence.

Sincerely,

L. Ann Elliott

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:tms

cc: Mike Riley

3112173762

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601

ex 274

October 12, 1973

Donald R. Huard, MD
2 Poly Drive
Billings, Montana 59101

Dear Don:

I'm enclosing the forms which should be completed and forwarded, as soon as possible, to the Clerk of the U. S. House, and the Secretary of the U. S. Senate. A copy of either one (since they will both be the same) should be submitted to the Secretary of State of Montana, and another copy should be sent to me to be forwarded to National AMPAC.

Seems to me that the April 25 letter enclosed could be followed -- showing State of Montana, County of Yellowstone, your name -- and attaching as AMPAC has done a full list of the Board marking any who considered members of the Board's Finance Committee. (It's your 1st amendment, though).

I'd get the originals filed by Len and, as AMPAC has done, attach a copy to the new form. After receipt of the original, I believe each recipient (U. S. House and U. S. Senate) gave MONTPAC an identification number -- which appears on Watson's letter and which Len should have).

Your form should have been completed:

1 - Montana Political Action Committee
Len's address
you'll have to check the registration date
2 - Montana Medical Association
its old Billings address
organizer
3 - (a) no
(b) yes
(c) depends on whether you give most to federal or local races
(d) same as it was originally

(more)

3 1 2 1 0 2 7 3 7 5 3

Ex 275

M E M O R A N D U M

TO: Arnold Streich

FROM: Bill Watson Bill

SUBJECT: Political Activity of Field Staff -- 1974

DATE: January 12, 1976

In 1974 when AMA had an operational field staff, these individuals were transferred to the AMPAC payroll for a three month period -- September 1 - November 30.

Whenever the fieldman was involved in a political situation that day or days was charged to AMPAC's political account (membership contributions). Additionally the individual's travel expenses were taken from AMPAC's Political Account.

The fieldmen continued to provide their usual services to the AMA so that after the three month period, AMPAC was reimbursed by AMA for all time and expenses which were not of a political nature.

The determination of whether the individual's time was usual and routine (AMA) or political (AMPAC) was done on a daily basis through itineraries and reports of the fieldmen. If there was any doubts, we paid them from the political account

WLW:dd

31027564

AMPAC
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT 59601
e, Chicago, Illinois 60611, AREA CODE 312 644-1585

ex 273

October 3, 1974

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Montana Medical Political
Action Committee
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AMPAC will be billed for this survey when the research is underway and at that time we will indicate to the Shoup Campaign, that the expenditure has been made, and is reportable. You will receive a copy of the correspondence.

Sincerely,

L. Ann Elliott

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:tms

cc: Mike Riley

81127355

FOR YOUR INFORMATION
MONTPAC
2021 Eleventh Avenue, #12
Helena, MT. 59601

ex 274

3 1 2 1 2 : 7 3 7 5 5

October 12, 1973

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2 Poly Drive
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Your form should have been completed:

1 - Montana Political Action Committee
Len's address
you'll have to check the registration date
2 - Montana Medical Association
its old Billings address
organizer
3 - (a) no
(b) yes
(c) depends on whether you give most to federal or local races
(d) same as it was originally

(more)

4 - like AMPAC sample
5 - leave blank
6 - Len's name
7 - like AMPAC sample
8 - like AMPAC sample
9 - this was local decision
10 - note that separate accounts should have been reported for educational funds (soft dollars) and political funds (Hard dollars). If this wasn't done it should be corrected now.
11 - your Montana Secretary of State office should have been listed here.

This should have been notarized.

As AMPAC suggests, when you complete the new forms they must be notarized and should be sent certified airmail, to the two Washington D. C. addressees. Not necessary to Secretary of State or to me.

Once these are in the mail, you can straighten out the necessary bank signature cards, deposit the new members 50% of dues and send the other half to AMPAC. Len will have samples of the way he transmits the names, addresses, etc. of the new members, to AMPAC.

Finally, Don, I was asked to obtain a roster of the MONTPAC membership at its high-water mark back in 1971 and I am enclosing that. I believe the idea was to check who was a member then and hasn't rejoined since these ought to be prime targets.

Best personal regards.

Mike

3 1 0 2 7 3 7 5 7

ex 275

M E M O R A N D U M

TO: Arnold Streich

FROM: Bill Watson Bill

SUBJECT: Political Activity of Field Staff -- 1974

DATE: January 12, 1976

In 1974 when AMA had an operational field staff, these individuals were transferred to the AMPAC payroll for a three month period -- September 1 - November 30.

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The determination of whether the individual's time was usual and routine (AMA) or political (AMPAC) was done on a daily basis through itineraries and reports of the fieldmen. If there was any doubts, we paid them from the political account

WLW:dd

31019737753

ex 276

Blue Political Fund

MEMORANDUM

TO: William L. Watson

FROM: Dick Layton

DATE: October 23, 1974

SUBJECT: Field Service Campaign Days

The following are field staff political days for the period October 1 through November 5, 1974:

Bill BALTAKS -- Massachusetts 3rd - Lionet:
October 10, 17, 21, 23, 25, 29, 31
(7 days in October)
November 1, 4, & 5 (3 days in November)
Total: 10 days

Ray SULLIVAN -- Connecticut 5th - Sarasin
October 3, 27, 28 & 31 (4 days in October)
November 1 & 2 (2 days in November)
Total: 6 days

Connecticut 6th - Piscopo
October 14, 29 & 30 (3 days in October)
November 3, 4 & 5 (3 days November)
Total: 6 days
Grand Total: 12 days

Bob FRY -- Indiana 2nd - Landgrebe
October 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31
(18 days in October)
November 1, 2, 3, 4 & 5 (5 days in November)
Total: 23 days

Guy BEAUMONT -- Virginia 9th - Wampler
October 1, 2, 3, 4 & 5.
Total: 5 days

Michigan 5th - Goebel
October 8, 9, 11
Total: 3 days

Virginia 8th - Parris
October 15, 17, 18, 19, 20
Total: 5 days

— Ohio 8th - Kindness
October 22, 23, 24, 25, 28, 29, 30 & 31
(8 days in October)
November 1, 3, 4 & 5 (4 days in November)
Total: 12 days
Grand Total: 25 days

— Tom SAWYER -- Georgia 4th - Blackburn
October 14, 15, 16, 17, 18, 19, 20, 21, 22,
23, 25, 26, 27, 28, 29, 30, 31
Total: 17 days
(Note: I do not know if Tom plans any political days in November.)

— Nell SUTHERLAND -- South Dakota Senate - Thorsness
October 1, 2, 3, 4, 8, 9, 10, 11, 22, 23, 24,
25, 29, 30, 31 (15 days in October)
November 1, 3, 4 & 5 (4 days in November)
Total: 19 days

— Minnesota 6th - Grunseth
October 15, 16, 17, 18 (4 days in October)
Total: 4 days
Grand Total: 23 days

— Al LERNER -- Illinois 17th - O'Brien
October 1, 9, 10, 11, 14, 15, 16, 21, 22, 23,
24, 25, 28, 29, 30, 31 (16 days in October)
November 1, 4 & 5 (3 days in November)
Total: 19 days

Dave MORRISON -- Utah 2nd - Harmsen
October 7, 8, 10, 11, 14, 15, 16, 17, 18, 22,
23, 24, 25, 28, 29, 30, 31 (17 days in October)
November 1 (1 day in November)
Total: 18 days

— Ed SMITH -- Arizona 4th - Conlan
October 14, 15, 16, 17, 18, 21, 22, 23, 24,
25, 28, 29, 30, 31 (14 days in October)
November 1, 2, 3, 4 & 5 (5 days in November)
Total: 19 days

— Mike RILEY -- Montana 1st - Shoup
October 4, 7, 8 & 9 (4 days in October)

— Washington 3rd - Kramer
October 17, 21, 22, 29 & 30 (5 days in October)
Total: 9 days

Dick PERRY -- Nevada Senate - Laxalt
October 8, 9, 10, 11, 15, 16, 17, 18, 21, 22, 23, 24, 25, 28, 29, 30, 31
Total: 17 days
(Note: Dick Perry is also spending some time on these days in the California 40th with Wilson. I do not have a definitive breakdown at this time. He plans no political days in November.)

→ 41th

Best regards,

rgl

Oct < E 14
P 17 < 15 - Nevada
2 - Cal 41th
Bill Wilson

Nov. < E 30
P 0

RGL:cak

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ex 277

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

FRIDAY, OCTOBER 20, 1972

PARTICIPANTS: W.J.(Jack) Lewis, M.D., Chairman
Rex Kenyon, M.D.
Joe Nelson, M.D.
Hoyt Gardner, M.D.

William L. Watson
Mrs. Lee Ann Elliott
Harry Hinton

FIELD ASSIGNMENTS

The following assignments were approved by the Committee for the last two weeks prior to the November 7th elections.

Ray Sullivan	New York 23 and 24th
Bill Baltaks	Massachusetts 9 and 12th
Jim Imboden	Pennsylvania 4th
Bob Fry	Pennsylvania 20th
Tom Sawyer	South Carolina 6th
Fred Andre'	California 6th
Lee Mortenson	Indiana 4th
Neil Sutherland	Minnesota 6th
Dave Morrison	Utah 1 and 2nd
Ed Smith	Arizona 4th
Dick Perry	Several in California
Mike Riley	Washington 4th

more -

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Action Of The AMPAC Congressional
Review Committee
October 20, 1972

IOWA

In the 2nd Congressional District, the Committee considered and approved an expenditure of $1,000.00 to be used to support Theodore Ellsworth.

KANSAS

At the request of the Kansas pac, the amount previously requested for Congressman Winn in the amount of $1,000.00 was reduced to $500.00 and the remaining $500.00 was contributed to Congressman Skubitz in the 5th Congressional District.

LOUISIANA

In the 3rd Congressional District, the Committee approved an expenditure of $1,500.00 to be used to support David Treen.

MASSACHUSETTS

In the 12th Congressional District, an additional expenditure of $1,000.00 was approved to be used on behalf of William D. Weeks.

MICHIGAN

In the 19th Congressional District, the Committee considered and approved an expenditure of $250.00 to be used to support Congressman William Bromfield.

more -

Action Of The AMPAC Congressional
Review Committee
October 20,1972

PENNSYLVANIA

In the 20th Congressional District, the Committee approved an expenditure of 2,000.00 additional dollars to be used to support Doctor William Hunt.

TENNESSEE

In the 6th Congressional District, the Committee reconsidered its previous action and approved an additional expenditure of $2,500.00 to be used to support Mr. Robin Beard.

TEXAS

In the 24th Congressional District, the Committee considered an additional expenditure of $1,000.00 to be used to support Dale Milford. The Committee approved an expenditure of $500.00.

WASHINGTON

In the 1st Congressional District, the Committee considered and approved an additional expenditure of $2,000.00 to be used to support Mr. Joel Pritchard.

more -

Action Of The AMPAC Congressional
Review Committee
October 20, 1972

Record approved,

W.J. Lewis, MD.

W.J. (Jack) Lewis, M.D., Chairman

Rex Kenyon, M.D.

Joe Nelson, M.E.

Hoyt D. Gardner, M.D., Ex-Officio

LAE:tms

EX 278

FEDERAL ELECTION LAW CONFERENCE

SATURDAY, OCTOBER 2, 1976

HYATT REGENCY O'HARE HOTEL

CHICAGO, ILLINOIS

AMPAC, P. O. Box 4449, Chicago, Illinois, 312/644-1585

9132027775

INDEX

A. Opening Remarks
Mrs. John Chenault

B. Status of Law and Regulations
William L. Watson

C. Affiliation and Connection
Donald P. Wilcox, Esq.

D. Joint Fund Raising
Mrs. Lee Ann Elliott

E. Prohibited Contributions to Multi-candidate committees
Donald P. Wilcox, Esq.

F. New Definitions for Political Action Committee
Mrs. Lee Ann Elliott

G. In-kind contributions
Donald P. Wilcox, Esq.

H. Contribution methodology
Mrs. Lee Ann Elliott

I. Independent expenditures
Donald P. Wilcox, Esq.

J. Reports and Accounting Aids
Mrs. Lee Ann Elliott

K. Miscellaneous

9 1 0 2 3 7 7 7

American Medical
Political Action Committee

Mailing Address: P.O. Box 4440
Chicago, Illinois 60680

Telephone
312 644 1585

Office Located at:
535 North Dearborn Street

Ex 279

AMPAC

Dear

AMPAC has scheduled its Second Annual Election Law Conference on Saturday, April 8th, 1978 at the Hyatt Regency O'Hare in Chicago.

This Conference will be of particular interest to legal counsel, staff and policymakers of political action committees of membership organizations. It will cover many important practical phases of the Federal election law. Representatives of your political action committee are cordially invited to attend.

As you know, AMPAC conducts joint fund-raising efforts with your autonomous political action committee. Because of our joint fund-raising responsibilities with your PAC, AMPAC is most anxious that counsel and/or the person responsible for implementing the election law attend the Conference. For this reason, AMPAC will reimburse one participant from your PAC for coach air-fare and hotel accommodations for one night.

A preliminary program outline is attached. As you can see, the program is designed to be of maximum practical advantage to those who have continuing PAC responsibilities.

Please let us know as soon as possible who will attend from your PAC and designate the one person whose expenses should be reimbursed by AMPAC. When we hear from you, each person will receive a hotel reservation card and conference registration confirmation. If you have any questions please call us.

Sincerely,

Rex E. Kenyon, M.D.
Chairman

cc:

Attached

SECOND ANNUAL FEDERAL ELECTION LAW CONFERENCE

April 8, 1978

Hyatt Regency O'Hare

Chicago, Illinois

9:00 a.m. Welcome -- Opening Remarks
AMPAC Board member

Election Law Update
Donald Wilcox, Esq.

Effective PAC Language
Lee Ann Elliott

Break

Joint Fundraising Techniques
Linda Hudson

Reporting -- Accounting Procedures
Lee Ann Elliott

What Parties Can Do For Candidates
Steven Stockmeyer - William Sweeney

Questions and Answers

Lunch

AMPAC Political Contributions
William Watson

In Kind Contributions and Independent Expenditures
Donald Wilcox, Esq.
Lee Ann Elliott
Roy Pfautch

Honorariums
William Watson

Break

FEC Investigative Procedures
John Lewis Smith, III, Esq.

Recent FEC Cases and MUR's
William Schweitzer, Esq.

Other Federal Agency Interest in PAC's
Donald Wilcox, Esq.

Questions and Answers

Wrap-up
AMPAC Board member

3 1 0 4 0 2 7 3 7 7 9

April 8 - ... N 280

1 Set -

66 Privates Pac Troops

20 Pac Staff

11 Pac Band

9 Pac Trainmen (Armed Pac Troops)

4 PAC Chauffeurs

3 Pac Cooks

16 Mal Lac Staff

3 guests from Olympics

Lafayette Staff

6th Instl Pac Chauffeurs

Students Pac Chauffeurs

5 Speakers

9 Escort Staff

82 attended

Luncheon

at Two

Gold Room Hotel

Followed by 14 Addresses

Program Lasted ...

BIOLOGY 7300

American Medical Political Action Committee

Mailing Address PO Box 4449
Chicago Illinois 60680

Telephone
312 644 1545

Offices Located at
535 North Dearborn Street

4281

6116

September 30, 1977

AMPAC

Charles D. Jordan, M.D.
Chairman, ALAPAC
408 S. 8th St.
East Gadsden, Alabama 35903

Dear Dr. Jordan:

AMPAC invites you, Mr. Richard C. Whitaker and two other AMPAC members from Alabama to a pilot training seminar on Saturday, November 12, 1977, at the Hyatt Regency Hotel in Atlanta, Georgia. The seminar is entitled CORE (Candidate, Organization and Resource Evaluation). Its purpose is to train medical family members in skills needed to be effective volunteers in campaigns.

It would be very helpful to us if you would recommend two additional AMPAC members from your state whom you feel should be invited to attend this seminar. These persons should be persons who can reasonably be expected to utilize the educational training skills taught at the seminar in some political campaign in 1978. The specific races in which those you recommend may be involved are immaterial. We plan to send follow up questionnaires to seminar participants to ask for their evaluation of the skills taught in the seminar in an actual campaign situation.

I have enclosed a form for your recommendations. We would like your recommendations as soon as possible so that we can finalize and send out the invitations, hotel reservation cards, and other details on the seminar.

The seminar will begin at 9 a.m. on Saturday, November 12. An early bird reception will be held at 8 p.m. on Friday night for those who arrive the night before.

Chairman
Charles D. Jordan M.D.
Birmingham Alabama
Secretary
Pittsburgh Pennsylvania
William L. Watson
Executive Director and
Treasurer
Mrs. Lee Ann Elliott
Assistant Executive Director and
Assistant Secretary

Joseph L. Fink III M.D.
George T. Hawkins M.D.

3112027381

AMPAC

AMPAC will provide for one night's lodging at the Hyatt Regency for the four representatives from your state, preferably for Friday evening. We certainly hope your busy schedule will permit you to attend.

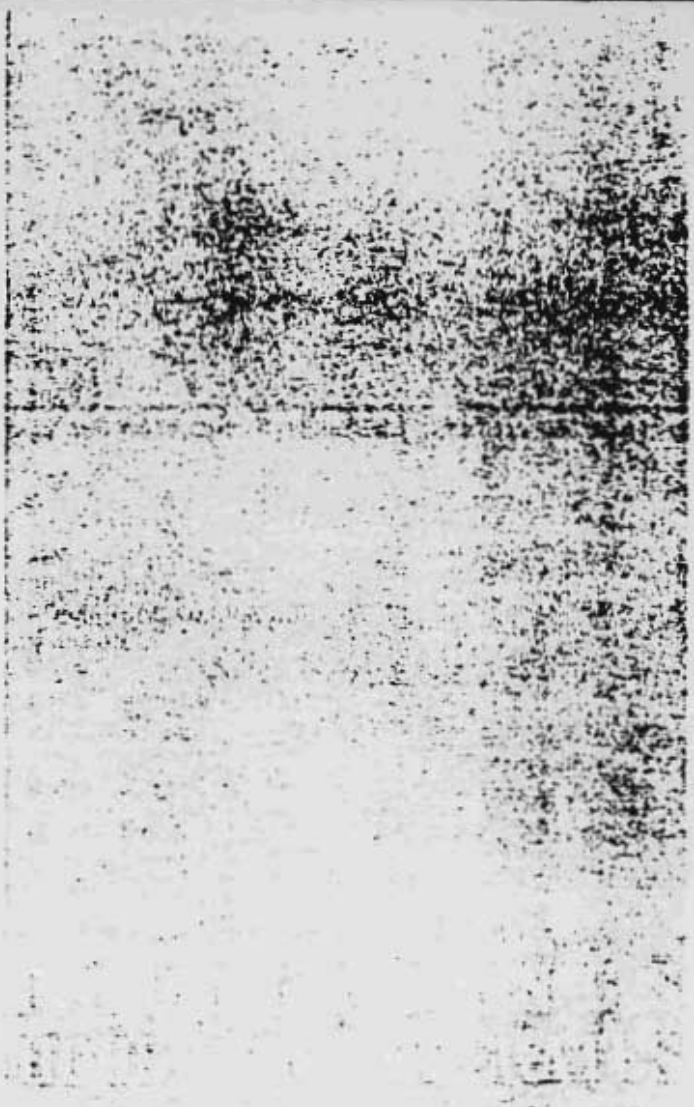
Sincerely,

William L. Watson
Executive Director

cc: Richard C. Whitaker

3102737332

Ex. 282



PHILADELPHIA, PENNSYLVANIA

DECEMBER 4-8, 1976

30th Clinical Convention

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AMERICAN MEDICAL ASSOCIATION
PROCEEDINGS OF THE HOUSE OF DELEGATES

30th CLINICAL CONVENTION
PHILADELPHIA, PENNSYLVANIA
DECEMBER 5-8, 1976

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- Welcome to Philadelphia 1
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high risk will become standards of practice for malpractice purposes; fear that liability will be incurred if a patient is not transferred to a facility categorized as having "full" intensive care services and adequately skilled personnel; fear that a referring physician or hospital may incur liability for injury occurring during transportation or due to delays in transportation of patients to a regional center; and fear of potential liability for failure to assess a patient at risk and arrange for a transfer.

The Board of Trustees has reviewed the Recommendations for the Regional Development of Maternal and Perinatal Health Services developed by the Ad Hoc Committee on Perinatal Health in 1975 and Board of Trustees Report J (A-71) on Centralized Community and Regionalized Perinatal Intensive Care. The model for organizing and improving resources providing prenatal and perinatal services are for planning purposes only. The reports do not purport to establish standards of care, but goals to be achieved taking into consideration the facilities and manpower available in a region. The Board of Trustees would like to point out that the concept of regionalization of services may not be appropriate for some geographic regions or for certain types of health care services. In addition, establishment of regionalized systems for the management of high risk cases without careful planning and the full cooperation of physicians and hospitals in the area may result in a systems approach that does not accomplish the goal of assuring access to appropriate facilities or improvement in the quality of care.

Although the Board of Trustees can point out the potential legal implications relating to the concept of regionalization of health services, the degree of risk cannot be predicted. Liability is determined on the basis of particular fact situations. Regionalization of health services may be responsible for some claims that otherwise would not occur. Further, guidelines which in fact establish standards for the management and transfer of high risk cases may be used for evidentiary purposes. The Board of Trustees believes, however, that guidelines or systems which elevate the quality of care will have the overall effect of reducing the number of actual claims.

J. AMA/AMPAC PUBLIC AFFAIRS WORKSHOP
(RESOLUTION 42, A-75)
(Reference Committee F, page 256)

HOUSE ACTION: ADOPTED

Resolution 42 (A-75) called for reinstitution of the AMA/AMPAC Public Affairs Workshop. The resolution directed that a registration fee be instituted "to make such a meeting self-supporting and not dependent upon a substantial subsidy from the American Medical Association and/or the American Medical Political Action Committee."

Accordingly, the 1976 Workshop was held April 10-12 in Washington, D. C. The registration fee was $75 per person, reduced to $60 if paid before March 1, 1976. Attendance was 432; the registration fees produced $21,709.50. The cost of the Workshop (with the exception of promotional letters, shipping costs, staff time and expenses) was $41,491.46.

To produce enough income to make the Workshop self-sustaining, it would be necessary to increase the registration fees twofold or to increase the enrollment to such an extent that the total attendance would be too large for successful seminars on techniques of political action.

(Board of Trustees — J)

The American Medical Political Action Committee initiated a program of state and regional workshops on political action during 1975 when there was no national workshop. There were six such meetings with 356 attendees in 1975 and an additional nine meetings with 981 attendees in 1976. AMPAC plans to continue the state and regional meetings during 1977.

It is the opinion of the Board that the state and regional meetings will serve the needs of AMPAC in bringing together the leadership of the local PACs and in providing for the continuation of its political education activities. Accordingly, the Board recommends that there not be a Workshop in 1977 and that AMPAC be encouraged to continue its program of state and regional workshops to contact and involve physicians and their spouses in political and government activities.

K. SPECIAL LEGISLATIVE GROUP
(RESOLUTION 50, C-75)
(Reference Committee B, page 227)

HOUSE ACTION: APPROVED

Resolution 50 was adopted by the House of Delegates at the 1975 Clinical Convention. It called upon the AMA to undertake discussions with officers and staff of representative state and county medical societies to develop a method of joint policy formulation and action programs in legislative matters and to improve communications on legislative matters between the AMA and component medical societies.

In January of 1976, all state medical associations, county medical societies and national specialty societies were advised of Resolution 50 and encouraged to submit the names of physicians who are especially interested in federal health legislation. The response was good. As a result, some 250 especially interested individuals were formed into a Special Legislative Group—Resolution 50 and placed on the mailing list to receive "Legislative Roundup" and special "Legislative Action Alerts" from the Public Affairs Division.

In February, all state and medical specialty societies were asked for comments on HR 11617, the "Drug Safety Amendments," which was the predecessor of HR 14289. Among other things, this bill would have allowed the Secretary of HEW to establish conditions and limitations upon the use and availability of drugs by physicians. The bill died in the 94th Congress.

The Special Legislative Group received its first "Legislative Alert" in March 1976. This "alert" reported on hearings to be conducted by the Health Subcommittee headed by Senator Edward Kennedy (D-Mass.) on proposed drastic revisions in the Health Manpower Act. A similar "alert" had been directed to state and county medical societies and to specialty societies in February.

The "alert" stressed areas of AMA support, including construction loans and grants for medical schools and capitation grants for medical schools. Areas of strong opposition were identified, including proposals for mandatory service by medical school graduates in medically underserved areas and federal control of residency programs.

Another national "Legislative Alert" on the Health Manpower bill (HR 5546) was mailed about four weeks before the bill was scheduled to be debated on the Senate floor. This "alert"

urged personal contacts with members of the Senate in support of an amendment to be submitted by Senator J. Glenn Beall, Jr. (R-Md.) which would replace Federal control of residencies, as called for in the bill, with a more detailed study of the distribution pattern of the medical specialties. Strong "grass roots" response in support of the Beall amendment helped to bring about the deletion of strict residency controls in the manpower bill finally adopted by the Congress. Furthermore, several other objectionable provisions were deleted during the House-Senate Conference on the bill.

Another national "Legislative Alert" concerned a bill (HR 14319) that would have established national standards for all clinical laboratories. The bill died.

In September, a Public Affairs Division Memo was sent to all members of the "Resolution 50" group and to all state and medical specialty societies requesting suggestions and recommendations on National Health Insurance. Also specifically requested were suggestions for any improvements in HR 6222 as a basis for introduction of new legislation in the 95th Congress. Suggestions and comments received will be reviewed by the Council on Legislation as it considers recommendations for change.

The implementation of Resolution 50 has resulted in improved legislative liaison with state and county medical associations and national specialty societies. It also has greatly expanded individual membership participation through the Special Legislative Group. The Association will continue to explore methods for improved legislative liaison with the particular goal of expanding individual participation.

L. COST ACCOUNTABILITY
(RESOLUTION 14, A-76)
(Reference Committee A, page 222)

HOUSE ACTION: ADOPTED IN LIEU OF RESOLUTION 14 (A-76)

Resolution 14 (A-76), which was referred to the Board of Trustees for study and report at the 1976 Clinical Convention, calls for the AMA to "appoint a special cost accountability committee to study this problem (rising cost of health care) and work with its state societies as well as the American Hospital Association to address the issue; call on its state societies to support this effort by appointing 'cost accountability' committees or by specifically charging an existing committee with this responsibility; communicate with the American Hospital Association urging it to recommend to its members that each hospital staff consider designating a specific committee as the 'cost accountability' committee in each hospital."

At its October 1975 meeting, the Board of Trustees addressed these same questions by authorizing the establishment of the National Commission on the Cost of Medical Care. This 27-person Commission draws its membership from all areas of the health care industry — including the President of the American Hospital Association and officers of several third-party payor organizations — as well as government, consumer areas, labor and other allied groups.

The Commission has been charged with providing the Board of Trustees with: (1) a description of the health care delivery system; (2) identification of the factors underlying the rising costs of health care; (3) a review and evaluation of existing research on the causes of medical care cost inflation; (4) an evaluation of the impact of pending or future health care programs on the health

O. FINAL REPORT OF THE AD HOC COMMITTEE ON MEDICAL DISCIPLINE (BOARD OF TRUSTEES REPORT AA, C-75)

(Reference Committee G, page 264)

HOUSE ACTION: ADOPTED

At the 1975 Clinical Convention, the House of Delegates approved the establishment of an Ad Hoc Committee on Medical Discipline to determine if current medical discipline is effective and efficient and if there is a relationship between the medical disciplinary system and the incidence and cost of malpractice claims. The Ad Hoc Committee was directed to present a preliminary report to the House of Delegates at the 1976 Annual Convention and a final report at the 1976 Clinical Convention.

The Ad Hoc Committee on Medical Discipline has held two meetings since submitting its preliminary report at the 1976 Annual Convention and submits this final report as directed by the House of Delegates.

REVIEW OF MEDICAL DISCIPLINE

In its efforts to determine if current medical discipline is effective and efficient,the Ad Hoc Committee on Medical Discipline carefully reviewed the 1961 Report of the Medical Disciplinary Committee appointed in November 1958 to assess the status of medical discipline. The purpose of the review was to avoid duplication of effort and to ascertain how effective implementation of the Committee's recommendations had been.

The 1961 Report of the Medical Disciplinary Committee concluded that:

> ". . . by and large, adequate medical disciplinary mechanisms do exist and that they are used. The frequency and effectiveness of their use, however, are less impressive. There has been a failure, in some areas, to act promptly, impartially, and objectively when the necessity arises."

Finding a need for improvement, the 1961 report contained recommendations for the improvement of medical discipline directed to medical schools, state boards, state medical societies and the American Medical Association. The final recommendations urged American medicine at the national, state and local level to maintain an active, aggressive, and continuing interest in medical disciplinary matters.

The Ad Hoc Committee on Medical Discipline has reviewed and compared the disciplinary mechanisms recommended in the 1961 Report and the current systems in place in medical schools, hospitals, medical societies and state boards. Many of the recommendations to improve disciplinary procedures have indeed been or are being implemented.

MEDICAL SCHOOLS

The 1961 report recommended that "greater efforts be made to acquaint the medical student and the young medical practitioner with ethical and proper socioeconomic principles during the period of his schooling." Surveys of medical ethics teaching at American medical schools were conducted in 1972 and 1974 by Robert M. Veatch, Ph.D., and Sharmon Sollitto. The March 8, 1976 issue of the "Journal of the American Medical Association" reported the 1974 survey and

included a table comparing the results of the 1972 and 1974 surveys. The surveys indicated that 81 of the 95 schools responding in 1972 had required courses in medical ethics and 97 of the 107 schools responding in 1974 had required courses. The number of medical school faculties with major commitments to medical ethics teaching increased approximately 50 percent in the two-year period.

Dorland's Medical Dictionary defines "medical ethics" as "the rules or principles governing the professional conduct of physicians." The system of medical licensure in this country and the voluntary disciplinary mechansims of the medical profession build upon and are intertwined with medical ethics. The teaching of medical ethics in medical schools, graduate medical education programs, hospitals and all levels of organized medicine should be mandatory if the medical profession is to continue to earn the right to have self-regulatory mechanisms and a role in the disciplinary responsibilities of the state boards.

STATE BOARDS

The 1961 report recommended "closer and more effective liaison and cooperation between state boards of medical examiners, medical schools and medical associations." Also recommended was consideration of procedural changes in state medical practice acts to assure a central repository of information on disciplinary actions in all states, to assure adequate staffing and funding and to make discipline the primary responsibility of the boards.

The Ad Hoc Committee on Medical Discipline notes that the almost universal acceptance of the certificate of the National Board of Medical Examiners and the Federation Licensing Examination (FLEX) has enabled the state boards to devote more of their time and resources to their disciplinary responsibilities. In addition, the amendments to the state medical practice acts during the past two years indicate the increased attention being given to enhancement of the disciplinary powers of the state boards. These are trends that should be encouraged in the interest of the public and the profession.

The Ad Hoc Committee on Medical Discipline also notes that in the fifteen years since 1961 improvements have been effected in the reporting on disciplinary actions by the state boards to the American Medical Association and the Federation of State Medical Boards. The regularity with which state boards report and the completeness of the reports have improved. The Federation monthly reports for the second quarter of 1976 reflect a marked increase in the number of disciplinary cases being handled by the various state boards and indicate the number of boards with authority to attach conditions on a physician's license.

Twenty-eight states have enacted amendments to the medical practice acts to authorize the state boards to investigate and institute disciplinary or corrective measures for physicians suffering from mental or physical impairments. Revocation of an impaired physician's license may not be indicated if proper treatment is obtained. An increasing number of physicians' licenses are being placed on probationary status contingent upon rehabilitative treatment and regular reporting to the state board.

The improvements in the reporting of disciplinary actions by state boards enable the Federation and the American Medical Association to provide more accurate information on the status of a physician's license to hospital medical staffs, medical societies and state boards processing applications for medical staff or medical society membership or licensure. Better reporting by all of the state boards is needed, however, if accurate and complete information on the disciplinary actions of all state boards is to be available.

(Board of Trustees — O)

A review of the reported court decisions involving disciplinary actions by state boards and medical societies indicates that the rules of procedure for the conduct of disciplinary cases have become less of a problem than was noted in the 1961 report. Fewer disciplinary actions are overturned for failure to afford physicians adequate procedural safeguards. A physician's property rights in his license to practice and his professional reputation are of such value, however, that continuing review of the procedural rules governing disciplinary actions is needed. State medical societies should have the responsibility of input into the rule-making processes of the state boards, hospitals and county medical societies. The review and revision of procedural rules should be accomplished with the advice of legal counsel familiar with the applicable case law in the particular jurisdiction.

The Ad Hoc Committee indicated in its preliminary report that forty-one states have amended their medical licensing and disciplinary acts within the past two years. The amendments cover both imposition of disciplinary measures in addition to suspension or revocation of a license as well as the continuing competence of physicians. Seventeen states have authority to require participation in continuing education as a condition of relicensure or license registration. Twenty-seven states include medical malpractice or professional negligence as a basis for disciplinary action. Mandatory reporting of disciplinary actions taken by hospital medical staffs and medical societies is required in nine states and reporting of all malpractice claims, settlements and judgments is required in eleven states. In three states, the licensing and disciplinary boards have been provided with budget funds equal to the fees collected from relicensure, certificate renewal, fines and penalties.

For those states which have not amended the medical practice act, consideration of the two model bills adopted by the House of Delegates at the 1976 Annual Convention is recommended. One of the bills would require hospitals and professional societies which discipline physicians to submit reports to the state board and provide for the maintenance of records of disciplinary actions against physicians by the boards. Immunity for those reporting or assisting the boards in their disciplinary efforts would also be provided. The immunity provisions should encourage physicians to be less hesitant in reporting to the boards when they have evidence of the professional incompetence or unfitness to practice of a colleague. Only when physicians report violations of the state medical practice act and are willing to testify if needed can the medical profession demonstrate to the public that the profession is fulfilling its responsibilities.

One of the problems of state boards described in the 1961 report has not lessened. This problem relates to the reluctance of hospitals and physicians to report derogatory information about physicians. Too often, the references provided by a physician applying for medical staff privileges, medical society membership or licensure provide less than candid information about the professional competence and character of the applicant. The tendency to export problems without recourse to disciplinary action continues. A physician whose incompetence has been observed too often moves to another state before disciplinary action is instituted and derogatory information is not reported.

The reasons given for the reluctance to report derogatory information are the same today as they were at the time of the 1961 report. The fear of litigation appears to be as prevalent today as in 1961. The fact that a cause of action for defamation will not prevail in a court when disciplinary action is based upon objective evidence and instituted without malice is either not known or not believed.

The American Medical Association continues to receive, with some frequency, reports of residents who fail to complete graduate education programs satisfactorily but who are provided

with documentation by the institution purporting to show satisfactory completion. In some instances the director of medical education or other physicians participating in the graduate medical education program have supplied letters of recommendation for these residents when they applied to other institutions for additional training or medical staff privileges. With such documentation and letters of recommendation, the individuals may be accepted for graduate medical education or may receive an appointment to the hospital medical staff.

The Ad Hoc Committee on Medical Discipline would like to point out that in today's litigious climate a hospital that relies upon false documentation of this type is placed in a position of being potentially liable for damages that can result to the hospital, patients or both because of the incompetence of that individual. Aside from the fact that false recommendations constitute unethical and unprofessional conduct, cause injury to patients and elevate the cost of malpractice insurance, physicians providing such unfounded, favorable letters of recommendation which are relied upon in the granting of residency appointments and hospital medical staff privileges may be legally liable for substantial monetary damages resulting from their actions. There is no assurance that, in the event suit is instituted to recover these damages, insurance protection will be available to cover the costs of defense and judgments.

Another problem reported in 1961 still prevails. Some physicians are still reluctant to report derogatory information about colleagues because of concern for the colleague's ability to earn a living. Exposure of violation of the medical practice act, professional incompetence or impairment can and should interfere with a physician's right to treat patients. Concern for the lives and safety of patients should motivate physicians to report violations. No physician should protect a colleague who has violated the provisions of the medical practice act or other applicable laws.

MEDICAL ASSOCIATIONS

The 1961 report found that state medical associations had not been as effective as they might be in the area of medical discipline. Limitation of the role of state medical associations in disciplinary matters to serving as the appellate review mechanism for county medical society disciplinary actions was felt to contribute to the lack of effectiveness. Greater cooperation with state boards; greater emphasis on the development and use of grievance committee activities; more effective leadership for county medical society disciplinary programs; and development of reporting mechanisms for county society disciplinary actions were recommended.

The Ad Hoc Committee finds that implementation of these recommendations by county and state medical associations has been sporadic. The criticisms leveled at the medical profession in the news media reflect, to some degree, the failure of organized medicine to demonstrate the effectiveness of self-regulatory mechanisms. Medicine's critics hold organized medicine responsible for the actions of all physicians, whether members of the county, state and American Medical Association or not. Organized medicine's disciplinary authority extends only to revocation of membership privileges with limited exceptions. The authority to limit or prevent a physician from practicing is vested in the state medical licensing and disciplinary boards. Legislative action is necessary if the county and state medical societies are to have an integral role in the effective discipline of physicians.

Nonetheless, the Ad Hoc Committee on Medical Discipline believes that medical societies do have an essential role in matters of medical discipline and the assurance of the continuing competence of physicians. The peer review programs established and conducted by organized medicine are capable of identifying deficiencies in the professional competence of physicians,

providing the kind of meaningful educational opportunities needed to assure the public of the competency of all members and the willingness of the medical profession to insure that the quality of medical services available in this country is unexcelled. Peer review is also the most effective mechanism for eradication of abuses of third party programs and overutilization of services. The medical profession must continue to exert dynamic leadership in peer review programs conducted by the voluntary sector and participate actively in peer review programs mandated by federal laws and regulations. Only physicians can provide effective peer review of physicians. Only physicians can prevent usurpation of this role by non-physicians.

AMERICAN MEDICAL ASSOCIATION

The 1961 report recommended that the American Medical Association become "more aggressive and active in supplying advice and assistance to state boards of medical examiners and state and county medical societies in all aspects of medical discipline." Specific recommendations related to the drafting of a model medical practice act in cooperation with the Federation of State Medical Boards, the Council of State Governments, and other interested groups; annual reporting by state medical associations of major disciplinary actions taken during the calendar year; cooperating with the Federation of State Medical Boards in the development of a prompt reporting mechanism for state board disciplinary actions; increasing the activities of the Association in medical ethics; and instructing its representatives to the Joint Commission on Accreditation of Hospitals to adopt a Standard requiring adequate lectures on ethics to be given each year within accredited hospitals.

The Ad Hoc Committee on Medical Discipline can report that the majority of these recommendations have been or are being implemented. The improved reporting of disciplinary actions by state boards to the Federation and the American Medical Association has been noted. Several model medical practice acts have been developed by a variety of organizations since the 1961 report. Currently, discussion of cooperative efforts by the American Medical Association, the American Hospital Association, the American Bar Association and the National Commission on Uniform State Laws to develop a model or uniform state medical practice and discipline act has been initiated.

The Ad Hoc Committee has also noted the development by the American Medical Association of model state legislation on the impaired physician and the two model medical disciplinary bills.

In addition, the Association has developed with the cooperation of the national medical specialty societies Sample Criteria for Short-Stay Hospital Review to assist physicians in the performance of peer review activities. Continuing refinement of criteria for peer review programs based upon experience is proceeding. These efforts do contribute to the increase in effectiveness of peer review programs both in and out of hospitals and to the educational value of such programs. Continued emphasis should be provided to encourage effective peer review programs.

MEDICAL SPECIALTY SOCIETIES

The Ad Hoc Committee on Medical Discipline has also reviewed the disciplinary activities of some of the medical specialty societies and finds that these efforts contribute to the effectiveness of medical discipline. The national medical specialty societies serve physician members by conducting educational programs, developing self-assessment materials and establishing and enforcing professional standards of conduct. The Ad Hoc Committee believes that such efforts should be encouraged. Medical specialty societies should intensify their role in effective medical discipline.

(Board of Trustees — O)

JOINT COMMISSION ON ACCREDITATION OF HOSPITALS

The Ad Hoc Committee on Medical Discipline discussed with a representative of the Joint Commission the current efforts to upgrade the quality of medical services provided in accredited hospitals. The Standards governing delineation of privileges, medical care evaluation studies and medical staff committee functions have been reviewed on a continuing basis and revised periodically. The current Standards require completion of two medical care evaluation studies each year and two underway. The Joint Commission reviews not only the number and quality of medical care evaluation studies completed and underway, but also the use made of the studies in hospital educational programs. The value of such studies can be enhanced greatly if the full educational potential is utilized.

The evaluation of a physician's credentials, the delineation of his clinical privileges and the review of his demonstrated competence by appropriate medical staff committees are problem areas in many hospitals. The Joint Commission's efforts to assure proper performance of these required medical staff responsibilities should contribute to the reduction in the number of professional liability suits arising from services provided in hospitals. The problem of obtaining accurate and reliable information on a physician's professional performance from other hospitals, medical societies, insurance carriers and licensure boards has not been solved and continues to be an area that deters attainment of truly effective medical discipline in hospitals. Mandatory reporting and immunity statutes may be useful in the resolution of this problem.

AMERICAN HOSPITAL ASSOCIATION

Representatives of the American Hospital Association met with the Ad Hoc Committee and discussed the support given to our common objectives; namely, to increase the disciplinary powers of the state boards; to improve the effectiveness of hospital medical staff disciplinary activities; activities relating to the public relations problems involving medical discipline; efforts to improve medical audit and quality assurance programs; intensified efforts to educate physicians on the doctrine of qualified privilege that allows objective peer review activities to be conducted without fear of legal reprisal; enactment of statutory immunity for peer review committee members and for physicians who report colleagues to state boards; and enactment of state legislation to protect peer review records from discovery. The alliance of state medical and hospital associations in seeking legislation to effect these objectives in those jurisdictions where needed should increase the probability of favorable consideration.

CONCLUSIONS AND RECOMMENDATIONS

The Ad Hoc Committee on Medical Discipline is mindful of the public perception of the failings and delinquencies of physicians. Rarely does the public appear to have any awareness that more is expected from physicians than from other individuals in our society and that physicians individually and collectively strive to live up to the public's expectations.

The conduct of the physician is subject to more laws, rules and regulations than that of any other professional in this country today. As a citizen, the physician is expected to obey all of the statutes and court decisions that apply to the public at large; as a specialized member of society, the physician is expected to abide by the provisions of the medical practice act governing the practice of medicine in each of the states; as a member of an organized profession, the physician is expected to abide by a self-imposed code set forth in the Principles of Medical Ethics; as a

hospital staff member, the physician is expected to observe the rules and regulations promulgated by the hospital medical staff, the Joint Commission on Accreditation of Hospitals, state hospital licensing authorities and federal regulatory agencies; and, as a member of an old and honored profession, the physician is expected to live up to the public's subjective concept of how a doctor of medicine should look and act.

The concept of medical discipline is not new. The climate in which medicine performs disciplinary functions is not static, however, so physicians can never relax their efforts to assure effective medical discipline. Today's sophisticated public participates to a greater extent than ever before in medical decision-making by physicians and is less hesitant to seek relief through the courts than ever before. The increasing incidence of professional liability actions and the decreasing availability of insurance coverage to protect physicians from the cost of defense and judgments or settlements has had an impact on medical discipline. Physicians and attorneys who defend them express concern that however well motivated, disciplinary action and peer review activities designed to protect the public from incompetency will become the evidence needed to file suit against the physician whose care has been reviewed or whose professional acts have been the subject of a disciplinary proceeding.

In this climate, care must be exercised to assure proper handling of disciplinary actions. The review of a physician's professional acts and conduct must be based on objective standards, documented through carefully conducted and thorough medical care evaluation studies and procedural safeguards afforded. In this manner, participation by physicians in the peer review activities and medical discipline that serves the public interests can be encouraged and assured.

Medical discipline can never be merely satisfactory. Medical discipline must be so conducted that the public perceives the conscientious efforts of each physician to maintain the highest standards of performance and conduct for himself and his colleagues. Each physician shares in the responsibility for assuring the American people that no physician fails in this effort.

As the Ad Hoc Committee on Medical Discipline completes this review of the current status of medical discipline, a number of factors can be identified that will contribute to more effective medical discipline and reduction of the number of malpractice claims in the future. Among these factors are improvements in techniques for the performance of peer review and the increased emphasis on medical discipline in the state legislative arena. The role of medical societies, hospital medical staffs and state boards in disciplinary activities and the increased interest on the part of the medical profession in participating in these programs will contribute significantly to achievement of more effective discipline and reduction in the number of malpractice claims and suits.

To help assure the achievement of this goal, the following recommendations are offered:

1. That the teaching of medical ethics and discipline in formal courses, informal seminars and discussions be mandated in American medical schools, graduate medical education programs and at the county and state medical society level.

2. That state medical associations become active participants in a continuing review of existing medical licensure and disciplinary mechanisms and seek, with the cooperation of state hospital associations, legislative changes to assure more adequate funding, reporting systems and investigatory staff for the responsible state licensing agency.

(Board of Trustees — O)

3. That organized medicine at all levels assume leadership in the development of active and effective programs to encourage participation by physicians and improve the technology for the review of the quality of institutional and ambulatory care provided by physicians.

4. That organized medicine at all levels continue to cooperate and provide assistance to state medical boards in discharging their disciplinary responsibilities designed to assure the continuing competency of all licensed physicians whether members of organized medicine or not.

5. That the American public be informed of the efforts of organized medicine to assure them of competent, ethical physicians.

6. That the regular assessment of the effectiveness of medical discipline and periodic reports to the House of Delegates be an ongoing activity of the American Medical Association.

P. MEDICAL SCHOOL PARTICIPATION IN AMA
(Reference Committee C, page 232)

HOUSE ACTION: ADOPTED

INTRODUCTION

Several times during the past twenty years, the Council on Medical Education and the Board of Trustees have discussed the establishment of a mechanism to allow more direct participation in the American Medical Association by physician members who are active in medical school administration.

The American Medical Association, through the Council on Medical Education, has reviewed medical schools since 1906 and has shared the responsibility for their accreditation with the Association of American Medical Colleges through the Liaison Committee on Medical Education since 1942. There are now 116 schools with full or provisional approval and ten additional schools in various stages of planning. This is an increase of 28 schools in the past twelve years.

Since the 1967-68 school year, the number of students in U. S. medical schools has increased from 34,538 to 56,244, and the number of full-time faculty members has increased from 22,163 to 36,336. An additional 74,404 physicians serve as part-time or volunteer faculty members, and the faculty total increased by 5,351 physicians in 1974-75 alone.

The last decade has also seen major changes in the medical school teaching format to provide for earlier exposure to clinical experience and medical practice, to emphasize the use of the health team, and to introduce other innovations that could affect patterns of practice and the distribution of physicians, both geographically and by specialty. In addition, major legislative proposals have recently attempted to influence ~~the~~ financing of medical education, admissions to medical schools, and the distribution of physicians.

With the above in mind, the Council on Medical Education and the Board of Trustees are recommending the establishment of a mechanism to give the American Medical Association members who are medical school administrators a voice in the development of policies that directly affect their institutions.

Y. AMA DIRECT BILLING FOR MEMBERSHIP IN 1978
(Reference Committee F, page 257)

HOUSE ACTION: **FILED and the Board of Trustees instructed to report on these issues again at the 1977 Annual Meeting, and the following RECOMMENDATIONS ADOPTED:**

That state and county medical societies which have raised objections to the actions proposed in Report Y communicate their views and their own proposed solutions to the real problems outlined in this report to the Board of Trustees within 60 days so that the Board's deliberations on these issues can be facilitated and advanced; and

That all medical societies, state or county, which have responsibility for billing make whatever changes are necessary in their procedures to assure the prompt forwarding of all AMA dues to the AMA.

The Board of Trustees has reviewed the problems of the AMA's membership growth and retention efforts as they relate to Bylaws and its membership dues billing, collecting and reporting by the Federation of state and county medical societies.

SECTION 1 — BILLING, COLLECTING AND REPORTING

Of the 2,000 state and county medical societies in the country, 1,650 are unstaffed societies; 850 of these 2,000 societies do the billing for the AMA and the entire Federation, and only 200 of the billing units are staffed.

Further investigation uncovered more serious problems. Some societies bill for the next year's dues as early as July, while others bill as late as the following March. Some billing forms are eleven pages long and are confusing; others carry neither words of explanation nor a message.

Some minimize the importance of joining the AMA by stating "You need not join the AMA," or placing the words "voluntary," "optional" or "not required" next to the AMA dues listing. Others locate the AMA dues listing in an inconspicuous place on the bill. Many societies bill separately for AMA dues at a later and inopportune date for AMA dues collection. A number of societies do not rebill for AMA after the first solicitation and others do not bill all physicians in their area who are eligible to join AMA.

In some places, the states bill and the counties collect. In others, the counties bill and the states collect. In dozens of cases, the county will not adopt the state billing and collection system, and the state will not adopt the county's. In other areas the state does some of the billing, some counties do the rest of the billing, and each do some of the collecting. In short, there is no uniformity in the Federation's billing, collecting and reporting procedures; and many of the AMA's and the Federation's membership problems are the result of these diverse billing and collecting practices. There are still hundreds of physicians who have thought for years that they were AMA members but are not.

Approximately 35 percent of the AMA's potential members are contacted only in an informal unbusinesslike manner. They are phoned or stopped in the hospital dressing room by other

physicians asking for a check. In hundreds of unstaffed societies, the elected physician-secretary has his or her receptionist handwrite bills to be copied and mailed. They seldom send out a follow-up message or a repeat billing.

Since 1972, the AMA has identified its potential members by groups: for example, those physicians who are state society members but not AMA members and those physicians who are not members of any part of organized medicine but are eligible. This has been a difficult task, since most physician information is supplied to the AMA by the component and constituent societies of the Federation. Because of the lack of uniform procedures, as described above, it is virtually impossible to obtain the complete and accurate physician data needed to communicate with potential AMA members or, for that matter, the information needed by the medical societies of the Federation for their own programs.

These difficulties are compounded by the Federation's membership reporting methods. Over 50 percent of the AMA's members pay their AMA dues either to the county or state by December of the current year. Yet AMA does not receive the dues for 50 percent of its membership until May. And the dues of thousands of members are held locally for as long as six months before the names or the dues are reported to the AMA. Even efficient, standard reporting methods from county or state to the AMA sometimes delay the members entry into the AMA membership file for as long as three months. Other problems include incidents where groups of physicians' AMA dues checks were lost or left in a desk drawer at local societies. Still more serious is the reaction of tens of thousands of AMA members who wait many months for membership cards and benefits, blaming the AMA for unresponsiveness.

Moreover, it is not unusual for dozens of state and county societies to hold AMA dues in local certificates of deposit to gain interest dollars. Some of the CD deposits are for as long as six months.

SECTION 2 — FEDERATION BYLAWS

The Federation's and the AMA's membership growth and retention efforts are seriously hampered by a lack of uniformity in bylaws. No bylaws between any one state society and another, or between any one county society and another, are uniform. Some physicians can join one society, but if they move to a new area they are not eligible to join the other. Some are given "second class" memberships, in that they pay dues but are not given the right to vote, hold office or have access to benefits. Many doctors cannot join local societies because either they are in the military or the VA, are government employed, are unlicensed, are not citizens, are academicians, hold temporary licenses, are foreign medical graduates, practice industrial medicine, or are in research. However, if they resided or practiced elsewhere, they could join another society whose bylaws are different. Some have to wait for a two-year probationary period prior to admittance to the local society. In these cases, as in others, the AMA and the Federation are denied the membership of the physician.

Some societies have as many as 15 classifications of membership. In Oregon, an "Associate" member is housestaff. In Florida, an "Associate" is a physician who is awaiting action on his or her application, and in California, the "Associate" is an academician, government employee or research physician. The AMA accepts over 5,000 free Associate memberships every year at the request of the state societies. In some areas, a physician must first request and complete an application in order to get a membership application. In other areas, the physician must seek out the society rather than the society seeking out the physician. Thousands of physicians are

reported to the AMA for dues-exempt status while still being required to pay dues to both county and state societies. However, AMA Bylaws, page 6, Chapter III, Section I (D), Exemptions, states "The Board of Trustees may excuse other members from payment of dues, provided such exemption is consistent with the criteria for dues exemption of their component and state associations." The AMA accepts approximately 30,000 dues-exempt members per year at the request of state medical associations.

On the whole, these efforts to establish standardization in billing, collection, reporting and bylaws within the Federation have failed. Indeed, there has been little measurable progress within the Federation on these issues since efforts began five years ago to gain acceptance of standard Federation bylaws, billing forms and collection and reporting practices.

AMA Bylaws, Chapter III,"Dues, Funds and Assessments," Section B, "Method of Payment," state that "Each regular member shall pay annual dues to the state association for transmittal to the Executive Vice President of the American Medical Association." Presently, less than one half of the AMA members pay "to the state association." The rest pay through their county societies.

SECTION 3 — ATTEMPTED SOLUTIONS

During the past five years, the AMA has taken steps to correct these problems. These have included:

Consultation by AMA staff with component societies for design and implementation of membership growth and retention programs for AMA and the local society;

Production of publications, pamphlets, advertisements, sample letters, kits and white papers for use by the Federation as tools to help improve billing and collection methods and as special membership communications for contacting non-members of the AMA and the state and county societies;

Establishment in 1972 of a Special AAMSE Committee on Federation Membership charged with effecting changes in membership growth and retention within state and county medical societies;

Recommendation in 1973 by the AMA House of Delegates of the use by the Federation of a national standard billing form (Resolution 123, A-73). In the past four years none of the state or county medical societies has implemented this action;

Adoption in 1973 and 1975 by the House of Delegates of the use of the standard and model membership provisions for state medical associations [Report J (A-73) and Report G (A-75) of the Council on Constitution and Bylaws]. There is no evidence that in the past four years any of the state medical societies have implemented these actions of the House;

Implementation of the AMCAP billing system three years ago (accepted by only thirteen states); and

Development of new standardized reporting forms. Only twenty-one states have adopted them.

(Board of Trustees — Y)

These and other endeavors have met with only minimal success. Undoubtedly much of the problem stems from the fact that state and county medical societies have neither the money, time nor the staff to do such extensive work for the AMA or themselves. Many would willingly transfer the responsibility of billing and collecting for and reporting to the AMA. Those wishing to retain this control usually do so because of one or more of the following reasons:

One percent collection fee paid by AMA (annual cost to AMA is $360,000).

The gain of interest money from AMA dues dollars in local CDs (estimated to total $500,000 per year).

Concern that diminished involvement in the national billing and membership process will somehow weaken their influence on their own members.

SECTION 4 — COSTS AND SAVINGS OF A DIRECT BILLING PROGRAM

The Association has estimated that the existing non-system costs the AMA over $1,250,000 per year in payments to component societies, lost CD interest, lost members, staff time in record clarifications, etc. The cost to the AMA of direct billing would be less than $250,000, while the savings to component societies (if as some state their costs are double the $2.50 per member fee paid by AMA) could be as high as $400,000 per year.

Over the years some state society executive directors and officers have complained that their billing and collecting duties are a large and undesired burden. Some have also complained that the one percent collection fee ($2.50 per member) is not enough to cover their costs and should be doubled. In some cases, a conflict develops between the state and the county societies over who should get the one percent paid by the AMA or how the fee should be divided. In fact, there are some county societies who are now demanding two percent or more from state societies for collecting the state membership dues.

SECTION 5 — DIRECT BILLING PRESENTLY PROVIDED FOR IN BYLAWS

At the 1973 Annual Convention, the House of Delegates amended the Bylaws, Chapter III, Section 1-B, Sub-Sections (1), (2), (3), (4), (5), "Method of Payment" (see attachment A), to provide that the Association could bill its members directly as "arranged by the Board of Trustees." Report H of the Council on Constitution and Bylaws states "This amendment enables the Board of Trustees to arrange for method of dues collection other than through the state association, if appropriate or desirable." In the opinion of legal counsel, this amendment now permits the AMA to bill directly all physicians eligible for membership.

The Board feels, however, that further support from the House of Delegates is desirable before proceeding with full direct billing.

In keeping with the preceding Bylaw amendments, the AMA now bills directly those eligible members who either cannot join a local society because of local bylaw restrictions or can obtain only a "second class" local membership without the right to vote, hold office, or receive benefits.

These current direct billing categories are:

Housestaff
Medical Students
AMA members transferring from one state to another
All physicians not eligible for local membership due to bylaw restrictions
Military Medical Service and VA physicians not eligible locally

SECTION 6 — AMA SUCCESSFUL DIRECT BILLING PROGRAMS

A good example of the success of AMA direct billing procedures is the recent AMA $60 assessment. The AMA could not have reached its goal if the assessment had been handled by the 850 billing societies (only 200 with staff) within the Federation. On the contrary, the assessment campaign would have been an expensive and a confusing effort. However, as a result of direct billing and an organized follow-up system, costs were kept down to $200,000 and the return has been nearly $9 million.

Another example is the AMA's success in its direct billing of eligible housestaff. Twenty-five percent of the housestaff membership which AMA is authorized to bill directly have joined the AMA. Of the indirect housestaff membership billed by the Federaton, only 13 percent have joined the AMA.

In addition, 25 percent of the medical student membership that the AMA is authorized to bill directly have joined. Yet only eight percent of the indirect medical students billed by the Federation have joined the AMA. Indeed, when a state adopts an indirect membership category for housestaff or medical students, AMA's membership declines.

The AMA is currently billing directly all of its potential member physicians in the state of South Carolina. This is a pilot project initiated in 1976 at the request of the South Carolina Medical Association. At the close of 1975, the AMA had 1,346 dues-paying members in that state. Presently, with two months to the end of the year, the AMA has 1,313 members, or 33 fewer members than at the end of 1975. Even if the loss of 33 members holds to the end of the current year, it is less than a 3 percent loss, while the AMA national average loss is at 8 percent. In the AMA's opinion — an opinion shared by the staff and the leadership of the South Carolina Medical Association — the experiment has been successful. The AMA has received a request from the South Carolina Medical Assocaition to continue direct billing in that state in 1977. Some other state societies have also requested that AMA bill directly in their states. No action has been taken on these requests, pending further authority from this House of Delegates.

The question has been asked, "If the AMA does direct billing, how will you confirm that members have joined the state society and are eligible for AMA membership?"

As stated, the AMA already bills several categories of potential members directly. In those cases, upon receipt of a physician's dues check, the AMA holds the check and sends the name of the potential member to the state society seeking approval or disapproval. The state society may indicate non-acceptance on the basis of: (1) moral or legal reasons, (2) eligible to join locally. In the case of No. 1 above, the dues are immediately returned. In the case of No. 2, the physician is informed that he is eligible locally and his check will be held until the AMA is informed that he has joined locally. If he does not join, his check is returned. This system has been successful for over five years, with the following impact:

(Board of Trustees — Y)

1. Over 1,200 eligible members join AMA directly each year;

2. Over 5,000 physicians are directed to the local society each year for membership and 90 percent of them join;

3. Over 1,500 are denied membership each year primarily because they refuse to join locally, and their dues are returned.

An AMA direct billing program could more than double the number of potential members directed to local society membership (No. 2 above).

DISADVANTAGES OF DIRECT BILLING

The following are some of the more apparent disadvantages to direct billing by AMA:

1. The need to confirm local society membership before acceptance for AMA membership will require considerable expansion of the present AMA program. Some problems can be expected in communications, especially in the early stages of operation.

2. Some physicians may react negatively to receiving separate statements from the state or county society and the AMA. In many states, however, the county and state society dues and those of the AMA are already billed separately by the billing society.

3. The AMA could lose some members as a result of direct billing, because under combined billing the physician is responding to one bill and a total figure with one check. On the other hand, a more uniform businesslike approach to billing nationwide could well offset this possible loss.

4. The AMA will incur new expenses through direct billing: postage, stationery, envelopes, printing, bill forms, computer time, additional staff, etc. These expenses could, however, be more than offset by the one percent collection savings and the additional interest from CDs, etc.

ADVANTAGES OF DIRECT BILLING

The following are some of the more apparent advantages to direct billing by the AMA:

1. AMA direct billing will save local and state societies staff time and money now expended on behalf of the AMA in postage, printing, record keeping, and reporting. According to most society staff, one percent reimbursement by AMA does not cover the expenses.

2. AMA will be able to direct 10,000 or more potential new members into local society membership each year.

3. AMA will be able to report to state societies early in the year any membership problems that could result in a delegate loss, thus allowing for early and decisive action to maintain or expand delegate count.

4. AMA will be directly responsible for errors in record keeping, and the Federation will be free from physician complaint on this issue.

5. AMA will receive millions of dues dollars as much as five months earlier than at any time in the past.

6. AMA could realize as much as $500,000 in additional interest from CDs.

7. AMA will save $360,000, the collection fee paid to state associations.

8. AMA will be able to estimate revenues earlier in the year than ever before.

9. AMA will be able to send out membership cards and benefits earlier than ever, thus enhancing the Association's image among its members.

10. AMA will be able to identify membership problems up to six months sooner than before and to act promptly.

11. AMA will be gathering information directly from the physician rather than from the scattered reporting of 2,000 medical societies.

12. AMA's eligible members will receive a bill form of AMA's own design which will be optically scannable for rapid response to the member.

13. AMA will bill at a time of its own choosing for maximum results.

14. AMAwill be able to repeat billing often and whenever it deems effectively necessary.

15. AMA will be able to include tested and proven messages supporting the Association and the Federation of state and county medical societies.

16. AMA will enclose business return envelopes with the billing which will provide updated information on new addresses, name changes, spelling of names, changes in membership status, deceased physicians, transferred members, classifications, overseas moves, etc. Maximum accuracy and improvement in records should result in better potential member lists for the Federation.

17. AMA will have broader knowledge of physician attitudes toward the AMA, through members' comments and letters that often are sent in with the dues check.

18. AMA will be in direct communication with all 430,000 physicians and medical students in the nation several times each year, via its repeat billing. "Piggy-back" messages can be included selectively.

19. AMA will have the physician-member's specialty journal selection sooner and without a costly second billing.

20. AMA will eliminate a wide range of costly data problems.

(Board of Trustees — Y)

The Board of Trustees wishes to emphasize that direct billing does not run counter to the Federation concept and provides only for a new and more beneficial billing approach. Chapter I, Section 1 (A) of the AMA Bylaws is not altered and will still require that in order to be a member of AMA, an individual must first be ". . . a member in good standing of a state association . . ." and then an individual becomes an AMA member ". . . on certification by the secretary of the state medical association . . ."

Based on these considerations, the Board believes that the financial affairs of the American Medical Association and its fiscal management would be improved by direct billing and that membership in both the AMA itself as well as the state and county medical societies will be enhanced by the institution in 1978 of such a direct billing system by the AMA. In the interim, the Board will consider various means for implementing this process.

ATTACHMENT A — AMA MEMBERSHIP CATEGORIES

Division One-Membership of the AMA Bylaws authorizes the AMA to bill directly in these membership categories. Chapter I, "Qualifications, Election and Rights, (B) Direct Members," states as follows:

Physicians ineligible for Regular Membership, interns, residents and medical students shall be eligible for Direct membership if they qualify under one of the following:

1. Regular commissioned medical officers, commissioned medical officers of the reserve components and civilian employees who hold the degree of Doctor of Medicine ... on active duty with, or employed by the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service, may become Direct Members ...

2. Civilian physicians employed on a full-time basis by all federal agencies (except those included in subparagraph (1) above) ... may become Direct Members ...

3. Physicians who are not entitled to Regular membership, as defined in Section 1 (A) and who hold the degree of Doctor of Medicine, Bachelor of Medicine or the equivalent, may become Direct Members, provided there is no disapproval of the application for membership by the local county medical society, the state medical association, or the AMA Judicial Council. They shall retain this class of membership only as long as they are not eligible for membership in a county and state society, including the right to vote and hold office, as determined by their state associations.

4. Interns and Residents serving in training programs approved by the Association, and for whom there are no provisions for membership in a county and state society, may become Direct Members upon application with endorsement of two (2) Regular Members of the American Medical Association on the staff of the hospital in which they are training provided there is no disapproval of membership by the AMA Judicial Council ...

5. Students enrolled in medical schools approved by the Association, and who are pursuing a course of study leading to the degree of Doctor of Medicine and for whom there are no provisions for membership in a county and state society, may, upon individual application, become Direct Members if they are members in good standing of the American Medical Student Association, or upon application with endorsement of two (2) Regular Members of the American Medical Association, provided there is no disapproval for membership by the AMA Judicial Council ...

(Board of Trustees — Z)

Z. AMA FEDERATION STRUCTURE
(Reference Committee F, page 258)

HOUSE ACTION: FILED

It is time for tough action to make organized medicine as strong as it can be and should be and needs to be.

Few physicians would disagree with the necessity for a strong and proficient national organization. Yet obvious decisions that could quickly give organized medicine its maximum strength are not being faced. They are not being considered with the urgency they demand nor the long range view they deserve.

In 1972, four years ago, the House of Delegates adopted the following: "Resolved, That all state medical associations should consider having all members support all levels of our national federation by adopting, where possible, the unified concept."

The response since that 1972 resolution of the House is something to which the Federation must give a hard look. In the last four years one state alone — Kentucky — has decided to adopt the unified concept. Another — Oklahoma — dropped it and then reinstituted a unified status. Four others — Arizona, Hawaii, Illinois and Wisconsin — have retained their unified status. One state has dropped unified membership and two who voted to adopt it later rescinded their actions. Some twenty-five states where the proposition was raised defeated it.

Not all physicians believe in organized medicine as represented by this federation of state and county medical societies into the AMA. But a substantial majority does, and the federation represents them. Nonetheless, some 50,000 physicians annually do not meet their membership obligation fully; they choose instead to join the state and county part of the federation, accepting the tangible benefits often available by that limited membership but refusing an obligation to support what the national organization does to fight their battles on a national level.

Without unified membership, a fraction (albeit a large fraction) of state and county members pays the freight for 50,000 free riders. That is not the way to organizational strength.

If the traditional route to organizational unity — membership in the county, state and national structure — is not practical, then an alternative to accomplish that objective is urgently needed. There may be several ways to achieve the goal. Below are excerpts from a report of the Council on Long Range Planning and Development which discuss one such alternative.

In its study of AMA's organizational structure in 1975, the Council made the following observations:

> "AMA and the state-county federation is still the major focus but other physician organizations that are primarily independent of AMA diffuse the identity of 'organized medicine.' Specifically, the ability to speak authoritatively and forcefully for the profession decreases as the number of independent organizations increases.
>
> "The fragmentation of organized medicine is not, however, limited to AMA vs. the specialty and other organizations. There is fragmentation of sorts within AMA itself. For example, each of the 2,000 state and county societies have different constitutions

and bylaws, some differing substantially, and there is no cohesive membership development effort for the federation. AMA cannot recruit independently of the state and county societies because AMA is, after all, part of a federation whose basic strength lies with the local societies. Yet, AMA is called upon to function for the profession as a whole in most instances, and it services its members through the state and county societies.

"The result is that AMA is part of a 'one-way' federation. In acting on behalf of its members, it must also act on behalf of [members of] state and county societies who are not members of AMA. This not only is unfair to AMA as an organization, it is also unfair to member physicians since they are helping to provide AMA benefits for those physicians who do not join AMA. There are some 50,000 dues paying members of state medical societies who are not members of AMA. (At the new dues rate of $250, the estimated 1975 AMA dues paying membership of 166,000 would produce $41,500,000 in dues revenues. If all 210,000 state society dues paying members were also AMA members, the dues would only have to be $197 to produce revenue of $41,500,000. In effect, AMA members are subsidizing non-members in the amount of $53 per member.)"

In response to the problems it identified, the Council recommended the following:

"It is recommended that AMA remain a federation of its state associations as currently provided for in the Constitution, but that the state associations, as organizations, constitute the basic membership unit of AMA, and the individual physician members of the state associations automatically will be members of AMA by virtue of their membership in the state association."

The Council on Long Range Planning's proposed solution was to modify the structure of the federation. In Report Y (C-76) presently before this House of Delegates, the Board of Trustees takes note of many of the same problems and outlines a procedural mechanism – direct billing – to help alleviate part of the problem. The problem, however, is too fundamental to be solved by only modifying the dues billing procedure. That is only one step of many that are needed.

The purpose of this report is to inform the House of Delegates of the Board's increasing concern over the lack of unity and single-mindedness of purpose within organized medicine and to stimulate open and free debate within the reference committee to which this report is referred. The Board will continue to seek solutions to the many facets of this problem, but will need the help and cooperation of the House of Delegates and all segments of organized medicine. This is a problem that all of organized medicine shares, and all will have to share in its solution.

AA. $60 SPECIAL ASSESSMENT
(Reference Committee F, page 259)

HOUSE ACTION: FILED

At the 1974 Clinical Convention, the House of Delegates approved a $60 assessment on all AMA members, Excluding Housestaff and Medical Student members. At the 1975 Clinical Convention, the House adopted Board of Trustees Report S which proposed "that billing of 1975 members be continued through calendar year 1976," and called on the Board to report at the 1976 Clinical Convention "so that the status of members who have not paid their $60 can be determined."

(Judicial Council — A)

REPORTS OF JUDICIAL COUNCIL

The following reports, A—C, were presented by Henry I. Fineberg, M. D., Chairman:

A. CIVIL RIGHTS, MEDICAL SOCIETIES AND WOMEN
(Reference Committee on Amendments to Constitution and Bylaws, page 209)

HOUSE ACTION: ADOPTED AND THE BYLAWS AMENDED ACCORDINGLY

BACKGROUND

At the Annual Convention in 1964, the House of Delegates considered the following Substitute Resolution submitted by the Reference Committee on Amendments to Constitution and Bylaws:

> Whereas, There is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character, regardless of race, color, religion, ethnic affiliation, or national origin; therefore be it
>
> RESOLVED, That this House of Delegates of the American Medical Association is unalterably oppposed to the denial of membership, privileges and responsibilities in county medical societies and state medical associations to any duly licensed physician because of race, color, religion, ethnic affiliation, or national origin; and be it further
>
> RESOLVED, That this House of Delegates of the American Medical Association calls upon all state medical associations, all component societies, and all individual members of the American Medical Association to exert every effort to end every instance in which such equal rights, privileges, or responsibilities are denied.

The House voted to adopt this Substitute Resolution. This Substitute Resolution was also reaffirmed at the Clinical Convention in 1966.

In 1968, similar language was incorporated into the Bylaws as follows:

> Membership in the American Medical Association or in any of its constituent associations shall not be abridged on account of color, creed, race, religion or ethnic origin.

In the present Bylaws, this language is contained in Chapter I, Section 3.

In 1973, the House spoke specifically on civil rights and women in the following language:

> RESOLVED, That the American Medical Association continue to advocate equal opportunities for men and women in all phases of medical professional endeavor and activities, and that this statement be made available for the information and guidance of state legislatures.

In 1975, the House spoke in favor of equal opportunity for women in medicine (A-75) and against sex discrimination in academic institutions (C-75) as follows:

> RESOLVED, That the American Medical Association commend the Medical Schools Admissions Committee for their recognition of the role women play in medicine; and be it further
>
> RESOLVED, That the American Medical Association promote equal opportunity for women to participate in the full range of activities in medicine:
>
> 1. That women have equal access to pre-medical training,
>
> 2. That women physicians have equal access to internships, residencies, including the surgical specialties,
>
> 3. That women physicians be appointed equitably to AMA boards and committees, and
>
> 4. That women working within the American Medical Association, state and local medical societies be given equal opportunity for access to and training for all levels of employment for which they can qualify themselves, including top management positions. (A-75)
>
> RESOLVED, That the American Medical Association strongly oppose sex discrimination in medical institutions, including academic institutions, particularly in the areas of payment of services; criteria for recruiting, hiring, promotions and tenure; appointments to policy-making committees and appointments to executive positions. (C-75)

DISCUSSION

In the past, the Judicial Council has interpreted the House approved language quoted above to mean that organized medicine is in favor of equality of opportunity in medical society activities, medical education and training, employment, and all other aspects of medical professional endeavors regardless of color, creed, race, religion, ethnic origin, national origin, or sex. The Judicial Council thinks the House of Delegates has been clear and firm on this issue in the various resolutions and reports that have come before the House.

In this bicentennial year, however, the Judicial Council also thinks that it would be especially appropriate for the House to consider a simple, comprehensive statement incorporating the same standards on civil rights for women as have been applied in other categories. Equal opportunity for all is a legal and professional standard befitting our nation's traditions and organized medicine's commitment to achievement based on accomplishment.

RECOMMENDATIONS

Accordingly, without overturning or undermining the actions of the House of Delegates recited above, the Judicial Council recommends that the House adopt the following simple, comprehensive statement on civil rights:

The American Medical Association is in favor of equality of opportunity in medical society activities, medical education and training, employment, and all other aspects of medical professional endeavors regardless of race, color, religion, creed, ethnic affiliation, national origin, or sex.

The American Medical Association is unalterably opposed to the denial of membership privileges and responsibilities in county medical societies and state medical associations to any duly licensed physician because of race, color, religion, creed, ethnic affiliation, national origin, or sex.

The American Medical Association calls upon all state medical associations, all component societies, and all individual members of the American Medical Association to exert every effort to end any instance in which such equal rights, privileges, or responsibilities are denied.

Consistent with this approach, and with the concurrence of the Council on Constitution and Bylaws, the Judicial Council recommends that the Bylaws, Chapter I, Section 3, be amended in a similar manner to read:

Membership in the American Medical Association or in any of its constituent associations shall not be abridged on account of color, creed, race, religion, ethnic origin, national origin, or sex.

Also, with the concurrence of the Council on Constitution and Bylaws, the Judicial Council recommends that the Bylaws, Chapter XIII, Section 4 (a)(4) be amended to read:

(4) To receive appeals filed by applicants who allege that they, because of color, creed, race, religion, ethnic origin, national origin, or sex, have been unfairly denied membership in a component and/or constituent association, to determine the facts in the case, and to report the findings to the House of Delegates. If the Council determines that the allegations are indeed true, it shall admonish, censure, or, in the event of repeated violations, recommend to the House of Delegates that the state association involved be declared to be no longer a constituent member of the American Medical Association.

B. TERMINAL ILLNESS
(Reference Committee E, page 247)

HOUSE ACTION: REFERRED TO JUDICIAL COUNCIL with the request that a report on terminal illness be submitted to the House of Delegates at the 1977 Annual Convention addressing the role of governmental bodies in such matters

Resolutions 74, 110 and 133 (A-76) related to the medical management of unconscious or incompetent patients suffering from terminal illnesses. Reference Committee E reviewed these resolutions and heard extensive testimony on them at the 1976 Annual Convention. The Judicial Council provided Reference Committee E with a critique of these matters and a discussion of the more important issues involved at that time.

REPORTS OF COUNCIL ON CONSTITUTION AND BYLAWS

The following reports, A—E, were presented by Carroll L. Witten, M. D., Chairman:

A. SUBSTITUTING COUNCILS OF THE AMA FOR STANDING COMMITTEES OF THE HOUSE OF DELEGATES RE EX-OFFICIO MEMBERS OF THE HOUSE AND INTRODUCTION OF BUSINESS TO THE HOUSE

(Reference Committee on Amendments to Constitution and Bylaws, page 210)

HOUSE ACTION: ADOPTED AND THE BYLAWS AMENDED ACCORDINGLY

At the 1976 Annual Meeting of the House of Delegates, the reorganization of the AMA Council and Committee structure was completed. Standing Committees of the House of Delegates, as such, were abolished. These five Standing Committees of the House of Delegates were continued however, and along with two Committees of the Board of Trustees and one new committee, are now Councils of AMA.

The Council on Constitution and Bylaws notes that in Chapter IX there are two references to the "standing committees of the House of Delegates" which should be corrected. One reference is in Section 1 where the chairmen of the "standing committees of the House of Delegates" shall be ex-officio members of the House of Delegates. The second reference is in Section 4(c)(3) where it is provided that:

> "Reports or recommendations from a Council or Special Committee of the House of Delegates may be presented at any time before the close of business on the day preceding the final day of a convention."

The Council proposes the following amendments to correct these references:
(deletions lined out; additions in bold type)

Chapter IX — House of Delegates

Section 1. Composition

. . . and the Chairmen of the ~~standing committees of the House of Delegates~~ **Councils of the AMA** shall be ex-officio members of the House of Delegates . . .

* * *

Section 4. Procedure

* * *

(c) Introduction of Resolutions and Other Business

* * *

(3) Reports or Recommendations from a Council of the AMA or a Special Committee of the House of Delegates may be presented at any time before the close of business on the day preceding the final day of a convention.

B. PROCEDURE OF STATE ASSOCIATIONS WHEN NUMBER OF DELEGATES IS REDUCED

(Reference Committee on Amendments to Constitution and Bylaws, page 210)

HOUSE ACTION: ADOPTED AND THE BYLAWS AMENDED ACCORDINGLY

The Council has under consideration the matter of allowing delegates to assume their office at a time closer to the date of their selection as delegates, rather than having to wait until January 1. However, this matter also affects the term of the delegates, the apportionment of delegates and virtually every other provision in the Bylaws relating to the service of delegates in the House. All of these provisions are interrelated, and all must carefully and efficiently interlock with one another in order to have an effective system of delegate representation. As the Council has previously advised the House (C-75), this matter will be considered and included in the Council's complete review and revision (including decimalization) of the Bylaws.

The Council has recently received inquiries from several state medical associations regarding the procedure to follow if the number of delegates to which they are entitled is reduced because of a drop in AMA membership. These requests illustrate one aspect of the interrelationship which is referred to above. These requests also indicate the need to inform the state medical associations of the proper procedure, so that their bylaws will provide the necessary provisions to clearly handle any fluctuation in delegate strength.

The problem is presented hypothetically as follows: A state association has four (4) delegates to the AMA House. Two (2) of the delegates took office on January 1, 1976, for a two-year term expiring December 31, 1977. The terms of the other two (2) delegates began on January 1, 1975, and will expire on December 31, 1976. The state medical association's annual meeting is held in the spring or the fall of 1976, and at this meeting they select the delegates who will take office on January 1, 1977. Since the terms of two (2) delegates are expiring, two (2) delegates are selected to replace them, or the same two (2) delegates are returned to office beginning on January 1, 1977. However, when the apportionment is made as of December 31, 1976 it discloses that the state association is only entitled to three (3) delegates in 1977 because of a membership drop. The question is: Which three (3) delegates will serve in the AMA House during 1977?

BACKGROUND

1. The Bylaws now provide that delegates from constituent state associations serve two year terms.

2. The Bylaws also provide for apportionment on the basis of AMA membership within the constituent associations.

3. The Bylaws do not provide for any reduction in terms of individual delegates in the event that apportionment reduces the number of seats authorized for constituent state associations.

RECOMMENDATIONS RELATING TO CHANGES IN BYLAWS AND CLARIFICATION OF AMA POLICY:

1. Two year terms for individual delegates must be contingent upon continuation of authorization for the seat following apportionment.

2. AMA Bylaws should spell out by firm stipulation that the seats which are authorized for each constituent association are redetermined at the time of apportionment. This means apportionment and reapportionment when indicated.

3. The AMA Bylaws should stipulate that each constituent association be allowed to determine who shall fill all seats which are allocated to it.

4. The AMA Bylaws should require that constituent state associations adjust the number of delegates when apportionment dictates. (i.e., A change in the number of seats, even if this means reduction in the term or terms of certain delegates.)

The Council therefore proposes the following amendments to the Bylaws:
(deletions lined out; additions in bold type)

Chapter IX — House of Delegates

* * *

Section 2. Apportionment

(A) The apportionment of delegates from each state association . . . In January of each year the Executive Vice President of the American Medical Association shall notify each state association of the number of ~~delegates~~ **seats in the House** of Delegates to which it is entitled during the current year.

(B) ~~Any delegate or alternate who was selected in accordance with these Bylaws and who at the time of apportionment has begun but not completed the term for which he was duly selected shall be permitted to complete such term as delegate or alternate.~~

Each state association shall be entitled to delegate representation based on the number of seats allocated to it at the time of apportionment.

Section 3. Delegates

* * *

(B) Terms

(1) Delegates and alternates from state associations . . . shall be selected for two-year terms, provided that such seats are authorized at the time of apportionment, and shall assume office on January 1 of the year succeeding their selection . . . State associations entitled to more than one representative shall select them so that one-half the number, as near as may be, are selected each year. **If necessary to** accomplish this proportion, one-year terms may be provided, but only to the extent necessary to allow one-half of the delegates to be selected each year . . .

(2) Each state association shall select the delegates and alternates to fill the seats authorized by apportionment.

(3) Each state association shall adjust the number of delegates and alternates to conform with the number of seats authorized after each apportionment.

C. MEDICAL SCHOOL SECTION
(Reference Committee C, page 232)

HOUSE ACTION: ADOPTED AND THE BYLAWS AMENDED ACCORDINGLY

This report contains the Bylaw amendments necessary to implement Board of Trustees Report P (C-76). The following amendments by addition are entirely new provisions.

CHAPTER XXIII — SPECIAL SECTIONS

• • •

Section 2. Section on Medical Schools

(A) Purpose — The purpose of this Special Section is to provide a direct means of participation in AMA activities for Medical Schools approved by the Association.

(B) Membership — Membership in the Section shall be limited to the chief administrative officer (i.e., Dean) of each Medical School approved by the Association and three members of the administration or faculty thereof, to be appointed by that officer. All members of the Section must be Active Members of the Association. If the Chief Administrative Officer is not an Active Member of the AMA, the Section Governing Council shall designate from that institution Active AMA Members to serve, such members to be from those recommended by that Chief Administrative Officer.

(C) Business Meeting — The Section on Medical Schools shall hold a business meeting on a day prior to each Annual and Clinical Meeting of the House of Delegates, at a time and place fixed by the Executive Vice President. The purpose of the meeting shall be: (1) To discuss such matters as may be appropriate, (2) to elect, at the meeting immediately prior to the Annual Convention, the officers of the Section and two members of the Governing Council of the Section, and (3) to consider and vote upon such matters as may properly come before the meeting.

(D) Officers — The officers of the Section on Medical Schools shall be a Chairman, Vice Chairman, Secretary, Delegate and Alternate Delegate. Officers shall be elected by the members of the Section present at the Business Meeting of the Council immediately prior to the Annual Convention. Those elected shall assume office at the conclusion of the Annual Convention at which they are elected and shall serve until the conclusion of the next Annual Convention.

(E) Duties of Officers:

(1) Chairman: The Chairman shall preside at meetings of the Section and meetings of the Governing Council of the Section.

(2) Vice Chairman: The Vice Chairman shall assist the Chairman and preside at meetings in the absence of the Chairman or at his direction.

(3) Secretary: The Secretary shall maintain such records as may be required or as may be advisable for the conduct of the activities of the Section.

(4) Delegate and Alternate: The Delegate and Alternate Delegate shall represent the members of the Section in the House of Delegates.

(F) Governing Council — The Governing Council of the Section on Medical Schools shall consist of the officers of the Section and two members of the Governing Council elected by the Section membership at the Business Meeting of the Section. Those elected shall assume office at the conclusion of the Annual Convention at which they are elected and shall serve until the conclusion of the next Annual Convention. The Governing Council shall direct the programs and activities of the Section, subject to the approval of the Board of Trustees.

(G) Vacancies — Any vacancy occurring in any office or on the Governing Council shall be filled at the next Business Meeting of the Section. The person elected to fill the vacancy shall take office immediately and serve for the remainder of the unexpired term.

(H) Implementation — In order to implement the foregoing provisions, the Chairman of the Council on Medical Education shall preside at the first meeting of the Section on Medical Schools immediately prior to the 1977 Annual Meeting of the House of Delegates. The officers and members of the Governing Council elected at that meeting shall take office immediately and serve until the conclusion of the 1978 Annual Meeting of the House of Delegates. (This provision shall be removed from the Bylaws at the 1978 Annual Meeting of the House of Delegates.)

* * *

The following amendments are also required:
(Deletions lined out; additions in bold type)

CHAPTER IX — HOUSE OF DELEGATES

Section 1. Composition

The House of Delegates shall be composed of Delegates selected by the state associations . . . by the Business Meeting of the Resident Physician members, ~~and~~ by the Business Meeting of the Medical Student Members and by the business meeting of the Section on Medical Schools . . . The Secretary of the Business Meeting of Resident Physician Members, ~~and~~ the Secretary of the Business Meeting of the Medical Student Members and the Secretary of the Business Meeting of the Section on Medical Schools shall certify Delegates and Alternates to the Executive Vice President of the American Medical Association.

* * *

Section 3. Delegates

* * *

(B) Term — . . . The Medical Student Members Delegate and Alternate and the Delegate and Alternate from the Section on Medical Schools shall be elected at the Annual Convention. They shall take office at the conclusion of the Annual Convention at which they are elected and shall serve until the conclusion of the next Annual Convention.

(C) Registration

(1) Before being seated at any annual, clinical or special convention, each Delegate or his Alternate shall deposit with the Reference Committee on Credentials a certificate signed by . . . or the Secretary of the Business Meeting of the Section on Medical Schools, stating that the Delegate or Alternate has been properly elected or appointed to the House of Delegates.

D. METHOD OF ELECTION FOR MEMBERS OF COUNCILS OF AMA
(Reference Committee on Amendments to Constitution and Bylaws, page 211)

HOUSE ACTION: ADOPTED AND THE BYLAWS AMENDED ACCORDINGLY

In response to Resolution 12 (C-76), the Council submits the necessary Bylaw amendments to provide for the election of members of the Councils of the AMA by the method of "simultaneous election of candidates to several positions of equal rank." This will apply only to those Councils whose members are elected by the House of Delegates, except the Judicial Council.

The following amendments by addition are entirely new provisions:

CHAPTER XIII — COUNCILS OF THE AMA

* * *

Section 14 — Method of Election: Members of the Council on Constitution and Bylaws, the Council on Medical Education, the Council on Medical Service and the Council on Scientific Affairs shall be elected by the following method:

(A) Separate Election — The resident member of the Council on Medical Education, the Council on Medical Service and the Council on Scientific Affairs, as well as the private practitioner of medicine who is not a salaried faculty member of a medical school on the Council on Medical Education shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominee receiving the lowest number of votes shall be eliminated from consideration, except where there is a tie for the lowest number of votes, and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

(B) Other Council Members to be elected for a full term: With reference to each such Council, all nominees for membership for a full term shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot purports to cast more than one vote for any nominee. A nominee shall be elected if he has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of members to be elected. A run-off election shall be held to fill any vacancy which cannot be filled because of a tie vote. If all vacancies are not filled on the first ballot and three or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one.

The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating those nominees who received the fewest number of votes on the preceding ballot, except where there is a tie. When two or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council for a full term yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all members of the Council for a full term have been elected.

(C) Council Members to be elected to fill unexpired terms: With reference to each such Council, the nomination and election of members of the Council to fill unexpired terms shall be held after election of members of the Council for full terms, and shall follow the same procedure. Unsuccessful candidates in the election for members of the Council for a full term shall automatically be nominated for subsequent elections until all members of the Council have been elected; in addition, nominations from the floor shall be accepted. Election of members of the Council to fill unexpired terms of two years shall be completed before the nomination and election of members to fill an unexpired term of one year.

E. MEDICAL STUDENT MEMBER OF COUNCIL ON LEGISLATION

(Reference Committee on Amendments to Constitution and Bylaws, page 212)

HOUSE ACTION: ADOPTED AND THE BYLAWS AMENDED ACCORDINGLY

In response to Substitute Resolution 24 (C-76), adopted by the House of Delegates, the Council on Constitution and Bylaws submits the following amendments to the Bylaws for consideration by this House:

CHAPTER XIII — COUNCILS OF THE AMA

Section 6. Council on Legislation

* * *

(B) Membership: . . . The Board of Trustees shall also appoint a medical student member of AMA as a non-voting member of the Council on Legislation. Said medical student member shall be chosen from nominations submitted by the AMA Student Business Session.

REPORTS OF COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT

The following reports, A—D, were presented by Dale C. Reynolds, M. D., Chairman:

A. PROGRESS REPORT ON MEMBERSHIP STUDY
(Reference Committee F, page 260)

HOUSE ACTION: FILED

In the spring of 1976, the Council on Long Range Planning and Development initiated a study of AMA's membership base. The study is an extension of the Council's ongoing consideration of organizational matters affecting AMA, particularly as they relate to the overall concern of maximizing unity of purpose and action among the various segments of organized medicine. The study encompasses a review of AMA's membership base and an analysis of what obstacles stand in the way of improving AMA membership growth in the future. Of particular concern are organizational and procedural obstacles that might be easily overcome once they are identified and diagnosed. Also of interest, however, are the more nebulous impediments to achieving maximum membership potential, such as attitudinal problems, which may require longer term solutions. In some instances it may be possible to develop interim solutions to some of the longer term concerns while more permanent answers are sought.

Some of the more urgent problems in the membership area relate to the administration of membership recruitment and processing. At last count there were some 850 plus billing units that are responsible for collecting and remitting AMA dues. There is a wide variety of billing procedures and formats used, and some actually discourage AMA membership. The procedures for getting AMA dues money and names of members to AMA are also widely varied and often result in long delays between when a physician pays his dues and when AMA is informed that he has joined and receives his dues check. In the interim time period, the member's benefits of membership are sometimes jeopardized and AMA has very little basis for financial planning. Another problem on which some immediate action could be taken is the lack of knowledge at the state and local levels of the entire potential membership pool. There are physicians who are not recruited because local billing units do not know they are there. The abovementioned administrative problems appear to be almost logistical in nature and would seem to be each to deal with. Unfortunately, they are not as easy as they appear on the surface because they are at least partly symptoms of more fundamental problems.

The longer range membership concerns relate to such problems as the vast differences between the membership requirements of the various state and county societies. The potential membership pool (market) is defined differently in each state and each county because of variations in the membership bylaws of the societies. AMA developed a set of model bylaws several years ago to alleviate this problem but they have not been adopted by a single state or county society as yet. This situation makes "marketing" AMA very difficult.

Obviously, some facets of the overall membership situation are very fundamental and will require study and discussion beyond the 1977 Annual Convention when the Council hopes to report on its findings. However, the Council does intend to present some specific recommendations for the House of Delegates to consider in June of 1977 as the beginning of an ongoing effort to strengthen AMA's membership base. In the final analysis, a close cooperative effort between AMA, the states, and the counties will be necessary to solve these problems. If we are structured as a federation, we must also function as one in order to achieve the unity needed for future survival and growth.

B. SPECIALTY PARTICIPATION AND REPRESENTATION
(Reference Committee F, page 260)

HOUSE ACTION: FILED

At the 1975 Clinical Convention, the Council on Long Range Planning and Development submitted to the House of Delegates its study of AMA's organizational structure which included several recommendations regarding the mechanisms through which specialty interests are represented in AMA. The House of Delegates referred this topic back to the Council for further study with the suggestion that the Council conduct a survey of all interested parties to establish their views on the subject.

The survey resulted in 153 responses of which 75 percent were Section Council representatives, 15 percent were representatives of specialty societies, 8 percent were from the Interspecialty Advisory Board, and the remainder were other interested individuals. There were 20 "official" responses from national medical specialty societies, although two of the largest specialty societies elected not to respond to the questionnaire.

No clear preference for a mechanism for specialty representation emerged from the survey. There was strong sentiment expressed that the Section Council mechanism has worked well and that the Section Councils have made significant contributions to AMA, both through their representation in the House of Delegates as well as in their contributions to AMA's scientific programs. On the other hand, there was a clear indication that many of the specialty societies and a significant number of the Section Council members do not believe that the Section Councils adequately represent the specialty societies, as organizations, in the AMA House of Delegates. In the area of scientific programming there was praise for the past contributions of the Section Councils to AMA scientific programs and an indication that Section Council participation should be expanded. At the same time, a significant number of respondents (including the Section Council program and exhibit representatives) indicated that mechanisms other than the Section Councils could provide even greater specialty society contributions to AMA scientific programs and exhibits. (If any members of the House would like more information on the survey results, a summary is available from headquarters. Please direct your requests to the AMA Office of Planning.)

Hence, while the survey results do serve to further illuminate the circumstances and problems relating to specialty participation and representation in AMA, a clear solution does not emerge from the findings. The Council believes that this subject is of such critical importance to the future of organized medicine that the somewhat inconclusive survey results should not be the sole basis on which a recommendation is developed. The Council intends to continue its study of this problem and is pleased to note that there is work ongoing by other AMA councils and at the staff level on related subjects that may serve to shed further light in the coming months on the question of specialty participation and representation in AMA.

This report is submitted to the House of Delegates as a progress report. The Council is aware of the high level of interest within the House on this subject and will make every effort to bring specific recommendations to the House as soon as possible.

C. DIRECT BILLING OF AMA MEMBERSHIP DUES
(Reference Committee F, page 260)

HOUSE ACTION: FILED

Report A of the Council on Long Range Planning and Development presently before this House of Delegates is a progress report on the Council's current study of AMA's membership base. Report A refers to both the long range facets of the membership situation and the shorter range, more urgent problems that need to be dealt with. In the latter category is the problem of complete lack of uniformity throughout the federation of methods of dues billing, collection and processing. There are some 850 plus billing units, each using different billing procedures. The result is that it is late in the year before AMA has a firm picture of its membership base and its dues income. This is administratively very disruptive and inefficient and significantly impedes sound planning and budgeting. The Council believes that this situation is of sufficient concern that a report to the House of Delegates at this time is appropriate even though the Council's membership study is not yet completed.

In its previous deliberations on AMA's organizational structure, the Council discussed the overall question of membership strength as one of the fundamental goals that a sound organizational structure could foster. At that time the Council discussed direct dues billing as one of the things that could produce immediate improvement in AMA's membership strength. The Council is aware that there are disadvantages as well as advantages to direct dues billing but believes that the advantages considerably outweigh the disadvantages. Therefore, the Council strongly endorses the concept of direct dues billing.

The Council is pleased that the Board of Trustees has also identified direct dues billing as an initial step toward improving the membership base of the federation and is developing a mechanism for implementing a direct dues billing system. It is an excellent first step in what the Council hopes will be a continuing effort to improve AMA's membership strength while at the same time enhancing unity within the entire federation.

D. TENURE OF BOARD AND COUNCIL CHAIRMEN
(Reference Committee F, page 261)

HOUSE ACTION: ADOPTED

As part of the Council on Long Range Planning and Development's continuing review of AMA's organizational structure, the Council recently discussed the implementation of the new council and committee system that resulted from its recommendations at the 1975 Clinical Convention. The Council is pleased that the new system is being implemented and is confident that the clarified reporting procedures and the standardized election/appointment schedule will be beneficial to the effective operation of AMA's councils. In its review, the Council discussed the potential for confusion during 1977 as the councils that previously were selected and internally reorganized on a calendar year basis switch to an annual cycle beginning in June. The Council on Long Range Planning suggests that those councils that have reorganized in January each year postpone the election of officers until after June of 1977 in order to get their internal organizational schedules coordinated with the new selection schedule.

(Long Range Planning — D)

The Council on Long Range Planning and Development suggests that the Board of Trustees, in keeping with its role of coordinating the activities of the AMA councils under the newly established council system, establish a set of Standard Operating Procedures for the AMA councils. This would provide a basis for consistency among the councils, would define communications procedures, and would help to further define the relationships between the councils and the other elements of the Association. The Council on Long Range Planning and Development also suggests that the Board of Trustees include in such a set of Standard Operating Procedures a limit of tenure for Board and Council chairmen. For some time a limit of two one-year terms for chairmen has prevailed within the Board and among most of the Councils. The Council on Long Range Planning and Development believes this is a sound rule.

REPORTS OF COUNCIL ON MEDICAL EDUCATION

The following reports, A—I, were presented by Joseph M. White, M. D., Chairman:

A. FUNDING OF MEDICAL EDUCATION
(Reference Committee C, page 233)

HOUSE ACTION: FILED

At the 1976 Annual Convention, the Council on Medical Education reported on the degree to which financial hardships may compromise the education of medical students. This report (Council on Medical Education Report D) which was in response to Resolution 62 (C-75) was referred to the Council for further study and report at the 1976 Clinical Convention.

The Council on Medical Education and its Advisory Committee on Undergraduate Medical Education have reviewed available information describing how medical students finance their education, including information on student loans and scholarships from the Liaison Committee on Medical Education annual questionnaire.

Students may finance their education by means of the "Yale" plan, service commitments under military and National Health Service Corps plans, parental support and borrowed funds from guaranteed state and federal loan programs as well as AMA-ERF. For information, it was noted that the Association of American Medical Colleges has an ongoing program to study related financial problems. Inquiry indicates that the latest task force has not yet reached any conclusions nor released its findings.

Although it is widely recognized that student borne costs of medical education continue to increase at an alarming rate, data is not yet available to substantiate this as a primary cause of increased attrition among medical students. Preliminary data from the Liaison Committee on Medical Education questionnaire for the 1975-76 academic year indicates that of 1,147 students withdrawing or dismissed, only four did so for financial reasons. This is one less than the number withdrawing for the same reason during the 1974-75 academic year.

(Medical Service — L)

Even more important, however, is that a complete about-face by the Association at this point, after formal support of Medicredit and its successors by session after session of this House of Delegates without substantial and significant new evidence, might seriously impair the Association's credibility and cast doubt on the sincerity of this House's past actions.

In the past ten years, following the enactment of Medicare, the Association has remained a respected voice in all aspects of the national debate on health. The Council believes that the American Medical Association must continue to sponsor a national health insurance bill in Congress designed to aid in the financing and delivery of health care through the private insurance industry with a minimum of government interference. Without such a bill in the 95th Congress, we will be talking only to ourselves.

REPORT OF THE EXECUTIVE VICE PRESIDENT

(Reference Committee F, page 255)

HOUSE ACTION: FILED and the Executive Vice President and his staff commended for their praiseworthy stewardship of the Association's resources

It is near enough to the end of 1976 to draw a clear picture of the sort of year it is going to be for the AMA. Some details will have to wait, the final financial audit, for example, but the trends are sufficiently apparent that the Executive Vice President can report confidently on his stewardship of the organization, with some emphasis on matters of priorities, administrative policy, current status and future needs.

On the assumption that lines of communication are functioning reasonably well, the House should be aware that the state of the AMA is basically one of sound health. Two years ago that was not the case. The year 1975 was characterized in its early stages by borrowing to meet payroll, curtailment in programs, reductions in staff and a number of other difficult management decisions. But more important, the year 1975 also saw the beginning of a response by new management to institute administrative changes to prevent a recurrence of the ills that had unpredictably arisen and beset the organization.

Since these administrative changes have had their most visible impact in this year, it is proper to review them now and in more than just a one-year context.

First there is the matter of finances. The House as well as the membership is well aware of the 1975 assessment and the dues increase this year. Considered on a superficial level, these two actions might appear sufficient in themselves to correct the financial predicament of two years ago. From a position of very shaky reserves, and actually a negative position of liquid reserves, the AMA has moved onto firmer ground. It is anticipated that our reserves at the end of this year will be roughly $19 million. Operating results this year — the excess of revenues over expenditures — will provide a substantial contribution to reserves. This was one of the objectives of the dues increase when voted by the House of Delegates. The amount is estimated to be $15 million.

It should be noted that the present level of reserves is a step on the road to the degree of financial strength the House set as desirable. It is not cause for a reconsideration of the dues structure.

The response of the membership to both the assessment and the dues increase is not to be denigrated. Over 150,000 physicians have responded to the special assessment, with some returns still coming in. Dues-paying membership this year will be over 170,000 with well over 150,000 full dues-paying members. The drop in membership that always accompanies a dues increase was less than actually anticipated. The response can be regarded as a membership vote of confidence in the AMA, although the size of that vote is by no means a cause for complacency.

Nor should the size of present reserves be regarded as a goal fully achieved. There are known contingencies, contingencies which may arise and still other contingencies that no management can anticipate. AMA reserves are becoming comfortable now, but by no means adequate.

The point that needs emphasis is not the achievement of a better financial condition so much as the change in underlying financial management that made it possible. Sharp changes have been made in the way the AMA now handles its finances, with emphasis on more detailed, thoughtful planning; zero-based budgeting — which means, basically, a rejustification of all programs each year; tighter day-by-day controls; and realistic, monthly reporting of financial condition. This new system of financial management evolved from a thorough study done by the AMA auditing firm, Arthur Young & Company. It is a departure from the way things used to be done; it should prevent the sort of crisis that arose two years ago; and it should provide a basis for an even closer rein on finances in the future, thus creating an organization more responsive to the policies determined by the House of Delegates. In terms of fiscal control and staff management's capacity to manage AMA finances, dramatic progress has been accomplished.

The same may be said about other areas besides finance. Again using professional studies and the counsel of outside, professional consultants, AMA publication activities now reflect a sounder if narrower focus. With the sale of "Today's Health" AMA energies are directed at what may more properly be considered its communication function, to the professional rather than a consumer readership audience. The disappointing economic performance of "Prism" resulted in the termination of that publication, while many of its perceived needs in terms of deeper discussion of socioeconomic issues are being met through the new — and successful — "Impact" section of "American Medical News." For the first time, publication responsibilities are organized into the sort of management structure that such an important function requires. This has resulted again in far more effective control over costs. It has also resulted in the best publication revenue performance in AMA history. AMA publication operations are now characterized by modern, business management.

As further evidence of the new AMA management philosophy, it should be noted that the reorganization of top staff positions, begun at the end of 1975, is now complete. This again developed, in part, from analysis and recommendations from outside management experts. 1976 has been a year in which the transition took place, from a structure that might have been appropriate to the demands of one era to those of the present time, when costs require tighter control and resources have to be deployed with higher effectiveness. No transition is easy. But this one has been accomplished with minimum friction, dislocation and loss of time. The same may be said in respect to the development of the new council and committee structure, a process in which the House of Delegates properly participated in a more active manner.

From the administrative point of view, the AMA is quite a different organization from what it was two years ago, even from what it was at the beginning of this year. In terms of structure and personnel — two essentials of good management — it is now demonstrably better equipped to deal with the conditions imposed on management by the economy, the needs of the profession, the social pressures of the day and the political challenges of the future.

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(EVP Report)

As the House is aware, 1976 marks an extension of a major AMA commitment to challenge legislation and regulations in the courts. Along with some 400 other parties, the AMA has filed comments with HEW on the new, proposed utilization review regulations issued after the successful injunction over the initial regulations. A decision on the suit over Maximum Allowable Cost Regulations is soon expected from a U. S. District Court in Chicago. The challenge to the planning law is before a three-judge federal panel, an acknowledgement that valid constitutional questions have been raised. Along with fifteen other medical organizations, the AMA is being sued under the antitrust laws by a group of five chiropractors. An administrative law hearing is scheduled for June on the FTC complaint regarding physician advertising.

Lest anyone conclude that 1976 was characterized by a total allocation of energies to the political arena, a word should be said about Continuing Medical Education. The AMA is expanding its role rapidly in this field, with a budget increase this year of $500,000 to develop and make available more programs of higher quality. Looking ahead, the AMA investment in continuing educational activities may some day equal or surpass that which we have allocated in the past to undergraduate and graduate medical education.

Those are the principal topics that merit attention in the year just past. It is by no means a complete report. Delegates' attention is invited to a narrative summary of the year, "What the AMA Dues Dollar Does" which provides a broad description of where the emphasis has been this year. A copy is being distributed at the Clinical Meeting. It is also being bound into the next issue of "American Medical News." That issue, with full coverage of this meeting, will be distributed to all members of the profession — members and nonmembers alike — and all medical students.

To look ahead briefly, it is appropriate to mention at least two administrative items of business that will be placed before the House.

1. MEETING SITES — As it has in so many other important matters, inflation is forcing the AMA, with more and more urgency, to re-examine the customs and traditions that have in the past determined where the two annual meetings are held. The House has made a determination as to the format of the clinical meetings. Now careful attention must also be given to the recommendations regarding future June Meetings. The rate at which the expenses are growing makes this an administrative matter of some urgency. The AMA can no longer afford to ignore the financial aspects of the choice as to where the June meeting will be held.

2. MEMBERSHIP — Looking to the future of this organization there probably is no more important consideration than a strong membership base. The profession grows in size each year, yet AMA membership does not expand proportionately. Membership remains strong in terms of numbers and especially strong in terms of financial support. With the institution of student and resident memberships a few years ago, a significant forward step was taken. Others must be considered now.

If nothing else, this meeting of the House should gain focus on the importance of dues and a growing dues base. Quite literally, dues and members are the life blood of the AMA. They are the AMA's source of present capability and future strength. The manner in which dues are now handled administratively needs an overhaul. But the issue is broader than that. The report of the Council on Long Range Planning and Development reflects a thorough examination of this all-important subject. It represents the thinking of those given the specific job of thinking ahead. As such, it deserves your close and broad-minded attention. It asks the House to consider options that will determine the future viability of this organization.

No. 11 IMPORTANCE OF RELATIVE VALUE STUDIES
Introduced by Oregon Delegation
(Reference Committee A, page 219)

HOUSE ACTION: RESOLUTION 11 AND SUBSTITUTE RESOLUTION REFERRED TO BOARD OF TRUSTEES

RESOLVED, That the American Medical Association take all appropriate actions to help defend against legal attacks on the use of "relative value scales" by the medical profession; and be it further

RESOLVED, That the American Medical Association pursue all appropriate legislative actions to maintain the legality of the use and recognition of relative value scales or studies.

SUBSTITUTE RESOLUTION:

RESOLVED, That the American Medical Association continue to pursue through all appropriate means the introduction and enactment of national legislation designed to confirm the authority to develop and use relative value scales and studies by the medical profession.

No. 12 SELECTION OF AMA COUNCILS AND COMMITTEES
Introduced by Minnesota Delegation
(Reference Committee on Amendments to Constitution and Bylaws, page 211)

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the House of Delegates express its desire to select the members of AMA Councils that it elects according to the same principles followed in electing members of the Board of Trustees, namely by the method referred to as simultaneous voting positions of equal rank; and be it further

RESOLVED, That the Council on Constitution and Bylaws prepare the appropriate language for the Bylaw amendments.

No. 13 SAFETY BELT USAGE
Introduced by Minnesota Delegation
(Reference Committee G, page 266)

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the American Medical Association support the concept of universal safety belt usage.

2. Know how to select and to request the administration of appropriate psychological tests;
3. Understand the limitations of psychological tests and how to avoid their misuse and abuse;
4. Provide expert supervision of personnel they employ or utilize to administer, to score, and to make initial interpretation of the results of psychological tests;
5. Reconcile their diverse findings emerging from psychological and laboratory tests and medical-psychiatric examinations; and
6. Advise their medical colleagues on matters pertaining to appropriate psychological testing and test interpretations within a medical context.

No. 32 REESTABLISHMENT OF THE OFFICE OF THE SURGEON GENERAL OF THE UNITED STATES PUBLIC HEALTH SERVICE

Introduced by Charles L. Leedham, M. D., Delegate
Section on Federal and Military Medicine
(Reference Committee G, page 226)

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the American Medical Association endorse and encourage the reestablishment of the Office of the Surgeon General of the United States Public Health Service; and be it further

RESOLVED, That the American Medical Association encourage the permanent appointment of an experienced health professional as Surgeon General of the United States Public Health Service; and be it further

RESOLVED, That the American Medical Association encourage the utilization of the Office of the Surgeon General to communicate to national health policy formulators the concerns, attitudes, views and recommendations of health professionals within the Public Health Service; and be it further

RESOLVED, That the American Medical Association encourage the Assistant Secretary for Health to promote action and activities within the Office of the Surgeon General which would develop the office so as to serve the American public as a professional Federal advisor and advocate regarding good public health practice.

No. 33 DIRECT BILLING

Introduced by Illinois Delegation
(Reference Committee F, page 262)

HOUSE ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association refrain from conducting direct dues billing of physicians in any state having unified membership unless the state medical society of such state approves.

No. 34 ROLE OF PHARMACIST IN HYPERTENSION SCREENING
Introduced by Illinois Delegation
(Reference Committee E, page 251)

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
for report at the 1977 Annual Convention

RESOLVED, That the American Medical Association acknowledges that blood pressure measurement by pharmacists, as a first step in hypertension screening, is of value to the physician; and be it further

RESOLVED, That the AMA encourages pharmacists' efforts to help in the public education of patients about the dangers of hypertension and to stress the importance of complying with physicians' instructions; and be it further

RESOLVED, That AMA reaffirms its stand, in the public's interest, that only physicians licensed to practice medicine in all its branches are capable of and legally able to diagnose, prescribe treatment and evaluate effectiveness of the treatment and its therapeutic modalities; and be it further

RESOLVED, That AMA opposes pharmacists' well-intentioned but specious efforts to monitor drug therapies, interpret blood pressure readings and perform other functions which constitute the practice of medicine.

No. 35 MEMBERSHIP LETTERS
Introduced by Illinois Delegation
(Reference Committee F, page 262)

HOUSE ACTION: NOT ADOPTED

RESOLVED, That before sending letters soliciting direct membership of physicians in states having unified membership, the American Medical Association obtain approval of the state medical society involved to ensure that the proposed communication is not in conflict with existing policy in those states.

No. 36 INVOLVING STATE MEDICAL ASSOCIATIONS AND KEY MAN PHYSICIANS IN FEDERAL LEGISLATIVE ACTIVITIES
Introduced by Illinois Delegation
(Reference Committee B, page 227

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
for report at the 1977 Annual Convention

RESOLVED, That the American Medical Association officers, staff, council and committee chairmen be urged to undertake discussions with the officers and staff representatives of state medical societies to bolster federal legislative relations with the following objectives in mind:

1. The development of a Key Man legislative program in each state where there is not one currently established. The Key Man program should consist of individual physician members who are known to their congressmen and are willing to contact these congressmen and explain the position of medicine on national legislative issues.

2. The development of strong lines of communication between the AMA Washington Office, state medical society representatives and Key Man physicians in every congressional district so that all are adequately informed of issues that will affect those congressmen and the AMA strategy for dealing with those issues. Included should be information on committee amendments, committee actions and roll calls so that the state societies with their legislative Key Men can effectively, knowledgeably and consistently contact their congressmen about this legislation.

3. That the use of the Key Man system become a primary legislative objective in insuring that all congressmen who have votes on important issues of health care delivery are contacted by grass roots Key Man physicians in addition to the contact made by the AMA Washington Office to insure that every congressman is informed as to the position of organized medicine on all significant legislation.

No. 37 OPPOSITION TO LIMITATION BY HEW REGULATION OF THE PRIVATE PRACTICE OF MEDICINE

Introduced by New York Delegation
(Reference Committee A, page 223)

HOUSE ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association register its opposition to any limitation by the Department of Health, Education, and Welfare regulation of the private practice of medicine by denying payment to physicians for services that are deemed necessary by the physicians for the proper care of their patients.

No. 38 TELEVISION VIOLENCE RATING SYSTEM

Introduced by Thomas Elmendorf, M. D.
Delegate, California
(Reference Committee E, page 251)

HOUSE ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association attempt to work with the television industry in the development of a violence rating system by networks for all appropriate programs.

(Resolutions)

No. 39 ENDORSEMENT OF PARTICIPATION IN ARMED FORCES MEDICAL RESERVE PROGRAMS
Introduced by Charles L. Leedham, M. D., Delegate
Section on Federal and Military Medicine
(Reference Committee G, page 267)

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the American Medical Association endorse voluntary physician participation in the Military Reserve Components medical programs as a means of actively aiding national defense while preserving the right of the individual physician to practice his profession without interruption in peacetime.

No. 40 AMA EVALUATION OF ENERGY-GENERATING SOURCES
Introduced by John H. Dawson, M. D.
Delegate, Washington
(Reference Committee E, page 252)

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the House of Delegates of the American Medical Association request that the appropriate officers, staff, councils and committees undertake an evaluation of the health hazards of nuclear, fossil and alternative energy-generating sources to both employees of energy-producing facilities as well as the general population.

No. 41 TOTAL AMA FUNDING OF DEFENSE AGAINST FTC COMPLAINT
Introduced by Connecticut Delegation
(Reference Committee F, page 263)

HOUSE ACTION: NOT ADOPTED

RESOLVED, That the American Medical Association assume the entire financial obligation for the defense against the subject complaint of the Federal Trade Commission, including the obligations incurred by the Connecticut State Medical Society and the New Haven County Medical Association.

bi-weekly summary sheet, summarizing important changes in the laws, regulations or guidelines, as well as recommendations for actions; and that will encourage the establishment of committees on health planning at local, state and national levels with specific avenues of communication.

2. Development of a policy and transmittal of this policy to the practicing physician and the American people that the medical profession does question the constitutionality of parts of the law (PL 93-641, National Health Planning and Resources Development Act) and disagrees with other parts of the law.

3. Recognition that some form of health planning agencies will continue and that physicians should plan to work with these planning agencies to develop the most effective planning possible. This policy and posture must convey to the people of America that our primary concern has always been, and still is, the welfare of the patient.

4. Establishment of a special committee to determine changes that are thought to be potentially achievable in the 1977 legislative revision of PL 93-641. State medical societies should be involved in determining those changes as well as using political clout to effect the changes in the law.

No. 56 AMA LEGISLATIVE PROGRAM
Introduced by Oklahoma Delegation
(Reference Committee B, page 227)

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
for report at the 1977 Annual Convention

RESOLVED, That the House of Delegates of the American Medical Association request that the appropriate officers, council and committee chairmen, and staff of the AMA initiate discussions with the officers and staff of state and county medical societies to identify within each state those individual physicians or groups of physicians who can best represent the views of the medical community and who have unique and/or personal relationships with national elected leaders; and be it further

RESOLVED, That the Council on Legislation or another appropriate AMA entity create a highly structured system for the dissemination of information on critical national health issues to secure input and influence from individuals and groups of physicians; and be it further

RESOLVED, That the establishment of such a system be given priority attention in order to prevent further deterioration of the private health care system; and be it further

RESOLVED, That a report on the establishment and implementation of such a system be made at the 1977 Annual Meeting of the AMA House of Delegates.

No. 81 AMA RESIDENT MEMBERSHIP
Introduced by Resident Physician Section
(Reference Committee on Amendments to Constitution and Bylaws, page 213)

HOUSE ACTION: FOLLOWING SUBSTITUTE RESOLUTION 81 ADOPTED:

RESOLVED, That the House of Delegates reaffirm that membership in the American Medical Association should be available to all physicians as provided for in the AMA Bylaws; and be it further

RESOLVED, That the House of Delegates encourage the development of local and state membership provisions which facilitate AMA membership.

No. 82 HEALTH HAZARDS OF SMOKING
Introduced by Resident Physician Section
(Reference Committee E, page 254)

HOUSE ACTION: ADOPTED AS FOLLOWS:

RESOLVED, That the American Medical Association continue to support active campaigns to educate the public to the health hazards of smoking and to participate with other concerned organizations and agencies in disseminating educational materials to all segments of society.

No. 83 RENAL PHYSICIAN REIMBURSEMENT UNDER THE ESRD PROGRAM
Introduced by California Delegation
(Reference Committee A, page 220)

HOUSE ACTION: REFERRED TO BOARD OF TRUSTEES
for report at the 1977 Annual Convention

RESOLVED, That the American Medical Association Council on Medical Service continue its efforts on behalf of the renal physicians in the End-Stage Renal Disease Program, strongly and immediately urging the Department of Health, Education, and Welfare and its Bureau of Health Insurance to modify their recent arbitrary and discriminatory regulations on renal physician reimbursement to coincide fairly with other Medicare regulations; and be it further

RESOLVED, That if negotiations on this matter are not immediately corrective, the AMA Board of Trustees consider legal action to protect the rights of renal physicians.

REPORTS OF REFERENCE COMMITTEES AS PRESENTED TO THE HOUSE OF DELEGATES

The following Reports of Reference Committees DO NOT REPRESENT FINAL HOUSE ACTION. The page number at the end of each item refers to the final action of the House of Delegates.

REFERENCE COMMITTEE ON AMENDMENTS TO CONSTITUTION AND BYLAWS

Oscar W. Clarke, Ohio, Chairman
Mark B. Listerud, Montana
Robert E. McCurdy, Colorado
Herman H. Stone, California
James S. Todd, New Jersey

(1) REPORT PP OF BOARD OF TRUSTEES AWARDS

Report PP of the Board of Trustees recommends that the Bylaws of the Association be amended to eliminate the requirement that the Distinguished Service Award and the Citation of a Layman for Distinguished Service be granted annually. Your Reference Committee heard no objection to this proposal and believes that it is a reasonable and proper request.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report PP of the Board of Trustees be adopted. (see page 92)

(2) REPORT A OF JUDICIAL COUNCIL CIVIL RIGHTS, MEDICAL SOCIETIES AND WOMEN

Report A of the Judicial Council contains a comprehensive statement on civil rights in medical society membership and activities. The report also contains a proposed amendment by addition to the AMA Bylaws to encompass the full range of existing civil rights protections. The amendments to the Bylaws, which would appear in two places relating to membership, have been approved by the Council on Constitution and Bylaws and can therefore be adopted at this time.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report A of the Judicial Council be adopted and the Bylaws be amended accordingly.
(see page 96)

(3) REPORT A OF COUNCIL ON CONSTITUTION AND BYLAWS SUBSTITUTING COUNCILS OF THE AMA FOR STANDING COMMITTEES OF THE HOUSE OF DELEGATES RE EX-OFFICIO MEMBERS OF THE HOUSE AND INTRODUCTION OF BUSINESS TO THE HOUSE

Report A of the Council on Constitution and Bylaws is a follow-up report to the reorganization of the AMA Council and Committee structure which was completed at the last meeting of the House. This report provides Bylaw amendments to change the title "Standing Committees of the House of Delegates" to the new designation "Councils of the AMA."

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report A of the Council on Constitution and Bylaws be adopted and the Bylaws be amended accordingly. (see page 102)

(4) REPORT B OF COUNCIL ON CONSTITUTION AND BYLAWS PROCEDURE OF STATE ASSOCIATIONS WHEN NUMBER OF DELEGATES IS REDUCED

Report B of the Council on Constitution and Bylaws contains amendments to the AMA Bylaws relating to the apportionment and term of delegates from the state associations. These amendments are intended to simplify the procedure for state associations that may experience a sufficient fluctuation in their AMA membership to affect their delegate strength in the AMA House of Delegates.

Basically, AMA will determine, as has always been the case, the number of delegate-positions or "seats" that each state association will have in the AMA House. As in the past, this determination will be based on AMA membership. The method of filling those "seats" will be determined by the state associations, again as it has always been in the past. In the event of a fluctuation of membership causing a loss of one or more delegates, the state association will determine for themselves which delegates will serve in the "seats" apportioned on the basis of membership. If there is no change in delegate strength the delegates will serve a two year term, as in the past.

Your Reference Committee believes that these amendments will simplify a procedure that could be complex and confusing. However, your Reference Committee believes that the new amendments would be easier to read and to comprehend if subparagraph (3) of Section 3(B) were renumbered as subparagraph (1) of Section 3(B), and also if the present subparagraph (1) of Section 3(B) was renumbered as subparagraph (3) of Section 3(B).

This section would then read as follows:

Section 3. Delegates

* * *

(B) Terms

(1) Each state association shall adjust the number of Delegates and Alternates to conform with the number of seats authorized after each apportionment.

(2) Each state association shall select the delegates and alternates to fill the seats authorized by apportionment.

(3) Delegates and alternates from state associations . . . shall be selected for two-year terms, provided that such seats are authorized at the time of apportionment, and shall assume office on January 1 of the year succeeding their selection . . . State associations entitled to more than one representative shall select them so that one-half the number, as near as may be, are selected each year. If necessary to accomplish this proportion, one-year terms may be provided, but only to the extent necessary to allow one-half of the delegates to be selected each year . . .

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report B of the Council on Constitution and Bylaws, as amended, be adopted and the Bylaws be amended accordingly. (see page 103)

(5) RESOLUTION 8 — AMA FULL-TIME PRESIDENT

Resolution 8 asks that AMA change its organizational structure to provide for a full-time salaried president. The sponsor of this resolution stated that his objective was to accomplish for medicine "one clear voice" which would be easily recognizable and instantly identifiable. Continuity was also described as a necessary quality for maximum effectiveness.

Although the discussion was wide ranging at times, there was tremendous support for the basic concept described above in the testimony before your Reference Committee. It is clear to this Reference Committee that this concept should be considered and analyzed before specific details are reviewed and debated. Your Reference Committee feels that this matter should be pursued by the appropriate bodies of the AMA.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 8 be referred to the Board of Trustees and through the Board of Trustees to the Council on Long Range Planning and Development for further study and for report at the 1977 Annual Meeting of the House of Delegates. (see page 181)

(6) RESOLUTION 12 — SELECTION OF AMA COUNCIL AND COMMITTEE MEMBERS

Resolution 12 requests a change in the method of electing members of those councils of the AMA whose members are elected by the House of Delegates. Presently each member is elected in a separate election, and Resolution 12 requests a change to the method of simultaneous voting for positions of equal rank. This latter method is the method of election now used to elect members of the AMA Board of Trustees.

Testimony before your Reference Committee was substantially in favor of this resolution and reflected appreciation of the experience of electing Trustees by this same method.

The sponsors of this resolution asked that a period be placed after the word "amendments" in the second Resolve and that the remainder of this Resolve and the third Resolve be stricken so that an opportunity might be granted to the Council on Constitution and Bylaws to develop and present appropriate Bylaw amendments at this meeting of the House.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 12, as amended, be adopted. (see page 182)

(7) RESOLUTION 24 — METHOD OF APPOINTMENT OF MEDICAL STUDENT MEMBER ON COUNCIL ON LEGISLATION

Resolution 24 from the Medical Student Business Session asks that the Bylaws be amended to provide that the Medical Student Member on the Council on Legislation be appointed by the Governing Council of the AMA Medical Student Business Session with the concurrence of the Board of Trustees, rather than being appointed by the AMA Board of Trustees, as is presently provided.

There was substantial support for this resolution before the reference committee, but your Reference Committee is also aware of the fact that the Council on Legislation is somewhat different from other councils of the AMA in that it is necessary to accomplish some degree of geographic and political balance in the Council membership. Also, the Council must be deeply immersed in legislative draftsmanship in addition to filling advisory functions for the Board of Trustees on matters of great importance and sensitivity. Furthermore, all other members of the Council on Legislation are appointed by the Board of Trustees.

Accordingly, your Reference Committee believes a compromise is in order and suggests the following Substitute Resolution:

RESOLVED, That the non-voting medical student member of the Council on Legislation shall be an AMA member chosen from nominations submitted by the Governing Council of the AMA Medical Student Business Session and appointed by the AMA Board of Trustees.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Substitute Resolution 24 be adopted. (see page 186)

(8) RESOLUTION 81 — AMA RESIDENT MEMBERSHIP

Resolution 81 from the Resident Physicians Section asks the House of Delegates to (1) reaffirm that AMA membership should be available to all physicians as provided in the AMA Bylaws; (2) urge state and local medical societies to remove restrictions on membership; and (3) investigate how AMA membership benefits can be continued if AMA membership is lost because of restrictions by state or local medical societies. The sponsor of this resolution indicated that Resident members, as they completed their training and moved into practice in another jurisdiction, were experiencing difficulties with the probationary periods imposed by state and local societies on new members.

Your Reference Committee would point out that Chapter II, Section 3, of the AMA Bylaws provides as follows:

> "Should a Regular, Direct or Associate member move to another jurisdiction or establish a medical practice in any jurisdiction, he may continue his membership without interruption in the American Medical Association by applying within one year for membership in the state association in the jurisdiction to which he has moved or in which he has established his practice. Unless his membership has been favorably acted upon within two years after application, the Executive Vice President of the American Medical Association shall remove his name from the roster of members."

Your Reference Committee would also point out that AMA cannot impose any requirements on state and local medical societies with reference to their internal procedure for membership processing. Each state association is an independent organization. However, if a physician does not qualify for membership in a state or local medical society that physician may apply for direct membership in AMA. Most Resident members are well aware of the direct membership provisions.

Your Reference Committee therefore suggests the following Substitute Resolution:

RESOLVED, That the House of Delegates reaffirm that membership in the American Medical Association should be available to all physicians as provided for in the AMA Bylaws; and be it further

RESOLVED, That the House of Delegates encourage the development of local and state membership provisions which facilitate AMA membership.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Substitute Resolution 81 be adopted. (see page 207)

Your Committee was indeed sympathetic with the concerns expressed in Resolution 4. It is most unfair when incomplete information is released which carries inferences of lack of integrity and good reputation of physicians dedicated to performing proper service in the interests of their patients. Moreover, limited information should not be generalized inferring the existence of widespread fraud and abuse since only a small number of physicians are involved.

Your Committee also agrees with the thrust of Resolution 27 that the terms "fraud" and "abuse" should not be used interchangeably since they often relate to different factual circumstances with different legal ramifications.

Upon review of recent events, your Committee is of the opinion that the AMA has already effectively responded to the issues raised in the resolutions through a variety of means, including press releases, AM News stories, and communications to and appearances before Congress. Your Reference Committee is assured that the Board of Trustees and officers will continue to monitor the situation and to respond in an appropriate fashion.

Your Committee concurs with the statement offered at the hearing recommending that the Association again state its position with respect to any wrongdoing in federal health programs. Your Committee believes such a statement would best convey to the public the basic position of this Association upon which the Board of Trustees and officers may continue to respond for the profession.

RECOMMENDATION NO. 1:

Mr. Speaker, your Reference Committee recommends that the following Substitute Resolution be adopted in lieu of Resolutions 4 and 27: (see pages 180 and 187)

RESOLVED, That the American Medical Association condemns and deplores all acts of fraud and wrongdoing, including in particular any wrongful acts as recently reported in the Medicaid and Medicare programs. We urge that responsible government agencies proceed with all due speed in the prosecution under the provisions of due legal process of all who are charged with fraudulent misconduct. We will continue to offer our cooperation and assistance in bringing to an end such activities.

RECOMMENDATION NO. 2:

Mr. Speaker, your Reference Committee recommends that Report U of the Board of Trustees be filed. (see page 62)

(8) REPORT K OF BOARD OF TRUSTEES
SPECIAL LEGISLATIVE GROUP
(RESOLUTION 50, C-75)
RESOLUTION 36 — INVOLVING STATE MEDICAL ASSOCIATIONS AND KEY MAN PHYSICIANS IN FEDERAL LEGISLATIVE ACTIVITIES
RESOLUTION 56 — AMA LEGISLATIVE PROGRAM

Report K of the Board of Trustees is an informational report on activities undertaken to implement Resolution 50 adopted by the House of Delegates at the 1975 Clinical Convention.

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(Committee B)

Resolution 50 called upon the AMA to undertake discussion with officers and staff of representative state and county medical societies to develop a method of joint policy formulation and action programs in legislative matters and to improve communications on legislative matters between the AMA and component medical societies.

The report recites the numerous occasions in the implementation of Resolution 50 on which the Association called upon the state and specialty societies as well as upon individuals classified as the Special Legislative Group—Resolution 50.

Resolution 36 urges that the Association's officers, staff, councils and committee chairmen undertake discussion with the officers and staff representatives of state medical societies to bolster federal legislative relationships through (1) the development and use of a key man legislative program in each state where one is not currently developed; and (2) the development of strong lines of communication between the AMA Washington Office, state medical society representatives and key man physicians in every Congressional District, with information to be provided on committee amendments, committee actions and roll calls.

Resolution 56 requests that the Association's officers and staff, and council and committee chairmen, initiate discussions with officers and staff of state and county medical societies to identify individual physicians or groups of physicians with legislative relationships with national leaders; that an appropriate AMA entity create a highly-structured system for dissemination of information on critical national health issues to obtain input from individuals and groups of physicians; and that the establishment of such a system be given priority attention.

Your Committee heard varied testimony on the report and these resolutions. All spoke in support of Report K; all spoke in recognition of the value of the "key man" concept in furthering legislative objectives; but speakers also raised questions concerning the methodology proposed.

Your Reference Committee was impressed with the consistency of the comments in support of the activities undertaken under Resolution 50 (C-75) as reported in Report K. The Committee saw merit in the key man concept, but questions raised in its deliberations could not be resolved. For example, it was felt that Resolution 50 activities would overlap in substantial detail and the lines of communication proposed under the resolution with state medical associations were not clear. Sufficient questions were raised to warrant further investigation.

In Report K the Board has stated: "The Association will continue to explore methods for improved legislative liaison with the particular goal of expanding individual participation."

Your Committee feels assured that the Board of Trustees will take cognizance of the expressions here in support of the key man concept and explore the feasibility and desirability of integration with the "Resolution 50" activity. Your Reference Committee feels that coordination is necessary in order to achieve the objectives sought by all.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report K of the Board of Trustees be approved and that Resolutions 36 and 56 be referred to the Board of Trustees to explore the possibility of expansion of activities in Report K to incorporate the concepts proposed in the resolutions.

(see pages 42, 190 and 199)

REFERENCE COMMITTEE F

John Lee Clowe, New York, Chairman
Vincent P. Carroll, California — Orvan W. Hess, Connecticut
John Glasson, North Carolina — Haden E. McKay, Texas

(1) ADDRESS OF THE PRESIDENT "GO FORWARD — ALWAYS GO FORWARD"

The Address of the President, Richard E. Palmer, warrants the full attention of every physician. It is a "call to the colors" for the profession which is aggressive and at the same time very sensitive to the needs of our Nation.

Doctor Palmer's words on National Health Insurance signal the quality of leadership that this Association will most assuredly need for many years to come. His remarks and observations are reflective of the informed, sensitive and confident posture that this Association should bring to the discussions that will determine the health policies of the Nation.

Certainly, the Address of the President should be afforded wide distribution through the appropriate mechanisms and media of the AMA.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Dr. Richard E. Palmer be commended for his inspiring leadership, that the Address of the President be afforded wide circulation through appropriate AMA media, and that the Address be filed. (see page 5)

(2) REPORT OF THE EXECUTIVE VICE PRESIDENT

The Report of the Executive Vice President provides a concise overview of our management's philosophies, directions and accomplishments during this past year, and calls the attention of this House of Delegates to the importance of our decisions on the matters of meeting site selection, membership development and the organization of dues collection.

Your Reference Committee believes that the accomplishments of the Executive Vice President are worthy of high praise. While the sum of $15 million that will be added to the Association's reserves as a result of the dues increase this year is very impressive, the management provided by the Executive Vice President and his staff has kept expenses below 1974 levels, which is a major accomplishment and should be commended by this House of Delegates.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that the Executive Vice President and his staff be commended for their praiseworthy stewardship of the Association's resources, and that the Report of the Executive Vice President be filed. (see page 174)

(Committee F)

(3) REPORT B OF BOARD OF TRUSTEES
CONTINUING MEDICAL
EDUCATION NEWSLETTER

Report B of the Board of Trustees, in response to Resolution 105 (A-76), informs the House of Delegates that the Continuing Medical Education Newsletter will be resumed if current fiscal trends continue.

No objections to this proposal were voiced in the Reference Committee's hearing.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report B of the Board of Trustees be filed. (see page 25)

(4) REPORT J OF BOARD OF TRUSTEES
AMA/AMPAC PUBLIC
AFFAIRS WORKSHOP

Report J of the Board of Trustees advises that the annual national AMA/AMPAC Public Affairs Workshop should be discontinued in favor of AMPAC programs of state and regional workshops to involve physicians and their spouses in political and governmental activities, since it appears that an effective national workshop is not feasible on the self-supporting basis directed by Resolution 42 (A-75).

A representative of AMPAC testified that discontinuation of the national workshop would not, in any way, compromise the AMPAC program.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report J of the Board of Trustees be adopted. (see page 41)

(5) REPORT N OF BOARD OF TRUSTEES
EXISTING AMA CONTRACTS

Report N of the Board of Trustees describes all existing AMA contracts with the Department of Health, Education, and Welfare as required by amended Resolution 5 (C-75).

No comments were offered by anyone attending the Reference Committee hearing.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report N of the Board of Trustees be filed. (see page 45)

(6) REPORT Q OF BOARD OF TRUSTEES
AMA CONVENTIONS

Report Q of the Board of Trustees advises the House of Delegates that conventions require a substantial commitment of the Association's fiscal resources, and that new preliminary criteria for the selection of future convention sites have been developed to focus on our changing needs and to assure that the Association's resources serve the membership effectively and efficiently. Also, the House is advised that the Board has authorized a research project that will survey physicians regarding how the AMA can effectively respond to the need for continuing medical education.

Your Reference Committee concurs that both of these areas merit careful study since they command a large and growing portion of AMA's resources. Further, the Reference Committee recommends that the Board consider requesting any Bylaw changes that may be necessary to allow Chicago to be considered as a site for all annual conventions to provide maximum flexibility in their general evaluations of the AMA's convention program.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report Q of the Board of Trustees be filed with commendation for the Board's attention to these essential programs. (see page 58)

(7) REPORT R OF BOARD OF TRUSTEES
CHANGE IN THE SITE OF THE
1982 ANNUAL CONVENTION

Report R of the Board of Trustees requests that the House of Delegates remove Dallas, Texas from consideration as the site for the 1982 Annual Convention, based on the Association's experiences during the Annual Convention of 1976.

A representative of the Texas Delegation specifically recognized the necessity for this decision before the assembly, and invited the AMA to consider a Texas site at some time in the future. Louisiana, Georgia and Kansas representatives offered cities for future consideration as well.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report R of the Board of Trustees be adopted. (see page 60)

(8) REPORT Y OF BOARD OF TRUSTEES
AMA DIRECT BILLING FOR
MEMBERSHIP IN 1978

Report Y of the Board of Trustees notes the lack of uniformity in the Federation's billing, collecting and reporting procedures, which continues to cause membership problems on all levels of the Federation, and proposes that AMA bill all members directly beginning in 1978 utilizing procedures to guarantee that the requirements of the AMA's membership categories are fully satisfied.

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(Committee F)

The testimony presented to your Reference Committee affirmed that the problems outlined in Report Y are real and require action. However, the actions proposed raised sincere objections among many of those who testified.

Your Reference Committee believes that the problems addressed in Report Y and the objections of many elements of the Federation to the proposed actions should be overcome by further discussions before this House of Delegates contemplates any action. The Committee anticipates that an acceptable resolution of differences will allow for some degree of pluralism in the solutions to permit tailoring for local conditions. This is possible and should be sought by the Board and all constituent societies.

RECOMMENDATION NO. 1:

Mr. Speaker, your Reference Committee recommends that Report Y of the Board of Trustees be filed since no commitment is appropriate at this time, and that the Board be instructed to report on these issues again at the annual meeting in June 1977. (see page 67)

RECOMMENDATION NO. 2:

Mr. Speaker, your Reference Committee recommends that state and county medical societies who have raised objections to the actions proposed in Report Y communicate their views on Report Y and their own proposed solutions to the real problems outlined in Report Y to the Board of Trustees within 60 days so that the Board's deliberations on these issues can be facilitated and advanced. (see page 67)

RECOMMENDATION NO. 3:

Mr. Speaker, your Reference Committee strongly urges that all medical societies, state or county, that have responsibility for billing make whatever changes are necessary in their procedures to assure the prompt forwarding of all AMA dues to the AMA. The delay in transmittal of AMA funds to the AMA from some constituent societies has been a persistent and unacceptable problem. (see page 67)

(9) REPORT Z OF BOARD OF TRUSTEES
AMA FEDERATION STRUCTURE

Report Z of the Board of Trustees strongly encourages the constructive concern of the House of Delegates over the lack of unity and single-mindedness of purpose within organized medicine.

While no discussion of this excellent report transpired at the Reference Committee's hearing, your Reference Committee believes that this report should be taken to heart by all those who wish a stronger organized medicine.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report Z of the Board of Trustees be filed. (see page 75)

(Committee F)

(12) REPORT A OF COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT — PROGRESS REPORT ON MEMBERSHIP STUDY

Report A of the Council on Long Range Planning and Development provides a progress report on the Council's study of the AMA's membership base and identifies some problem areas of significance to the Association's membership potential. The Council promises specific recommendations in June of 1977.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report A of the Council on Long Range Planning and Development be filed. (see page 109)

(13) REPORT B OF COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT — SPECIALTY PARTICIPATION AND REPRESENTATION

Report B of the Council on Long Range Planning and Development provides a progress report on the Council's study of specialty interests, representation and participation within the Association in response to a referral from the House of Delegates (C-75). Recommendations are promised for the future.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report B of the Council on Long Range Planning and Development be filed. (see page 110)

(14) REPORT C OF COUNCIL ON LONG RANGE PLANNING AND DEVELOPMENT — DIRECT BILLING OF AMA MEMBERSHIP DUES

Report C of the Council on Long Range Planning and Development endorses direct dues billing as an initial effort to improve AMA membership strength and enhance unity within the Federation.

Report Y of the Board of Trustees, to which this report speaks, has been recommended for additional study. Your Reference Committee respects the considered advice of the Council and welcomes the information in this report.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report C of the Council on Long Range Planning and Development be filed. (see page 111)

(Committee F)

(17) RESOLUTION 23 — REESTABLISHMENT OF THE AMA DEPARTMENT OF MEDICINE AND RELIGION

Resolution 23 requests that the AMA's former Department of Medicine and Religion be reestablished and certain of that former Department's activities be reinstituted.

Your Reference Committee does recognize the importance of the interaction of medicine and religion, but feels obliged to resist recommending new expenditures in this area at this time. It was proposed at the Annual Convention in 1975 that interested physicians and clergymen residing in the locales selected for Annual Conventions and Interim Meetings of the House of Delegates could be invited to organize programs in conjunction with the meetings at no expense to the AMA, and this proposal still appears appropriate to your Committee.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 23 be not adopted. (see page 185)

(18) RESOLUTION 33 — DIRECT BILLING

Resolution 33 proposes that the AMA be required to seek state medical society permission before conducting direct dues billing of physicians in a state with unified membership.

Since the question of AMA's response to its recognized problems (Report Y of the Board of Trustees) has been deferred for additional study, it appears inappropriate to support Resolution 33 at this time, before the Board has had the benefit of the advice of all societies interested in the future of the Association.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 33 be not adopted. (see page 189)

(19) RESOLUTION 35 — MEMBERSHIP LETTERS

Resolution 35 proposes that the AMA be required to seek state medical society permission before sending letters soliciting direct AMA membership of physicians in a state with unified membership.

The Reference Committee is advised by AMA's Department of Membership that the specific situation that precipitated the introduction of Resolution 35 will be avoided in the future by the AMA, which will discontinue letters of solicitation for membership in unified states in the absence of appropriate arrangements with the specific state societies. Since this response should satisfy the mutual needs of the associations involved and the AMA, the intent of the resolution has been satisfied.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 35 be not adopted. (see page 190)

(Committee F)

(20) RESOLUTION 41 — TOTAL AMA FUNDING OF DEFENSE AGAINST FTC COMPLAINT

Resolution 41 requests that the AMA assume the entire financial obligation for the defense of the Connecticut State Medical Society and the New Haven County Medical Association against a complaint of the Federal Trade Commission regarding the implementation of the "Principles of Medical Ethics" and possibly other matters which are unspecified.

The Reference Committee has been informed that the AMA is presently providing as much legal assistance as possible, including legal research work, at no cost to the Connecticut societies. Further, these services will be continued as the AMA does recognize that it has interests in the proceedings, and has itself been named as a defendant. However, for this Association to assume the entire financial obligation of the separate defenses which may be required in this conflict could place the AMA in a very compromised position financially. It must be considered that several other state and county societies are presently in similar situations and are assuming their own costs, with the AMA providing the same kind of services that are benefiting the Connecticut societies.

Your Committee believes that AMA should continue to do everything it can do to assist constituent societies in deserving situations, but the AMA itself should not be compromised in the process.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 41 be not adopted. (see page 192)

(21) RESOLUTION 50 — REESTABLISHMENT OF COMMITTEE ON AGING

Resolution 50 proposes that the discontinued AMA Committee on Aging be reestablished or a new similarly expert group be developed.

Your Committee has great interest in the ongoing problems of older citizens but feels obliged not to recommend this additional program in the face of the AMA's need for fiscal restraint and attention to priorities.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 50 be not adopted. (see page 196)

(22) RESOLUTION 57 — COMMENDATION OF AMA LEADERSHIP

Resolution 57 in your Handbook proposes that the House of Delegates commend the Trustees, officers and staff of AMA for their timely and effective leadership and pledge support and assistance for their efforts. Through clerical error, a second Resolve in the original resolution submitted by the Oklahoma Delegation was omitted by AMA staff. This second Resolve is as follows:

(Committee F)

RESOLVED, That the House of Delegates instructs the Trustees, officers and staff to continue their efforts to counteract harmful legislation and to provide essential medical leadership on the national level.

Clerical error notwithstanding, your Reference Committee believes that accolades are in order and that the instruction in the second Resolve is affirmation of the priorities of our present leadership.

RECOMMENDATION:

Mr. Speaker, your Reference Committee urges that Resolution 57 be adopted.
(see page 200)

REFERENCE COMMITTEE G

Edmund L. Housel, Pennsylvania, Chairman
Vernon V. Bass, Michigan
Peter T. Brooks, Washington
Charles K. Donegan, Florida
Goodwill M. Stewart, Massachusetts

(1) REPORT O OF BOARD OF TRUSTEES FINAL REPORT OF THE AD HOC COMMITTEE ON MEDICAL DISCIPLINE (BOARD REPORT AA, C-75)

Report O of the Board of Trustees presents the final report of the Ad Hoc Committee on Medical Discipline which summarizes the current status of medical discipline in the United States and offers recommendations for its improvement.

Testimony emphasized that the Ad Hoc Committee study had not found a cause and effect relationship between the medical disciplinary system and the cost and incidence of medical malpractice claims.

Your Reference Committee commends the Ad Hoc Committee on Medical Discipline for its study and wishes to emphasize the following recommendations:

1. That the teaching of medical ethics and discipline in formal courses, informal seminars and discussions be mandated in American medical schools, graduate medical education programs and at the county and state medical society level.

2. That state medical associations become active participants in a continuing review of existing medical licensure and disciplinary mechanisms and seek, with the cooperation of state hospital associations, legislative changes to assure more adequate funding, reporting systems and investigatory staff for the responsible state licensing agency.

3. That organized medicine at all levels assume leadership in the development of active and effective programs to encourage participation by physicians and improve the technology for the review of the quality of institutional and ambulatory care provided by physicians.

4. That organized medicine at all levels continue to cooperate and provide assistance to state medical boards in discharging their disciplinary responsibilities designed to assure the continuing competency of all licensed physicians whether members of organized medicine or not.

5. That the American public be informed of the efforts of organized medicine to assure them of competent, ethical physicians.

6. That the regular assessment of the effectiveness of medical discipline and periodic reports to the House of Delegates be an ongoing activity of the American Medical Association.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report O of the Board of Trustees and its recommendations be adopted. (see page 49)

(2) REPORT BB OF BOARD OF TRUSTEES
MEMBERSHIP OPINION POLLS

Report BB of the Board of Trustees reports the activity of the Special Committee on Membership Opinion Polls in the design and preparation of a membership survey. A final report of the results of the survey for the House of Delegates is planned for the 1977 Annual Meeting.

The cost of conducting the membership poll was cited, but most testimony noted the value of membership polls in providing information for the House of Delegates and in stimulating member interest.

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Report BB of the Board of Trustees be filed. (see page 78)

(3) REPORT NN OF BOARD OF TRUSTEES
DESIGNATED SPECIALTY CODES
(RESOLUTION 83, A-76)

Report NN of the Board of Trustees responds to Resolution 83 (A-76) which sought to replace the current list of 69 specialty codes in the "American Medical Directory" with a list of the 28 AMA specialty councils. Citing problems of cost for the AMA and other organizations, contractual obligations with third parties and limitations in focusing on specialty sub-populations, Board Report NN recommends that Resolution 83 (A-76) be not adopted.

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State Legislation
Neal Peirce
Author, *The Megastates*
Contributing Editor, *National Journal*

) :5-11 45 a m
Workshop Sessions
Participants are divided into three groups and will attend all three sessions

9 30-10 25 a m
Session I
A Name Badges - Palladian Room
B Name Badges - Diplomat Room
C Name Badges - Empire Room

10 30-11 25 a m
Session II
A Name Badges - Diplomat Room
B Name Badges - Empire Room
C Name Badges - Palladian Room

11 30 a m-12 25 p m
Session III
A Name Badges - Empire Room
B Name Badges - Palladian Room
C Name Badges - Diplomat Room

Palladian Room
Federal Election Laws--and How They Affect You
Moderator: Belle Chenault
Secretary, AMPAC Board of Directors

Panel

Andrew McKay
Assistant Staff Director for Disclosure and Compliance
Federal Election Commission

Mrs. Lee Ann Elliott
Associate Executive Director, AMPAC

Diplomat Room
Federal Health Legislation-Future Trends and Major Issues
Moderator: Edgar Beddingfield, Jr., M.D.
Chairman, AMA Council on Legislation and Member AMPAC Board of Directors

Panel:
LeRoy Goldman
Professional Staff Member, Subcommittee on Health, Senate Labor and Public Welfare Committee

Stephan Lawton, J.D.
Counsel, Subcommittee on Health and Environment, Interstate and Foreign Commerce Committee

Harry Peterson, J.D.
Director, AMA Legislative Department

John Zapp, D.D.S.
Director, AMA Department of Congressional Relations

Empire Room
State Health Legislation--Future Trends and Major Issues
Moderator: Alfred J. Faber, M.D.
Member, AMA Council on Legislation

Panel:
Neal Peirce
Author, *The Megastates*
Contributing Editor, *National Journal*

John Krichbaum, J.D.
Assistant Director, AMA Legislative Department

Steve Morrisette
Director, Governmental Affairs
North Carolina Medical Society

12:30 p.m.
Regency Ballroom
Luncheon
Presiding: Richard Palmer, M.D.
President-Elect, AMA

Speaker:
U.S. Rep. Robert Michel (Illinois)
Minority Whip

2:15 p.m.
Adjournment

2:30 p.m.
Palladian Room
Briefing Session

Faculty
AMA Washington Office Staff



1976 AMA-AMPAC PUBLIC AFFAIRS WORKSHOP

Shoreham Americana Hotel
April 10-12, 1976

Century III: the time for medicine to turn out and turn on

Saturday, April 10, 1976

2:00-6:00 p.m.
Blue Room Foyer
Registration

5:00-7:00 p.m.
Blue Room
Earlybird Reception

Welcome to Washington, D.C.
William H. Cooper, M.D.
Member, AMPAC Board of Directors

A Repeat Performance
Mark Russell
Political Satirist

Sunday, April 11, 1976

7:30-8:30 a.m.
Regency Ballroom
Foyer
Registration

8:30-11:30 a.m.
Regency Ballroom

Opening General Session

Greetings
Raymond Holden, M.D.
Chairman, AMA Board of Trustees

James MacLaggan, M.D.
Chairman, AMPAC Board of Directors

The Spirit of 1776 and
The 1976 Connection

The Mood of America
Roy Pfautch
President, Civic Service, Inc.

9:40-9:55 a.m.
Coffee Break

Enter: The Third Century
Moderator: James H. Sammons, M.D.
Executive Vice President, AMA

Panel:
Vincent Barabba
Director, U.S. Bureau of the Census

Ben Wattenberg
Author, *The Real America*

David Broder
Author, Pulitzer Prize Winner
Columnist for *The Washington Post*

Allen Pross
Executive Director, CALPAC

11:45 a.m. - 1:30 p.m.
Regency Ballroom
Luncheon

Presiding: W. J. Lewis, M.D.
Member, AMPAC Board of Directors

Speakers:
U.S. Rep. Wayne Hays (Ohio)
Chairman, Democratic National Congressional Committee

U.S. Rep. Guy Vander Jagt (Michigan)
Chairman, National Republican Congressional Committee

2:00-5:00 p.m.
Workshop Sessions
Participants are divided into two groups and will attend both sessions.

2:00-3:15 p.m.
Session I
Blue Name Badges-Palladian Room
White Name Badges-Diplomat Room

3:30-4:45 p.m.
Session II
Blue Name Badges-Diplomat Room
White Name Badges-Palladian Room

Diplomat Room
Evaluating the Campaign
Moderator: Michael Levis, M.D.
Member, AMPAC Board of Directors

Faculty: Paul M. Newman
President, Paul M. Newman Co.

Palladian Room
Electing Your Candidate
Moderator: Rex Kenyon, M.D.
Member, AMPAC Board of Directors

Faculty: **Matthew W. Reese**
Matthew W. Reese and Associates

6:00-7:00 p.m.
Ambassador Room
Cocktail Reception
Cash Bar

7:00-11:30 p.m.
Regency Ballroom
Dinner Dance
AMPAC Awards Ceremony

Presiding: James MacLaggan, M.D.
Chairman, AMPAC Board of Directors

Monday, April 12, 1976

7:30-8:15 a.m.
Ambassador Room
Continental Breakfast

8:15-9:20 a.m.
Regency Ballroom
Opening Session

Presiding: Max Parrott, M.D.
President, AMA

PREVIEWS:
Federal Legislation
U.S. Senator Robert Packwood (R.-Oregon)

Federal Election Laws
Joan Aikens
Commissioner, Federal Election Commission

M 284

MINUTES
PaMPAC BOARD MEETING
Wednesday, February 20, 1974, 10:30 a.m.
Board Room, Pennsylvania Medical Society's Building
Lemoyne, Pennsylvania

A meeting of the Board of Directors of the Pennsylvania Medical Political Action Committee was held Wednesday, February 20, 1974, 10:30 a.m., in the Board Room of the Pennsylvania Medical Society Building in Lemoyne. The following Board Members attended:

R. Edward Steele, M. D., Vice-Chairman; Richard L. Huber, M. D., Treasurer; Mrs. Robert S. Christman, Secretary; R. William Alexander, M. D., Robert F. Beckley, M. D., Robert J. Carroll, M. D., William B. Lamberton, M. D., David Scicchitano, M. D., and Mrs. Donald E. Harrop.

Guests in attendance: A. Reynolds Crane, M. D., President-Elect, Pennsylvania Medical Society; Mrs. Frederick R. Gilmore, President, Woman's Auxiliary to the Pennsylvania Medical Society; Mrs. Raymond C. Grandon, President-Elect, Woman's Auxiliary to the Pennsylvania Medical Society; Fred Speaker, Esq., General Counsel.

Staff members: Mr. Robert H. Craig, Jr., Administrative Secretary, and Mr. Jerry L. Rothenberger, Executive Director.

3 1 0 2 7 3 3 4

I. CALL TO ORDER

The meeting was called to order at 10:30 a.m. by R. Edward Steele, M. D., Vice-Chairman. Dr. Steele introduced the new Board Members and guests. The new Board members in attendance were Mrs. Donald Harrop and David Scicchitano, M. D.

II. APPROVAL OF MINUTES OF LAST MEETING

Dr. Steele asked for formal approval of the minutes of the last meeting.

Dr. Carroll made a motion that the minutes of the October 18, 1973 meeting be approved. Dr. Huber seconded the motion. Motion carried.

III. REPORT OF TREASURER

Dr. Huber presented the 1974 Budget that was approved by the Finance Committee.

Dr. Scicchitano moved that the 1974 Budget be approved as presented. Dr. Carroll seconded the motion. Motion carried.

IV. REPORT OF CHAIRMAN

Dr. Steele presented the Nominating Committee's nominations of officers for 1974:

Chairman - R. William Alexander, M. D.

Vice-Chairman - Robert J. Carroll, M. D.

Treasurer - R. Edward Steele, M. D.

Assistant Treasurer - Jerry L. Rothenberger

Secretary - Mrs. Robert S. Christman

Assistant Secretary - Mrs. Donald E. Harrop

Board Member to the Executive Committee -
Paul S. Friedman, M. D.

Dr. Scicchitano made a motion that these nominations be approved. Dr. Huber seconded the motion. Motion carried.

The following Board Members-At-Large were nominated for 1974:

James Dunn, M. D.

Philip E. Ingaglio, M. D.

Charles K. Zug, M. D.

Joseph Stowell, M. D.

Dr. Steele made the motion that these nominations be approved. Dr. Huber seconded the motion. Motion carried.

Dr. Carroll noted that he will be nominating a Board Member-At-Large from the Western part of the state at the next Board Meeting.

Dr. Alexander stated that he will be making committee assignments in the very near future, and that the Board will be so advised.

V. COMMITTEE REPORTS

A. Membership Committee - There are 1300 PaMPAC members for 1974, however, Mr. Rothenberger pointed out that he has received only three reports from the Pennsylvania Medical Society, and it is still too early to determine whether there is a drop or an increase in PaMPAC membership for this year.

As President of the Woman's Auxiliary, Mrs. Gilmore has sent a letter to the 1973 Auxiliary PaMPAC members who have not joined in 1974. One hundred letters were mailed in the latter part of January, and, to date, there has been a 35% return.

Mr. Rothenberger stated that follow-up billings will be mailed in Allegheny County and to the Auxiliary members.

B. By-Laws Committee - Amendments to Article VI, Section 2 of the Constitution and By-Laws of the Pennsylvania Medical Political Action Committee were presented:

> "Amend Article VI, Section 2, of the Constitution and By-laws of the Pennsylvania Medical Political Action Committee as follows:
>
> "Section 2. The Board of Directors shall consist of not less than fifteen persons nor more than twenty persons, all of whom shall be, or become upon election, members of PaMPAC. They shall be elected as provided in Section 3 hereof. Twelve shall be /Doctors of Medicine/ members in good standing of the Pennsylvania Medical Society, each of whom shall represent a Councilor District of the Pennsylvania Medical Society. Three shall be members in good standing of the Woman's Auxiliary of the Pennsylvania Medical Society."

Dr. Carroll made a motion that the amendments be approved. Dr. Huber seconded the motion. Motion carried.

Dr. Huber suggested that legal counsel check Article VI. Section 3, and see if the five additional At-Large Directors should be amended to comply with the changes in Section 2.

C. Workshop Committee - Dr. Alexander gave a complete rundown of the 1974 PMS Officers' Conference that will be held April 24-25, 1974 at the Host Inn, Harrisburg. Rex Kenyon, M. D., AMPAC Board Member, and Mr. Paul Newman,

Political Analyst, will take part in PaMPAC's portion of the program. Mr. Mark Russell, Political Satirist, will be the evening entertainment. Mr. Russell was "booked" by PaMPAC. Dr. Alexander suggested that a new PaMPAC Brochure be printed so that it could be distributed to all people attending the Workshop.

Dr. Steele made a motion that PaMPAC print a new Political Action Brochure. Dr. Carroll seconded the motion. Motion carried.

Staff has also been instructed to look into the possibility of setting up a booth to "sell" PaMPAC membership and promote the PAC at Officers' Conference.

VI. OLD BUSINESS

Mr. Rothenberger stated that Drs. Friedman and Ingaglio had met with the Executive Committee of the Philadelphia County Medical Society to discuss the formation of local PAC committees in the Philadelphia area. Drs. Friedman and Ingaglio are planning to send a letter to the entire membership of PCMS asking each member if he would care to join a local political action committee. Mr. Rothenberger stated that a request for seed monies would probably be submitted from Dr. Friedman and Dr. Ingaglio to the PaMPAC Board in order to get the committee functioning properly.

VII. NEW BUSINESS

Candidate support requests at the state and national levels were discussed.

Dr. Carroll discussed the Legislative Seminar that is being sponsored by the Pennsylvania Psychiatric Society, March 29-31, 1974, at the Host Farm, Lancaster. Dr. Carroll stated that this type of actifity should be encouraged by the medical community.

Dr. Carroll made a motion that PaMPAC reimburse one-half the expenses of those PaMPAC members who plan to attend the Seminar. Dr. Huber seconded the motion. Motion carried.

There was much discussion concerning the removal of Pennsylvania's representative to the AMPAC Board in place of a member from Florida. It was pointed out that

Pennsylvania has been the pioneer of PAC movement, and, for the first eight years PaMPAC has been the largest contributor to AMPAC. It took Pennsylvania ten years to have a representative placed on the AMPAC Board, and, after three years of representation, the AMA Board of Trustees did not reappoint the member from Pennsylvania for 1974.

The officers of PaMPAC and the Pennsylvania Medical Society will "unofficially" try to find why this action was taken and PaMPAC will officially send a letter to the Chairman of the PMS Board of Trustees requesting that the Pennsylvania Medical Society go on "record" by writing a "forceful" letter to the AMA Board of Trustees requesting that they consider placing a Pennsylvania representative on the AMPAC Board in 1975 for the reasons previously mentioned.

Dr. Alexander stated that the AMA's/AMPAC Workshop is scheduled for March 15-17, 1974, at the Washington Hilton Hotel, Washington, D. C.

The reimbursement program for all participants has been discontinued by the AMA this year.

Dr. Beckley made a motion that PaMPAC pay expenses for the PaMPAC Board members who plan to attend this Workshop. Dr. Steele seconded the motion. Motion carried.

VIII. DATE OF NEXT MEETING AND ADJOURNMENT

The next PaMPAC Board Meeting will be held in conjunction with the PMS Officers' Conference. The meeting is scheduled for Wednesday morning, April 24, 10:00 a.m., at the Host Inn in Harrisburg.

The meeting was adjourned at 12:50 p.m.

Political Stethoscope

Two New AMPAC Board Members

Two new physicians have been named to the AMPAC Board of Directors. They are Fred C. Rainey, M.D. of Elizabethtown, Kentucky and Don Val Langston, M.D. of Phoenix, Arizona.

Dr. Rainey is a native of Nashville, Tennessee. He is a graduate of the University of Tennessee College of Medicine. He is in Family Practice.

Dr. Rainey is a member of the Hardin County Medical Association, the Kentucky Medical Association the Southern Medical Association and is a Delegate to the American Medical Association. He also serves on the AMA's Council on Legislation.

Dr. Rainey is a Past President of the Kentucky Medical Association and a Past Chairman of the KEMPAC Board of Directors. He was appointed to the AMPAC Board of Directors in October, 1977 to fill an unexpired term.

Dr. Langston is a native of Oklahoma but grew up in Texas. He is a graduate of the University of Texas Medical Branch at Galveston. He is Board certified in Pediatrics and is a Fellow of the American Academy of Pediatrics.

In 1961, Dr. Langston was a founder of the Alaska Medical Political Action Committee and served as its Chairman.

In 1966, Dr. Langston moved to Arizona where he became a member of the Arizona Medical Political Action Committee and served as its Chairman from 1969 to 1977.

Dr. Langston is a member of the Arizona Republican State Committee and served from 1973 to 1976 as Vice Chairman of the Maricopa County Republican Committee.

Dr. Langston was appointed a member of the AMPAC Board of Directors beginning in January, 1978.



Fred C. Rainey, M.D.



Don Val Langston, M.D.

Public Financing Dead...for 1977

Public financing of congressional races is dead for 1977. House Democratic leaders made an 11th hour bid to push the measure through before adjournment. But the bill was blocked in a House Administration Committee markup October 25.

Left for dead after a Senate filibuster in August, the public financing issue was revived by the House after 155 Democratic members signed a letter in early October asking for prompt action. The letter was encouraged by the Democratic Study Group and Common Cause, which made public financing its top legislative priority.

Unfortunately, public financing for congressional campaigns is sure to be revived by those groups in 1978. Medical family members will be informed by AMPAC just as soon as these measures are once again introduced. Earlier in the year, the AMPAC Board of Directors voted unanimously to pledge its support to the current system of financing elections from private, rather then taxpayer dollars.

According to the Federal Election Commission, 99 million dollars was spent by candidates for Congress in 1976. According to the U. S. fireworks industry, an estimated $240 million was spent on fireworks in 1976.

For those who think that campaigns are too expensive, this comparison shows that, on the contrary, it might be too little. Supporters of taxpayer financing of congressional campaigns use the reasoning that too much is spent on campaigning. They say government financing of congressional campaigns will keep the costs of campaigning down. But experience has shown that costs do not go down when the government regulates and finances any activity.

Those American taxpayers who resist any form of public finacing of elections may do so by checking "no" on their 1977 tax form in the space provided to allot $1 of tax money for presidential elections.

PAC Membership Pace Setters



Frank Y. Watson, M.D.

AMPAC salutes twelve states which, in 1977, have more AMPAC members than ever before. Those states and their chairman are:

Colorado, Leroy J. Sides, M.D. of Denver
Delaware, Robert Abel, Jr., M.D. of Wilmington
Florida, John Glotfelty, M.D. of Lakeland
Georgia, J. Kenneth McDonald, M.D. of Augusta
Hawaii, Leonard R. Howard M.D. of Honolulu
Illinois, Mrs. Alan (Pam) Taylor of Danville
Michigan, Thomas R. Berglund, M.D. of Portage
Mississippi, John R. Young, M.D. of Natchez
New Jersey, Frank Y. Watson, M.D. of Montclair
South Dakota, T. J. Wrage, M.D. of Watertown
Texas, Charles H. Wilson, M.D. of Wichita Falls
Wisconsin, William E. Wright, M.D. of Mondovi
Wyoming, Fred A. Mathews, M.D. of Sheridan

Physicians Rated Highest

Physicians received an 86% approval rating from the American people according to the Roper Organization's latest survey information taken in early November, 1977. Television and newspaper reporters were next with 76% and bankers were third with 75%. Politicians were lowest with 27% ranking only lower than labor leaders who received 33%.

Medical Family Members Should Seek Opportunity Races in the House

Incumbents have many advantages over challengers in an election. In November of this year the Americans for Democratic Action estimated that incumbent candidates for the U. S. House of Representatives receive benefits which give each, on the average, a $557,131 edge over the non incumbent opponent. Elections over the years have proved that the odds are heavily against the challenger wresting the seat away from the incumbent. The lowest number of incumbents reelected in the last decade was 343 in 1974; the highest number was 396 in 1968.

Since the advantage of incumbency is so great, races where no incumbent is running have come to be considered opportunity races, since the chances of both candidates in the general election are considered relatively equal.

Districts where incumbents have announced they will not be seeking reelection are:

Ray Thornton (D-4) Arkansas
Yvonne Burke (D-28) California
Delman Clawson (R-33) California
Charles Wiggins (R-39) California
Frank Evans (D-3) Colorado
William Armstrong (R-5) Colorado
Ronald Sarasin (R-5) Connecticut
Lou Frey (R-9) Florida
George Shipley (D-22) Illinois
Joe Skubitz (R-5) Kansas
William Cohen (R-2) Maine
William Ford (D-15) Michigan
Albert Quie (R-1) Minnesota
Max Baucus (D-1) Montana
Charles Thone (R-1) Nebraska
Edward Patton (D-13) New Jersey
Edward Koch (D-18) New York
Herman Badillo (D-21) New York
Charles Whalen (R-3) Ohio
Gary Myers (R-25) Pennsylvania
Larry Pressler (R-1) South Dakota
James Abdnor (R-2) South Dakota
Olin Teague (D-6) Texas
W. R. Poage (D-11) Texas
Omar Burleson (D-17) Texas
Barbara Jordan (D-18) Texas
George Mahon (D-19) Texas
Robert Krueger (D-21) Texas
Robert Kasten (D-9) Wisconsin
Teno Roncalio (D-AL) Wyoming

Over 60 other members of the House are considering retiring or running for other offices. AMPAC urges medical family members to use their political time and money wisely by becoming involved in these important opportunity races.

1978 Senate Races

Sixteen Democratic seats and 17 Republican seats will be up for reelection to the Senate in 1978.

Seven Senators have announced they will not be candidates in 1978. They are James Pearson (R) of Kansas, Robert P. Griffin (R) of Michigan, Lee Metcalf (D) of Montana, Carl T. Curtis (R) of Nebraska, James Abourezk (D) of South Dakota, William Scott (R) of Virginia, and Clifford Hanson(R) of Wyoming.

Senator John McClellan (D) of Arkansas, who had announced his retirement in November, died on November 27th. He was 81 years old. Arkansas Governor David Pryor, who himself has indicated that he would be interested in running for the Senate, must appoint an interim Senator to fill the unexpired term. Regardless of who is applinted, candidates must still seek the full six year term in 1978.

There are 60 Democrats, 38 Republicans and one Independent serving in the Senate. There is one vacancy.

Growth of Political Action Committees

From December 31, 1974, to October 14, 1977, the number of non-party PAC's grew from 608 to 1,261, an increase of over 100%.

It is interesting to note that the number of corporate PAC's increased during this period from 89 to 508, an increase of 470 percent, and trade associations and other membership organizations increased from 318 to 531 or 66 percent, while labor related PAC's showed an increase from 201 to 222 or only 10 percent.

Ohio Voters Say No to Instant Voter Registration

After the Ohio legislature passed a measure allowing for instant voter registration, Ohio voters voted overwhelming against the measure on November 8, 1977. The vote of 62% to 48% was a blow to those who support instant or same-day voter registration in other states. Ohio voters approved the following qualifications for voting: a person is entitled to vote at all elections if he has been registered to vote for thirty (30) days and has the other qualifications of an elector; and a person who is registered and fails to vote in at least one election in a period of four consecutive years must register again before being entitled to vote.

'76 Marginal House Races Predict Trouble in '78

If you live in one of 33 exceptional Congressional Districts in the United States, the race for Congress in 1978 is likely to be hotly contested and could very well change parties in the 1978 elections. These 33 districts are considered statistically marginal districts. Statistically marginal means that the incumbent won by less than 5 percentage points in the last general election, 1976.

Medical family members living in these 33 congressional districts should consider it their number one priority to work hard for the candidate of their choice since their efforts could very well make the difference between a winning and losing race. It could be that their choice is an incumbent and so he is going to need as much help as possible just to retain this seat. If the candidate is a challenger, extra effort on the part of medical family members could be just what the candidate needs to unseat the incumbent.

Political time and dollars are well spent in statistically marginal races since they are expected to be close and any amount of effort could make the difference.

1976 marginal races include:

DISTRICT NO.		INCUMBENT	PARTY
AZ.	4th	Eldon D. Rudd	R
CA.	4th	Robert L. Leggett	D
CA.	34th	Mark W. Hannaford	D
CO.	2nd	Timothy E. Wirth	D
CO.	3rd	Frank E. Evans	D
DE.	AL	Thomas B. Evans, Jr.	R
GA.	6th	John J. Flynt, Jr.	D
HI.	1st	Cecil Heftel	D
ID.	2nd	Stan Kress	D
IL.	10th	Abner J. Mikva	D
IN.	8th	David L. Cornwell	D
IA.	1st	James A. Leach	R
IA.	2nd	Michael T. Blouin	D
KS.	2nd	Martha Keys	D
KS.	4th	Dan Glickman	D
LA.	5th	Jerry Huckaby	D
MD.	8th	Newton I. Steers, Jr.	R
MA.	4th	Robert F. Drinan	D
MI.	2nd	Carl Pursell	R
MI.	3rd	Garry Brown	R
MI.	12th	David E. Bonior	D
MO.	2nd	Robert A. Young	D
N.J.	13th	Helen Meyner	D
N.J.	14th	Joseph A. LeFante	D
N.Y.	29th	Edward W. Pattison	D
N.C.	11th	Lamar Gudger	D
Ohio	12th	Samuel L.Devine	R
OK.	5th	Mickey Edwards	R
PA.	8th	Peter H. Kostmayer	D
PA.	17th	Allen E. Ertel	D
VA.	1st	Paul S. Trible, Jr.	R
WA.	2nd	Lloyd Meeds	D
WI.	8th	Robert J. Cornell	D

Nation's Governors Dominated by Democrats

Following the 1977 gubernatorial elections, the nation's governors number 37 Democrats, 12 Republicans and one Independent. With the reelection of Governor Brendan Byrne (D) of New Jersey and the election of John N. Dalton (R) of Virginia, the number stands the same as before these two gubernatorial elections. Dalton succeeded Governor Mills Godwin (R).

In 1978, 36 governor's races will be up. Currently 26 of those are held by Democrats, 9 by Republicans and one by an Independent.

The following gubernatorial terms are up in 1978:

STATE	INCUMBENT	PARTY
Alabama	George C. Wallace	D
Alaska	Jay Hammond	R
Arizona	Wesley Bolin	D
Arkansas	David Pryor	D
California	Edmund G. Brown, Jr.	D
Colorado	Richard D. Lamm	D
Connecticut	Ella Grasso	D
Florida	Reubin O'D Askew	D
Georgia	George Busbee	D
Hawaii	George R. Ariyoshi	D
Idaho	John V. Evans	D
Illinois	James Thompson	R
Iowa	Robert Ray	R
Kansas	Robert F. Bennett	R
Maine	James B. Longley	I
Maryland	Blair Lee III	D
Massachusetts	Michael S. Dukakis	D
Michigan	William G. Millikin	R
Minnesota	Rudy Perpich	D
Nebraska	J. J. Exon	D
Nevada	Mike O'Callaghan	D
New Hampshire	Meldrin Thomson, Jr.	R
New Mexico	Jerry Apodaca	D
New York	Hugh L. Carey	D
Ohio	James A. Rhodes	R
Oklahoma	David Boren	D
Oregon	Robert W. Straub	D
Pennsylvania	Milton J. Shapp	D
Rhode Island	J. Joseph Garrahy	D
South Carolina	James B. Edwards	R
South Dakota	Richard F. Kneip	D
Tennessee	Ray Blanton	D
Texas	Dolph Briscoe	D
Vermont	Richard A. Snelling	R
Wisconsin	Martin J. Schreiber	D
Wyoming	Ed Herschler	D

Sign Up For AMPAC Sessions at AMA Leadership Conference

Do you want to be ahead of the political activists in your state? Sign up for AMPAC's two sessions offered at the AMA's 1978 Leadership Conference to be held at the O'Hare Marriott Motor Hotel in Chicago Thursday, January 26 and Friday, January 27.

On Thursday, January 26, AMPAC offers "Focus on the States" which will teach you the important considerations surrounding congressional reapportionment and redistricting, which will follow the 1980 census. State legislatures draw new congressional district lines, not to mention new state senate and house district lines. State legislators and governors elected in 1978 and 1980 will have considerable influence over the drawing of the district lines. "Focus on the States" will tell you how you can have the most influence in this process. "Focus on the States" is offered on Thursday from 1 p.m. to 4 p.m. for a fee of $25.

"Opinionmakers in 1978" is offered on Friday, January 27. This session will teach you how medical family members can be most effective in the 1978 elections as individuals and as a local group. "Opinionmakers in 1978" is offered as part of the official conference program and is included in the $100 registration fee. Readers who wish information on how to register, please write to the AMA National Leadership Conference, 535 North Dearborn Street, Chicago, Illinois 60610 or to AMPAC, Post Office Box 4449, Chicago, Illinois 60680.

Medical Family Members Played Key Roles In



Gov. John N. Dalton

On November 8, 1977, Lt. Gov. John Dalton (R) won an unexpectedly easy victory in the Virginia gubernatorial election over former Lt. Gov. Henry Howell (D). In New Jersey, incumbent Governor Brenden T. Byrne (D) won reelection over his Republican opponent Raymond Bateman. Medical family members were involved in both of these gubernatorial elections for the two major candidates.

VIRGINIA

A determined group of Virginia physicians and their wives moved aggressively to impact that state's 1977 gubernatorial election. VAMPAC, the Virginia Medical Political Action Committee, acted as the catalyst for these activities.

Leonard Weyl, M.D. of Richmond, President of the Medical Society of Virginia and Girard V. Thompson, M.D. of Chatham, Chairman of VAMPAC, traced the beginnings of this year's medical political activism to the VAMPAC Board meeting of November 6, 1976. Gathered at Williamsburg, the group recognized that as one of the two gubernatorial races in the nation in 1977, it would be important for Virginia physicians to have substantial input into the electoral process. With this in mind, the VAMPAC Board set down a set of preliminary, longrange goals for the election.

In addition they decided VAMPAC would sponsor a political education seminar in March.

Between that important November Board meeting and the March Seminar, VAMPAC members around the state were urged to get involved in political races at all levels. This they did and by the time the Virginia primary was well under way physicians and their spouses were deeply involved in many campaign efforts. In particular, the gubernatorial races attracted the attention of Virginia activists. On the Democratic side, former Lt. Gov. Henry Howell faced the Attorney General of Virginia, Andrew Miller in the primary; and on the Republican side John Dalton, the current Lt. Gov., was nominated by Republicans in convention.

By the time the mid-June primary election was held, VAMPAC members throughout Virginia were involved, making valuable contributions to campaigns from the gubernatorial level down to state and local races. Once the two general election candidates were chosen, VAMPAC members were urged to support either the Democrat or the Republican.

By Labor Day, medical family members were established in key campaign activities in both the gubernatorial efforts and in many of the campaigns for lesser office.

Dr. Thompson estimates that more than $30,000 was raised for the major contest by medical family members from physicians and their wives. Many medical family members were volunteering in large numbers to work at the telephone banks that both gubernatorial committees had established.

Newly elected Governor Dalton won by 55.7% of the vote. His victory was due in no small measure to the efforts of medical family members in the Old Dominion.



Medical Family Members in Dalton Campaign in Virginia

rginia and New Jersey Gubernatorial Elections



Gov. Brendan Byrne

NEW JERSEY

Record numbers of medical family members were deeply involved in this year's New Jersey gubernatorial race. Physicians and their spouses manned telephone banks, canvassed key precincts and worked voter registration drives all over the state. Dedicated medical political activists made their presence felt at all levels of incumbent Governor Brenden Byrne's (D) reelection effort as well as in that of the challenger, State Senator Raymond Bateman (R).

According to Frank Y. Watson, M.D., Chairman of the New Jersey Medical Political Action Committee, JEMPAC, preparation for medical family involvement began as early as March 1976. At that time, Dr. Watson and a number of medical family political activists attended the AMA/AMPAC Public Affairs Workshop held in Washington, D. C.

"We knew the New Jersey gubernatorial race was going to be a hot one," said Dr. Watson, a Montclair pathologist, "and we knew there was an excellent opportunity for New Jersey's medical community to have an impact on this contest."

Medical family members in New Jersey developed a voter identification program within the medical community, specifically gathering the voting address of every physician and the number of voting age members of his household in New Jersey. Many physician spouses became active as key volunteers in the two gubernatorial campaigns. Medical family members gave generously of their political dollars to the two gubernatorial candidates.

In April, and again in June, JEMPAC sponsored a political education seminar and trained over 100 medical political activists in current campaign techniques.

Just before the primary in June JEMPAC sponsored both a breakfast and a wine and cheese party during the annual meeting of the Medical Society of New Jersey. Invited to attend these bipartisan political activities were all of the gubernatorial candidates.

Throughout the summer medical family members continued to be involved on both sides of the gubernatorial contest. In early September, a mailing was sent to all physicians in New Jersey providing general information on all candidates in the November election.

The mailing also urged that physicians and their spouses get involved with the candidates of their choice.

Medical family members were urged to join election day activities and specific locations of the two major candidates statewide and regional offices were provided to the medical community.

Incumbent Governor Brenden Byrne won his election by 57.3% of the vote. Physicians and their wives in New Jersey are already gearing up for the important 1978 elections due to their intense involvement in the 1977 gubernatorial elections.



Medical Family Members in Baleman Campaign in New Jersey.

Chairman's Message



Rex E. Kenyon, M.D.

The watch word for 1978 is effective involvement in political campaigns on the part of medical family members.

The AMPAC Board of Directors has carefully considered its priorities for the 1978 elections. The Board does not feel that it has the perogative to choose for you which races are important to the future of American medicine. What it hopes is that each and every AMPAC member of which 75% are physicians and 25% are physicians' spouses, will choose and evaluate the congressional races in their area and decide where their political time can be best spent.

For years, AMPAC has been calling upon its membership to get involved. This call for action has been answered over the years by dedicated medical family members. This year AMPAC felt the need for emphasizing "effective" involvement, rather than mere involvement. That is why the AMPAC Board has dedicated itself to training as many medical family members in successful voluntary political involvement in 1978 as our budget will allow.

In order to be effective in politics, the citizen must know the current political party structure as well as the most up to date campaign techniques. AMPAC is stepping up its training programs in early 1978 in order to give this information to medical family members throughout the country.

Already in 1977, two intense training programs have been conducted by AMPAC and nearly one hundred medical family members have been trained in effective political involvement. AMPAC training programs cover many subject areas including campaign management, volunteer recruitment and coordination, research, scheduling, press relations, and telephone banks. In addition, group medical family projects in political campaigns are stressed as well as individual projects for medical family members. The response to these two pilot training sessions has been excellent. Even those sophisticated in political involvement have sharpened their political skills from our basic training seminars.

As this election year closes, and before the heat of the 1978 campaign becomes too intense, as Chairman of the AMPAC Board of Directors, I urge each and every one of you to take advantage of every opportunity for political training which you can. If AMPAC isn't offering training in your area already, please write to us and request opportunities for political training. We want to reach you and share the knowledge which we have. It is imperative that we, as physicians and citizens, take our political responsibilities seriously. We can fill many leadership roles in campaigns for the Congress and for State Legislatures. However, good leadership requires motivation and training. Let AMPAC help you become successful political leaders.

Sincerely,

Rex E. Kenyon, M.D.
Chairman
AMPAC Board of Directors

Federal Election Commissioners Nominated

The Federal Election Commission has three Democratic and three Republican members. They are appointed by the President for six-year terms. According to the 1976 campaign finance law, terms of two of the members are to end each odd-numbered year. The terms of William L. Springer, a Republican from Illinois, and Neil O. Staebler, a Democrat from Michigan ended in April, 1977 but they continue to serve until their replacements are confirmed.

President Carter has nominated Samuel D. Zagoria to fill the Republican vacancy and John W. McGarry to fill the Democratic vacancy. Zagoria has the backing of Senator Clifford P. Case (R) of New Jersey, for whom he formerly worked, as well as Senator Charles Mathias (R) of Maryland and former Senator John Sherman Cooper(R) of Kentucky. He does not have the backing of the current Republican leadership of the Senate and House. McGarry has the backing of House Speaker Thomas P. "Tip" O'Neill of Massachusetts. McGarry is special counsel for the House Administration Committee.

Congressman Wins New York Mayoral Election

On November 8, Congressman Edward I. Koch (D-18) won the mayoral election in New York City. He defeated three other candidates. Congressman Koch is not expected to retire until January 1, 1978. Governor Hugh Carey (D) must set a date for a special election to fill Congressman Koch's unexpired term.

Congressman Koch's election may cause another vacancy to occur in the New York delegation. He is expected to bring Herman Badillo, the Democratic congressman from the 21st Congressional District, back to New York City with him to serve on his mayoral staff.

This is my land

I've seen the sunrise on the shore
Of Florida. . .and what's more
I've tried the surf at Waikiki
With fellowmen all breathing free.
This is my land.

I've seen the ships in Frisco's bay
And missed some putts at Monterey.
In New Orleans watched all the clowns
And dropped some bets at Churchill Downs.
This is my land.

In Minnesota there's a trout
I should have hooked without a doubt.
I've seen Dakota's carven faces
In Riodosa tried the races.
This is my land.

I've tried the dice in Vegas town
And though they usually let me down
I come back with another bet
On blackjack or perhaps roulette.
This is my land.

I've fought the crowds on old Times Square
And Boston's Commons. . .I've been there.
Atlanta's Peachtree holds a thrill.
I've even walked up Bunker Hill.
This is my land.

Niagara's falls, Chicago's loop
A bowl of rich Bookbinder's soup
Alaskan crab, and Portland's rose.
I've really tried a lot of those.
This is my land.

The Painted Desert holds a charm
Like corn upon an Iowa farm.
The thrill of Houston's Astrodome
The clean, flat plains that I call home.
This is my land.

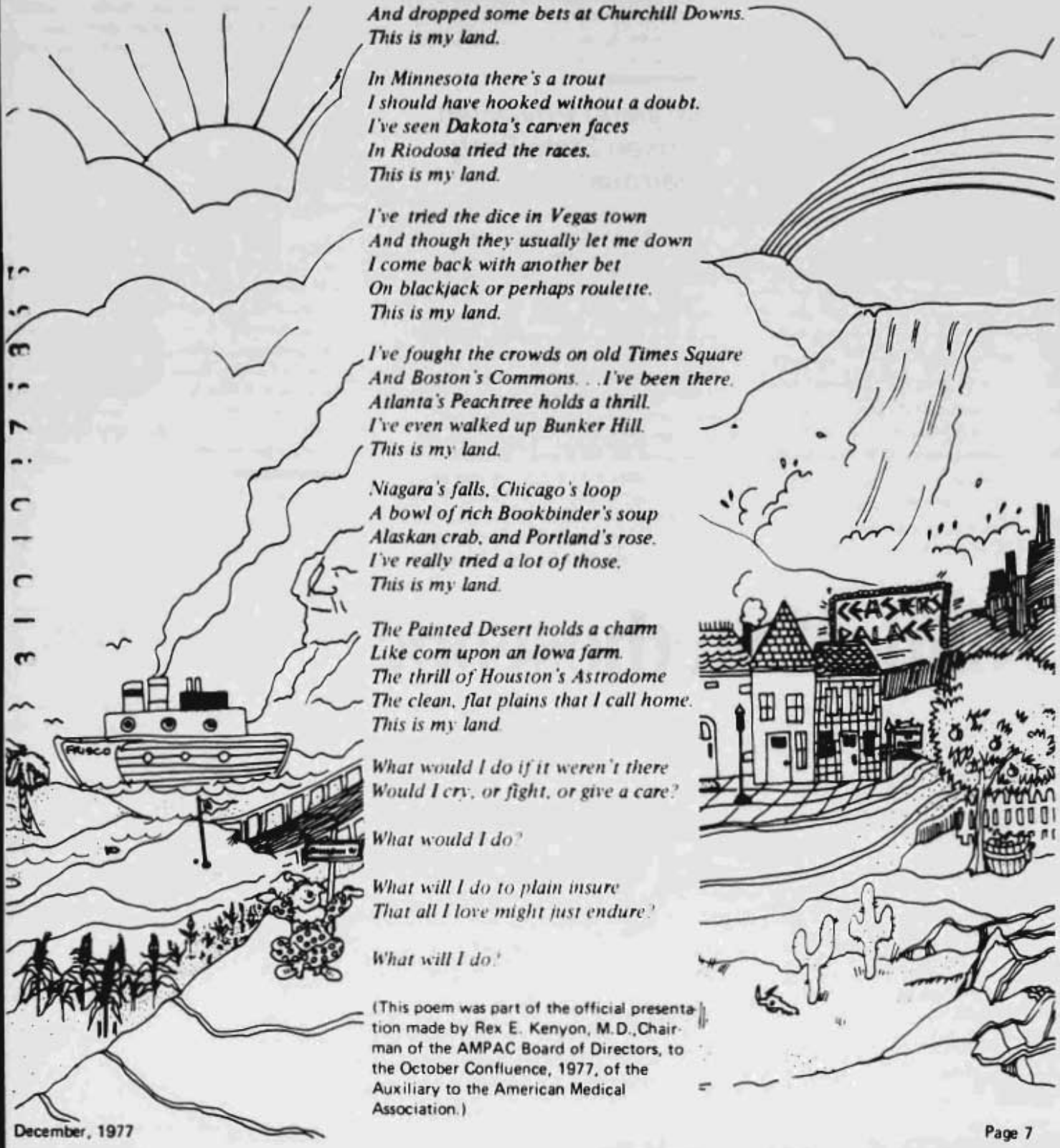
What would I do if it weren't there
Would I cry, or fight, or give a care?

What would I do?

What will I do to plain insure
That all I love might just endure?

What will I do?

(This poem was part of the official presentation made by Rex E. Kenyon, M.D., Chairman of the AMPAC Board of Directors, to the October Confluence, 1977, of the Auxiliary to the American Medical Association.)



Medical Family Members Serving in State Legislatures

AMPAC gathers information concerning medical family members serving in state elective office. Our records show the following persons are now serving.

AL. Dewey White, M.D., State House

AZ. Richard Flynn, M.D., State House

CO. Harvey Phelps, M.D., State House
Frank Traylor, M.D., State House
Ann Gorsuch, State House (spouse)

CT. Joan Kemler, State House (spouse)

FL. Richard S. Hodes, M.D., State House
David J. Lehman, Jr., M.D., State House

GA. Wilbur Baugh, M.D., State House
J. Roy Rowland, M.D., State House
Cathy Steinberg, State House (spouse)

HI. Patricia Saiki, State Senate (spouse)

ID. Dorothy Reynolds, State House (spouse)

IL. Marylou Sumner, State House (spouse)

IN. Otis R. Bowen, M.D., Governor
Floyd B. Coleman, M.D., State House
E. Henry Lamkin, M.D., State House
Anthony Pizzo, M.D., State House

KY. John E. Trevey, M.D., State House

ME. Anne Bachrach, State House (spouse)

MO. Paul Busiek, M.D., State House
Gerald Rodrick, D.O., State House

MT. Everett Lensink, M.D., State Senate

N.C. John Varner, M.D., State House
John Gamble, M.D., State House

N.D. Vernon E. Wagner, State House
(Medical society executive)

OR. Mary Rieke, State House (spouse)
Howard Cherry, M.D., State House

TX. Betty Andujar, State Senate (spouse)

VT. Madeline Harwood, State Senate (spouse)

VA John C. Buchanan, M.D., Senate Senate
Joan Jones, State House (spouse)

W.V. Albert C. Esposito, M.D., State House
Dorsey Ketchum, M.D., State House

WY. Esther Eskens, State House (spouse)
Fenworth Downing, M.D., State House

Maryland Physician Chosen State Party Chairman

Aris T. Allen, M.D., 66 year old chief of staff of Anne Arundel General Hospital has been elected State Chairman of the Maryland Republican Party. Dr. Allen, a resident of Annapolis, served two terms in the Maryland state legislature. Dr. Allen is the first black to head a state party anywhere in the GOP's entire 123 year history, according to the Republican National Committee. In a convention held on September 19 at Towson, Maryland's Republican leaders elected Dr. Allen unanimously. In accepting his party's call, Dr Allen said, "Never in my wildest dreams did I expect the recognition that has been heaped on me today. Today, the Republican Party of Maryland has taken the lead in demonstrating in tangible terms that it is indeed the party of the open door."

Medical Family Members In Party Office

AMPAC encourages physicians and their spouses to become active in their political party. In this way, they can influence the nomination of good men and women for public office. GOP National Committee members who are members of the medical family include Mary Louise Smith of Des Moines, Iowa, (spouse); Nelda L. Barton of Corbin, Kentucky (spouse); Betty Lou Johnson of Raleigh, North Carolina (spouse); State Senator Betty Andujar of Ft. Worth Texas (spouse); State Senator Madeline B. Harwood of Manchester Center, Vermont (spouse); and Melvin H. Evans, M. D. of St. Croix, former Governor of the Virgin Islands. Aris T. Allen, M.D. of Annapolis, Maryland, is State Chairman for the Maryland Republican Party.

Medical family members who are Democratic National Committee members include Michael Muftic, M.D. of Denver, Colorado; (Marilyn) Weisbaum of Springfield, Illinois (spouse); Mary Lou Winters of Columbia, Louisiana (spouse); Dan J. Croy, M.D., of Santa Fe, New Mexico; Zora Hesse of Albuquerque, New Mexico (spouse); Betty R. McCain of Wilson, North Carolina (spouse); and Dorothy Zug of Bethlehem, Pennsylvania (spouse).

Political Stethoscope

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Rex E. Kenyon, M.D.

Secretary
Michael P. Levis, M.D.

Executive Director and Treasurer
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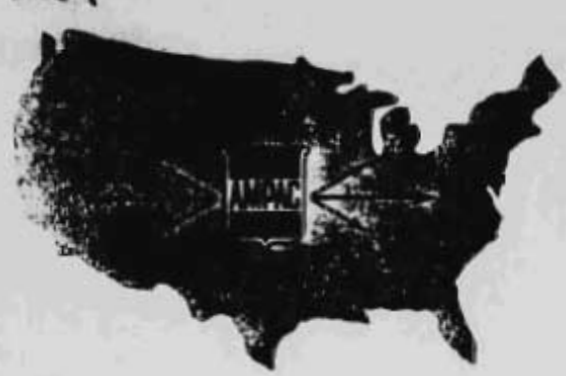
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312-644-1585

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

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If your practice is incorporated, AMPAC voluntary political contributions should be written on a Personal Check. Contributions are not limited to suggested amount. The AMA will not favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice.)

4286



ACROSS THE BOARDS

The AMPAC bulletin for PAC leaders

Special Election Issue No. 148 Nov. 18, 1976

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DEMOCRATS WIN ALL FOR '77

The Democratic Party in 1977 will take over the reins of government with a Democratic President and Vice President, 62 Democrats in the U.S. Senate to the Republicans 38; and, 289 Democrats in the House to the Republicans 143. Three House races are too close to call.

President-elect Jimmy Carter won the Presidency by a margin of about 1.7 million votes. In electoral votes, Carter's margin is the smallest of the century.

Nearly 80 million people voted in the November 2nd election.

17 NEW FACES IN SENATE

Democrats will retain their 62 to 38 majority in the U.S. Senate in 1977 (95th Congress, First Session) despite a change of party in 14 seats and the election of 17 new Senators on Tuesday, Nov. 2.

Nine incumbents - five Democrats and four Republicans - were defeated. Each Party took over seven seats formerly held by the opposition.

The 17 new faces are:

Dennis de Concini (D) Arizona
S.I. Hayakawa (R) California
Spark Matsunaga (D) Hawaii
Richard G. Lugar (D) Indiana
Paul S. Sarbanes (D) Maryland
Donald W. Riegle (D) Michigan
John C. Danforth (R) Missouri
Edward Zorinsky (D) Nebraska
John Melcher (D) Montana
Harrison "Jack" Schmitt (R) New Mexico
Daniel Moynihan (D) New York
Howard Metzenbaum (D) Ohio
H. John Heinz (R) Pennsylvania
John Chafee (R) Rhode Island
James Sasser (D) Tennessee
Orrin G. Hatch (R) Utah
Malcolm Wallop (R) of Wyoming.

Nine incumbents were defeated in their race for the U.S. Senate. They include John Tunney (D) of California; Vance Hartke (D) of Indiana; J. Glenn Beall (R) of Maryland; Joseph Montoya (D) of New Mexico; James Buckley (R) of New York; Robert Taft (R) of Ohio; William Brock (R) of Tennessee; Frank Moss (D) of Utah; and, Gale McGee (D) of Wyoming.

Eight Senators did not seek reelection. Of those eight seats, five changed party in the 1976 election. Those five include Arizona, Hawaii, Missouri, Nebraska and Rhode Island.

HOUSE SEES LITTLE CHANGE

The House of Representatives in the 95th Congress (takes office in January 1977) will hold 289 Democrats, and 143 Republicans, with three House races too close to call at this time. The 94th Congress held 290 Democrats and 145 Republicans.

There were 55 open House races. Of those 55, ten changed party control. Eleven House members were defeated for reelection. They include Burt Talcott (R-16) of California; Tim Hall (D-15) of Illinois; Edward Roush (D-4) of Indiana; Edward Mezvinsky (D-1) of Iowa; Garner E. Shriver (R-4) of Kansas; Richard Vander Veen (D-5) of Michigan; Henry Helstoski (D-9) of New Jersey; Donald Clancy (R-2) of Ohio; Albert Johnson (R-23) and Joseph Vigorito (D-24) of Pennsylvania; and Allen T. Howe (D-2) of Utah.

Three incumbents were defeated in their primaries. They were: Andrew Hinshaw (R-40) of California; Ray Madden (D-1) of Indiana; and, Otto Passman (D-5).

The three House races too close to call at this time include the Illinois 10th, between incumbent Abner Mikva (D) and challenger Sam Young (R); the Texas 22nd, between incumbent Ron Paul, M.D. and challenger Bob Gammage (D); and, the Washington 2nd, between incumbent Lloyd Meeds (D) and challenger John Nance Garner (R).

The new House will have more than 60 new members, even though it has been 20 years since there was so narrow a shift in party division. About one-third of the House will have less than two years congressional service.

DEMOCRATS NET ONE GOVERNORSHIP

Before the 1976 elections, there were 36 Democratic Governors, 13 Republican Governors and one Independent. As a result of the election, there will be 37 Democratic Governors, 12 Republicans and one Independent.

Fourteen Governor's races were up this year. Of the 14, eight were Democrats and six were Republicans. Two incumbent Governors were defeated. They were Sherman Tribitt (D) by Pierre duPont IV (R) in Delaware; and, Christopher Bond (R) by Joseph Teasdale (D) of Missouri.

In five races where there was no incumbent, the Governorship changed party hands. James Thompson (R) defeated Michael Howlett (D) in Illinois. Howlett had earlier defeated the incumbent Dan Walker in the primary. In Vermont, Richard Snelling (R) will replace Governor Thomas Salmon (D) who unsuccessfully sought the Senate seat. In Washington, Dixy Lee Ray (D) will replace Daniel J. Evans (R) who did not seek reelection. In West Virginia, Jay Rockefeller (D) will replace Arch Moore (R), who was prevented from seeking reelection.

There will be eight new Governors taking office in 1977. They include Pierre duPont IV (R) of Delaware; James Thompson (R) of Illinois; Joseph Teasdale (D) of Missouri; James B. Hunt (D) of North Carolina; Joseph Garrahy (D) of Providence; Richard A. Snelling (R) of Vermont; Dixy Lee Ray (D) of Washington; and, Jay Rockefeller (D) of West Virginia.

A PORTRAIT OF ELECTION NIGHT . . . AMPAC Board & Staff



RE-ELECTION RECORD OF INCUMBENT

MEMBERS OF THE U. S. HOUSE OF REPRESENTATIVES

Year	Retired or ran for other office	% of 435	Defeated in Primary	Ran in General Election	% of 435	Defeated in General Election	Elected in General Election	% of 435
1956	25	5.75	6	404	92.9	15	389	89.39
1958	39	8.96	3	393	90.3	38	355	81.58
1960	29	6.66	6	400	92.0	26	374	85.95
1962	27	6.20	12	396	91.0	22	389	89.39
1964	2	0.46	44	389	89.4	45	344	79.05
1966	22	5.06	11	402	92.4	40	362	83.19
1968	31	7.12	3	401	92.2	5	396	91.00
1970	37	8.50	7	391	89.9	12	379	87.09
1972	42	9.65	13	380	87.4	13	367	84.34
1974	44	10.11	8	383	88.0	40	343*	78.85
1976	48	11.0	3	380*	87.3	11	369	84.82

*4 vacancies in the House at the time of the November election

MEDICAL FAMILY CANDIDATES

Governor Otis Bowen, M.D. won his second term as Governor of Indiana.

Two physicians return to the House of Represenatives and one is in doubt. Incumbent Larry McDonald, M.D. won his second election as the Congressman from the 7th District in Georgia. Senior physician member of the House, Tim Lee Carter, M.D. won reelection from the 5th District in Kentucky. Congressman Ron Paul, M.D. of the Texas 22nd is in a reelection battle too close to call at this time. Congressman Thomas Morgan, M.D. in the Pennsylvania 23rd did not seek reelection.

Those medical family members who sought election in the Congress but were unsuccessful include Mrs. Carol Harner of California; John W. Grady, M.D. of Florida; David Crane, M.D. of Indiana, Edward C. Pierce, M.D. of Michigan, Joe Carron, M.D. of Missouri, Ralph Argen, M.D. of New York, Joseph M. Ward, M.D. and Johnnie Gallemore, M.D. of North Carolina, Gerald Beasley, M.D. of Oklahoma and Adolf Gundersen, M.D.

Two physicians sought election as the American Party's nominee. They were Albert G.J. Cullum, M.D. of Kentucky and James B. Hutt, M.D. of Virginia.

At least 28 medical family candidates won their races for state legislature. They were: Richard Flynn, M.D., Arizona; Harvey Phelps, M.D. Frank Traylor, M.D. and Ann Gorsuch of Colorado; Joan Kemler, Connecticut; Richard Hodes, M.D., David J. Lehman, M.D. of Florida; Wilbur Baugh, M.D., J. Roy Rowland, M.D. and Mrs. Cathy Steinberg of Georgia; Marylou Sumner, Illinois; Floyd B. Coleman, M.D., E. Henry Lamkin, M.D. and Anthony Pizzo, M.D. of Indiana; Paul Busiek, M.D., Gerald Rodrick, D.O. of Missouri; Varner, M.D. John Gamble, M.D. of North Carolina; Vern Wagner of North Dakota; Mary Rieke and Howard Cherry, M.D. of Oregon; Betty Andujar, Texas; Madeline Harwood, Vermont; Albert C. Esposito, M.D. and Dorsey Ketchum, M.D. of West Virginia; and, Esther Eskens and Fenworth Downing, M.D. of Wyoming.

WOMEN IN THE HOUSE

Nineteen women served in the House in the 94th Congress and 18 will serve in the 95th, with three not returning and two new female faces.

The newcomers are Democratic Councilwoman Barbara Mikulski of the 3rd District in Maryland and Mary Rose Oakar of the 20th District in Ohio.

The 16 incumbents returning to the House next year include Yvonne Brathwaite Burke (D-28) of California; Shirley Pettis (R-37) of California; Patricia Schroeder (D-1) of Colorado; Cardiss Collins (D-7) of Illinois; Martha Keys (D-2) of Kansas; Lindy Boggs (D-2) of Louisiana; Marjorie Holt (R-4) of Maryland; Gladys Noon Spellman (D-5) of Maryland; Margaret Heckler (R-10) of Massachusetts; Virginia Smith (R-3) of Nebraska; Millicent Fenwick (R-5) of New Jersey; Helen S. Meyner (D-13) of New Jersey; Marilyn Lloyd (D-3) of Tennessee; Barbara Jordan (D-18) of Texas; Shirley Chisholm (D-12) of New York; and Elizabeth Holtzman (D-16) of New York.

Bella Abzug (D) of New York and Patsy Mink (D) of Hawaii were both defeated in their primary attempts to run for the U.S. Senate. Leonor Sullivan (D) of Missouri did not seek reelection.

BLACKS IN THE HOUSE

All 17 black incumbents in the House won reelection. They include Ronald Dellums, Yvonne Brathwaite Burke and Augustus Hawkins of California; Andrew Young of Georgia; Ralph Metcalfe and Cardiss Collins of Illinois; Parren Mitchell of Maryland; John Conyers and Charles Diggs of Michigan; William Clay of Missouri; Shirley Chisholm and Charles Rangel of New York; Louis Stokes of Ohio; Robert N.C. Nix of Pennsylvania; Barbara Jordan of Texas; Harold E. Ford of Tennessee; and Delegate Walter Fauntroy of the District of Columbia

AMPAC AND THE '76 ELECTIONS

For those medical political action members who think in terms of figures, here is how AMPAC fared in the '76 elections. Of the 38 Senate candidates AMPAC contributed to, AMPAC backed 21 winners and 17 losers. This is a winning percentage of 55%. In the House, AMPAC participated in 326 of 435 races. AMPAC backed 262 winners and 64 losers for a winning percentage of 80%.

WHAT TO DO IN '78

AMPAC would like to make a suggestion to those of you whose candidates won, or lost, in the 1976 elections.

While this election is fresh in your mind, get together with your fellow campaign workers and consider the following:

(1) Your group is well known to the candidate (now hopefully a Congressman) and he understands your group's potential.

(2) You now know who your good and bad workers are.

(3) You understand where your medical activity is strong and where it isn't.

(4) You and your co-workers have a good, first hand knowledge of what it takes to win an election and run a campaign.

(5) You know what went wrong and how to correct it.

Why not keep going? Your wisest move would be to get your group together in an informal social situation. Complete the post mortem and resolve to continue your political action, whether or not your candidate won. It will pay you winning dividends in 1978.

MORE MEMBERS, MORE STATES

There are more AMPAC members in more states than ever before in AMPAC's history. Twenty-one states now have more AMPAC members than ever before. The states are listed below with their Chairmen.

COMPAC, Colorado, Leroy Sides, M.D.
DELPAC, Delaware, Robert J. Abel, M.D.
FLAMPAC, Florida, Rufus Broadaway, M.D.
GaMPAC, Georgia, Dan Bateman, M.D.
HaMPAC, Hawaii, L.Q. Pang, M.D.
IMPAC, Illinois, Pam Taylor
KaMPAC, Kansas, Thomas Taylor, M.D.
LaMPAC, Louisiana, James Vildibill, M.D.
M.D.PAC, Michigan, Thomas Berglund, M.D
MPAC, Mississippi, Stacy Davidson, M.D.
NMEDPAC, Nebraska, John Coe, M.D.
JEMPAC, New Jersey, Henry Mineur, M.D.
EMPAC, New York, William Stein, M.D.
MEDPAC, North Carolina, Archie Johnson, M.D.
OMPAC, Ohio, Bill Porterfield, M.D.
SOCPAC, Scuth Carolina, Ken Owens, M.D.
SoDaPAC, South Dakota, W.R. Taylor, M.D.
IMPACT, Tennessee, Dale Teague, M.D.
TEXPAC, Texas, Sam Nixon, M.D.
VaMPAC, Virginia, Girard Thompson, M.D.
WISPAC, Wisconsin, William Wright, M.D.

AMPAC

SUSTAINER

January 31, 1977-1

81213373

NEW NAME FOR ACROSS THE BOARDS

This is the first issue of AMPAC SUSTAINER, which is a newer and newsier version of ACROSS THE BOARDS. AMPAC SUSTAINER is sent to State PAC Board members, AMPAC Sustainers and AMA, Auxiliary and state society leaders, as well as various staff members at the national and state level. Your comments and contributions to AMPAC SUSTAINER would be very much appreciated.

AMPAC ELECTS NEW OFFICERS

Rex E. Kenyon, M.D., an Oklahoma City, Oklahoma pathologist, was elected by the AMPAC Board as Chairman to succeed James C. MacLaggan, M.D. of San Diego, California. Michael P. Levis, M.D. was elected Secretary. Dr. Levis succeeds Mrs. John M. (Belle) Chenault of Decatur, Alabama. The AMPAC Board elects officers at its annual meeting in January, held this year in San Diego, California.

GEORGE T. WILKINS, M.D. NEWEST AMPAC BOARD MEMBER

George T. Wilkins, M.D., a pediatrician from Granite City, Illinois, has been appointed by the Board of Trustees of the AMA as AMPAC's newest Board member. Dr. Wilkins succeeds John J. Cunningham, M.D. of Pawtucket, Rhode Island, who resigned this month.

MEMBERSHIP RECOGNITION AWARDS

States whose entire leadership delegation become sustaining members of AMPAC in 1977 will receive recognition awards at the AMA Annual Meeting in San Francisco in June. Dr. Kenyon, AMPAC Board Chairman, will present the awards on Sunday, June 19. Leadership includes state society president and president-elect, AMA Delegates and Alternate Delegates and State PAC Chairmen. AMPAC urges leaders to become sustaining members right away, and forward those memberships to AMPAC in order to receive this new and presitigious recognition.

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

AMPAC BOARD ANNOUNCES NEW SEMINARS

The AMPAC Board of Directors announces the continuation of state or regional political education seminars for the calendar year 1977. Those who are interested in holding political training seminars, please write to AMPAC, Post Office Box 4449, Chicago, Illinois 60680. AMPAC can offer speakers, faculty, program planning assistance, and some financial assistance. Let us help you train your political work force for 1978 and beyond.

95th CONGRESS SELECTS LEADERSHIP

Senate:

President Pro Tempore	James O. Eastland (D) of Mississippi
Deputy President Pro Tempore	Hubert H. Humphrey (D) of Minnesota
Majority Leader	Robert C. Byrd (D) of West Virginia
Majority Whip	Alan Cranston (D) of California
Democratic Conference Sec.	Daniel K. Inouye (D) of Hawaii
Minority Leader	Howard H. Baker (R) of Tennessee
Minority Whip	Ted Stevens (R) of Alaska
Policy Committee Chairman	John G. Tower (R) of Texas
Conference Chairman	Carl T. Curtis (R) of Nebraska
Conference Secretary	Clifford P. Hansen (R) of Wyoming

House

Speaker	Thomas P. O'Neill, Jr. (D-8) of Massachusetts
Majority Leader	Jim Wright (D-12) of Texas
Majority Whip	John Brademas (D-3) of Indiana
Minority Leader	John J. Rhodes (R-1) of Arizona
Minority Whip	Robert H. Michel (R-18) of Illinois
Conference Chairman	John B. Anderson (R-16) of Illinois
Policy Committee	Del Clawson (R-33) of California

SPECIAL ELECTIONS IN '77

Georgia 5th: Andrew Young (D), the incumbent Congressman, has been appointed by President Carter as Ambassador to the United Nations. The special election could be scheduled at the same time as a special county election on February 20. The election is a winner-take-all one in which candidates of both parties run. If a candidate receives more than 50% of the vote, he is elected. If no candidate receives 50%, there is a runoff of the top two, regardless of party.

Minnesota 7th: Bob Bergland (D) was the incumbent who has been appointed by President Carter as Secretary of Agriculture. The Governor must declare a vacancy four days after he resigns (time begins running when Bergland is sworn in as Cabinet officer). The Governor must then act quickly, according to Minnesota law, to declare the primary and election date.

Washington 7th: Brock Adams (D) was the incumbent who has been appointed by President Carter as Secretary of Transportation. This special election will probably be decided after the Georgia and Minnesota special elections. The Governor must call an election 90 days after the vacancy is declared and a primary 60 days after the vacancy.

1977 ELECTIONS

1977 will bring two gubernatorial elections in New Jersey and Virginia. In New Jersey Governor Brendan T. Byrne (D) is expected to seek reelection. In Virginia, Governor Mills E. Godwin, Jr. (R) is ineligible to succeed himself. State legislative races will be held in the states of Kentucky, New Jersey, and Virginia.

PARTY CHAIRMEN RESIGN

Democrats: On Friday, January 21, the Democratic National Committee elected former Governor Kenneth Curtis of Maine as Chairman, to succeed Robert Strauss of Texas, who resigned after the November election.

Republicans: On January 14, the Republican National Committee elected former Senator William E. Brock of Tennessee as Chairman, to succeed Mary Louise Smith of Iowa, who resigned shortly after the November election.

MONDALE'S REPLACEMENT ANDERSON

Wendell Anderson (D), Governor of Minnesota, has resigned and his replacement, Lt. Governor Rudy Perpich has appointed him U.S. Senator to fill the vacancy created by the inauguration of Walter Mondale as Vice President of the United States.

GOVERNOR ANDRUS JOINS CABINET

Governor Cecil D. Andrus (D) of Idaho has been approved by the Senate as President Carter's Secretary of the Interior. Lt. Gov. John V. Evans was sworn in January 24 as Idaho's new governor.

COPE AND THE 1976 ELECTIONS

According to its COPE newsletter, COPE made endorsements in 365 U.S. House contests: 262 were winners for a winning percentage of 72%.

COPE endorsed 19 of 28 U.S. Senate candidates for a winning percentage of 68%.

COPE won 290 of the 407 U.S. House and U.S. Senate candidates supported for an overall congressional winning percentage of 73%.

MOST STATE LEGISLATURES CONTROLLED BY DEMOCRATS

As a result of the 1976 elections, 36 states will see Democrats controlling both houses of the legislatures in 1977. In 28 of the 36 states, the governors will also be Democrats.

Each party controls one house of the legislature in eight states, and Nebraska has a single-house legislature elected without party designation.

WOMEN GAIN IN STATE LEGISLATURES

The proportion of women serving in state legislatures continued to increase -- from eight percent of the total membership to nine percent. Their best showing was in New Hampshire, where 27 percent of the legislators are women. Connecticut and Washington, the two states with women governors, are among the five states where women comprise over 15 percent of the legislators.

U.S. SENATORS ANNOUNCE RETIREMENT

Three U.S. Senators have announced they will not seek reeelection in 1978. They are Senator William Scott (R) of Virginia, Senator Lee Metcalf (D) of Montana and Senator Carl Curtis (R) of Nebraska. In 1978, 33 U.S. Senate seats will be up including the seat being vacated by Vice President Mondale. Governor Wndell Anderson (D) of Minnesota is serving the interim term.

SORRY SENATOR LUGAR

In the last and final issue of ACROSS THE BOARDS (Special Election Issue), then Senator-elect Richard Lugar of Indiana was tagged a Democrat. He is very much a Republican, and our thanks to AMA Board Member, Lowell H. Steen, M.D., for pointing out our error. Our apologies to Senator Lugar and to Indiana physicians who supported him.

PHYSICIAN FAMILY MEMBERS HOLDING PARTY OFFICE

Mrs. Betty McCain is the new Democratic State Chairman in North Carolina. Wife of John L. McCain, M.D. of Wilson, Mrs. McCain managed the statewide winning campaign of North Carolina's new Governor, Jim Hunt, Jr. (D).

National Committee members who are part of physician families include:

Mary Louise Smith, Republican National Committeewoman, Iowa
Nelda Barton, Republican National Committeewoman, Kentucky
Betty Heitman, Republican National Committeewoman, Louisiana
Mary Lou Winters, Democratic National Committeewoman, Louisiana
Zora Hesse, Democratic National Committeewoman, New Mexico
Betty Lou Johnson, Republican National Committeewoman, North Carolina
Ben Clayburgh, M.D., Republican National Committeeman, North Dakota
Dorothy Zug, Democratic National Committeewoman, Pennsylvania
Madeline B. Harwood, Republican National Committeewoman, Vermont

NEW STATE PAC CHAIRMEN

John W. Glotfelty, M.D. of Lakeland replaces Rufus K. Broadaway, M.D. of Miami as FLAMPAC Chairman.

Leonard R. Howard, M.D. of Honolulu replaces L.Q. Pang, M.D. of Honolulu as HAMPAC Chairman.

Antonio Huaman, M.D. of Topeka replaces Thomas Taylor, M.D. of Salina as KaMPAC Chairman.

Frank Y. Watson, M.D. of Montclair, New Jersey, replaces Henry J. Mineur, M.D. as JEMPAC Chairman.

Casey Truett, M.D. of Norman, Oklahoma, replaces Ed L. Calhoon, M.D. of Beaver as OMPAC Chairman.

Exh # 288

ACROSS THE BOARDS

AMPAC, 520 North Michigan Avenue, Chicago, Illinois

SPECIAL ISSUE, July 23, 1973 Issue No. 92

CATALOG



of AMPAC Materials

AN AMPAC INVITATION

This is AMPAC's basic organizational brochure. Designed for wide distribution to physician and lay audiences, it traces AMPAC's history, why and by whom it was organized, how it is structured, and the importance of membership. It contains a mailing form so that interested parties can learn more about their state PAC and how to join it. This pamphlet is available in quantity.

MY POLITICAL CREED

These 8½" by 11" political creeds are for both physicians and laymen. Both versions are printed in four colors, suitable for framing, and are available in reasonable quantities.

MANAGING THE CAMPAIGN FOR THE HOUSE OF REPRESENTATIVES

This is a series of three pamphlets dealing with the elements of a congressional campaign. All three pamphlets have companion films.

Campaign Organization describes the responsibilities of the key members of the campaign organization, and establishes the campaign manager as the person who must supervise, coordinate and direct those key members in a well-run House race.

Working With Volunteers covers the building of a volunteer organization for the candidate; the liaison with the party regulars; recruitment of volunteers; and working effectively with them after recruitment. It also deals with the operation of a campaign headquarters.

Public Relations Aspects deals with the public relations aspect of the campaign, including the policy formation of a campaign theme and the implementation of that theme. It discusses the job of the publicity director, the advertising agency, and the overall planning of media content and purchasing.

YOUR POLITICAL RESPONSIBILITY AND YOU

This is a series of three colorful pamphlets contained in an illustrated envelope designed to give volunteers an introduction to the ways in which they can be useful and influential in a local campaign. All three pamphlets are available in the envelope, or may be obtained separately.

As A Campaign Worker gives an overall view of the campaign, and the role an already-busy volunteer can play in its operation. Emphasis is placed on giving the individual the responsibility of recruiting neighbors to work and vote for the candidate.

As A Fundraiser gives the community-minded person a number of ideas for helping the candidate raise funds for the campaign. Suggestions for fundraising functions are given, as well as the methods for making these functions successful.

As A Votegetter details how a successful volunteer organization is built and operated. It emphasizes that volunteers can work in the campaign either in their home or in the volunteer headquarters. It outlines the various functions volunteers can perform in election day activities.

HOW THE OPINION MAKER MAKES OPINION

This six-page pamphlet illustrates how the physician acts as a political opinion maker within his community. It explains how he can become an effective votegetter for his candidate without appreciably altering his daily routine. This pamphlet is available in quantity. A 30-minute, 16 mm. color film is available for use with this pamphlet.

HELPING YOUR CANDIDATE WIN

This pamphlet explains and illustrates how physicians and their wives can provide effective support to candidates by organizing themselves into candidate support committees. It is especially effective when used with the film entitled "Organizing The Candidate Support Committee", a seven-minute, 16 mm. color animated film.

AMPAC

AMPAC 35-mm. SLIDE-SOUND PRESENTATIONS

FILMS

"AMPAC" SLIDE-SOUND PRESENTATION

This program contains a set of (78) 35 mm. slides on the basics of why AMPAC and the state PACs were organized; how the PAC movement is structured; and why membership and medical political action are important to every physician and physician's wife and others. This presentation is available with script and/or tape cassette recording for narration. (11 minutes)

A CONGRESSMAN'S TWO-YEAR CAMPAIGN FOR RE-ELECTION

This 29-minute, 16 mm. color film is essentially a case history of a member of the House, Congressman Wendall Wyatt (R-1) of Oregon through his first term in office as he seeks to strengthen political support within his district. A Republican, Mr. Wyatt's district contains a Democratic majority and was narrowly won in his first race. However, by frequent trips back to the district, a strong communications program with media and voters, and assiduous attention to district problems, Mr. Wyatt wins easily in his next campaign for reelection. The film was taken in Washington and Oregon over a two-year period.

MANAGING THE CAMPAIGN FOR THE HOUSE OF REPRESENTATIVES

This is a series of three films dealing with the elements of a congressional campaign. All three films have companion pamphlets.

Campaign Organization This 20-minute, 16 mm. color film deals with campaign organization, describing the responsibilities of key members of the campaign staff, and establishing the campaign manager as the person who must supervise, coordinate and direct those key members.

Working With Volunteers This 22-minute, 16 mm. color film covers the building of a volunteer organization for the candidate; liaison with the party regulars; recruitment and working successfully with volunteers after recruitment.

Public Relations Aspects This 18-minute, 16 mm. color film deals with the public relations aspects of the campaign and the broad strategy and plan of the campaign. It emphasizes the importance of effective media planning and purchasing. It details the jobs of the publicity director and the advertising agency in the campaign.

HOW THE OPINION MAKER MAKES OPINION

This 30-minute, 16 mm. color film illustrates how the physician can use his unique position of leadership within the community to win votes for his candidate without appreciably altering his daily routine. A supporting pamphlet with the same title is available for use with this film. This film is recommended for use in small groups of physicians who are interested in forming a candidate support committee, or who would like to become active on behalf of a political candidate.

ORGANIZING THE CANDIDATE SUPPORT COMMITTEE

This is a seven-minute, 16 mm. color presentation of the organization and structure of a district medical candidate support committee. The film covers the formation of the candidate support committee, the activities of the candidate support committee, and its relationship within the candidate's own campaign organization. This film treats the district medical candidate support committee as the basic political unit in the medical political action movement. The pamphlet "Helping Your Candidate Win" may be used as a supporting pamphlet for this film.

EDP IN POLITICS

This 15-minute, 16 mm. color film on the modern uses of electronic data processing in campaign management gives specific examples to illustrate the part this tool can play in a campaign. This film is recommended for politically sophisticated audiences only.

For Limited Distribution

Several of AMPAC's many materials are considered to be so specialized that their contents would not be of interest to the majority of persons interested in AMPAC materials. For this reason, the AMPAC Board has created a category of materials entitled "limited distribution". "Limited distribution" applies to the following materials, and merely means that these materials are not distributed in quantity, except in unusual circumstances.

TELEVISION CANDIDATE SUPPORT

This new campaign technique has been refined and put into book form by a professional campaign consulting agency. It employs the use of television to recruit volunteers and to expose the candidate to a segment of the population which he might not otherwise reach during the normal course of the campaign. This book gives a step-by-step guide for carrying out this technique successfully.

HANDBOOK FOR CANDIDATE SUPPORT COMMITTEES

This handbook defines the district medical candidate support committee and details the job descriptions of each of the officers required by federal law. It gives suggestions for ways in which campaign funds can be raised, and votes can be won, from among the members of the medical profession. It contains an analysis of both the Federal Election Campaign Act of 1971 and the Revenue Act of 1971. Copies may be obtained by requesting them from your state PAC Chairman.

EVALUATING THE CAMPAIGN

ETC is an analysis of a congressional campaign. The course contains a 16 mm. color film and an accompanying manual. The course is given in film segments. It establishes guidelines for evaluation of three major campaign areas; campaign people, campaign finance, and campaign operation. Campaign people evaluates the candidate and his staff. Campaign finance includes the evaluation of the actual budget and the plans for fund raising. Campaign operation gives evaluation techniques for research, publicity, advertising and timing.

ETC is an educational tool which should be administered by an experienced teacher, and taken by a politically advanced group. Both the film and the manual are available to qualified instructors and learning groups. Course length is one hour.

HOW TO ORDER

The AMPAC Board especially encourages you, as state PAC leaders, to use these educational materials in connection with exhibit booths at medical society meetings, at community and civic functions, and for any campaign purpose you might choose. All materials in this catalog (except the "Handbook For Candidate Support Committees") may be obtained by writing to your AMA Regional Director, or to:

AMPAC
520 North Michigan Avenue
Chicago, Illinois 60611

Ex # 289



ACROSS THE BOARDS

CATALOG OF AMPAC MATERIALS

Special Issue Number 143 July 26, 1976

PAMPHLETS and BROCHURES

NEW

Threads of Greatness:
A Bicentennial Tribute to Physician-Statesmen

In celebration of America's 200th birthday as a nation, a special issue of Political Stethoscope is offered in tribute to those physician-statesmen who contributed to the development of America. It tells the story of Revolutionary heroes, and credits all those physicians who were Governors, Senators and Representatives as well as those who served in other prominent positions in government. This inspiring 32 page booklet is printed in beautiful color, with illustrations, as a bicentennial keepsake. It is an incentive for physicians and their spouses to continue fulfilling their roles as full citizens, as well as medical family members.

A Guide to Congressional Campaigns: A Winning Perspective

Working in a campaign is an exciting and rewarding experience, but being involved in a winable campaign doubles the excitement and the reward. AMPAC has developed a set of criteria for the individual to use in choosing the winning campaign. The guide tells the individual how to rate the candidate, the campaign organization, the campaign team, and all the components which are necessary for a campaign to succeed. Both the political novice and the expert will find this brochure educational -- something to keep handy every election year. It's printed in blue and red on bluff-stock and fits in a #10 envelope.

Managing a Campaign for the House of Representatives

This is a series of three pamphlets dealing with the elements of a congressional campaign. All three pamphlets have companion 16 mm films.

Campaign Organization - describes the responsibilities of the key members of the campaign organization, and establishes the campaign manager as the person who must supervise, coordinate and direct those key members in a well-run House race.

Working with Volunteers - covers the building of a volunteer organization for the candidate; the liaison with the party regulars; recruitment. It also deals with the operation of a campaign headquarters.

Public Relations Aspects - deals with the public relations aspect of the campaign, including the policy formation of a campaign theme and the implementation of that theme. It discusses the job of the publicity director, the advertising agency, and the overall planning of media content and purchasing.

Focus on Candidate Support Committees

The formation, the organization and the activity of a medical candidate support committee are illustrated in this 16 page brochure. It contains many training aids and provides helpful information to anyone involved in or interested in political campaigns. A full-color slide presentation can be used as a companion to the brochure. Printed in dark green and gold, this self-covered brochure fits in a standard #10 envelope and is available in reasonable quantities.

AMPAC + State PAC = Effective Political Action

The medical political action movement's latest promotional brochure is ready to help state PACs recruit members. Self-covered in lively green, it offers some current reasons for contributing to the PAC movement, and gives basic organizational facts about AMPAC and the state PACs. It is available in quantity and will fit in a standard #10 envelope.

Your Political Responsibility and You

A series of three colorful pamphlets is contained in an illustrated envelope designed to give volunteers an introduction to the ways in which they can be useful and influential in a local campaign. All three pamphlets are available in the envelope, or may be obtained separately.

As A Campaign Worker - gives an overall view of the campaign, and the role an already-busy volunteer can play in its operation. Emphasis is placed on giving the individual the responsibility of recruiting neighbors to work and vote for the candidate.

As A Fundraiser - gives the community-minded person a number of ideas for helping the candidate raise funds for the campaign. Suggestions for fundraising functions are given, as well as the methods for making these functions successful.

As A Votegetter - details how a successful volunteer organization is built and operated. It emphasizes that volunteers can work in the campaign either in their home or in the volunteer headquarters. It outlines the various functions volunteers can perform in election day activities.

Certificates, Suitable for Framing

. THE PERSON WHO SAYS THAT HE IS ABOVE POLITICS IS REALLY SAYING THAT DEMOCRACY IS BENEATH HIM

This quote about political involvement has been printed as an attractive design and is available in quantities. Suitable for framing, it is printed on 8" by 10" quality stock with a green and gold border.

. MY POLITICAL CREED

The Political Creed is a statement of the basic beliefs of the public-spirited physician. It is printed in four colors, suitable for framing, and is also available in reasonable quantities. A layman's version can also be acquired.

AUDIO-VISUAL PRESENTATIONS

Focus on Candidate Support Committees

This 15 minute slide presentation is a companion to the brochure of the same title. The presentation contains 66 full-color slides and can be used with a script or with the accompanying cassette recording. This presentation can be shown to any size group involved in or interested in political campaigns.

Your Place in Political Action

A 10 minute, 16 mm color PAC membership recruiting film features physicians and their spouses enthusiastically discussing the state PAC and AMPAC in a "man-on-the-street" format. Special emphasis is placed on active and sustaining membership in the PACs. Also, by use of the Washington scene, candidate support and all the advantages it accrues to both the candidate and the individual physician are illustrated. Humorous asides are included to enliven the presentation. State PACs, state medical associations, county medical associations, and women's auxiliary groups are encouraged to use this film.

A Congressman's Two-Year Campaign for Re-Election

A case history of a former member of the House, Congressman Wendall Wyatt (R-1) of Oregon, is depicted in a 29 minute, 16 mm color film, covering his first term in office as he sought to strengthen political support within his district. A Republican, Mr. Wyatt's district contains a Democratic majority and he won by only a narrow margin in his first race. However, by frequent trips back to the district, a strong communications program with media and voters, and assiduous attention district problems, Mr. Wyatt wins easily in his next campaign for reelection. The film was made in Washington and Oregon over a two-year period.

Managing a Campaign for the House of Representatives

A series of 16 mm films dealing with the elements of a congressional campaign is available. The films are companions of the pamphlets by the same names. Their topic descriptions are listed in the pamphlet section under "Managing A Campaign for the House of Representatives".

Campaign Organizations - a 20 minute, color film
Working with Volunteers - a 22 minute, color film
Public Relations Aspects - an 18 minute, color film

How the Opinion Maker Makes Opinion

A 30 minute, 16 mm color film illustrating how the physician can use his unique [illegible] within the community to win votes for his candidate without [illegible]. This film is recommended for [illegible] a candidate [illegible] of a political [illegible]

[illegible] shown [illegible] the [illegible] politically

LIMITED DISTRIBUTION MATERIALS

Several of AMPAC's many materials are considered to be so specialized that their contents would not be of interest to the majority of persons interested in AMPAC materials. For this reason, the AMPAC Board has created a category of materials entitled "limited distribution". "Limited distribution" applies to the following materials, and merely means that these materials are not distributed in quantity, except in unusual circumstances.

Television Candidate Support

The new campaign technique using television has been refined and put into book form by a professional campaign consulting agency. It employs the use of television to recruit volunteers and to expose the candidate to a segment of the population which he might not otherwise reach during the normal course of the campaign. A step-by-step guide is offered here for carrying out this technique successfully.

Handbook for Candidate Support Committees

The definition of the district medical candidate support committee, as well as the job descriptions of each of the officers on the committee, are found in this handbook. Suggestions are offered as to various ways in which campaign funds can be raised, using methods such as the personal approach and fund-raising letter. How votes can be won is discussed, covering areas such as voter registration drives and absentee ballot campaigns. Attention is paid to the details as to how each method can be accomplished with the maximum of success. The approaches are aimed particularly at the members of the medical profession, although their use can be expanded easily. Copies may be obtained by requesting them from your state PAC Chairman.

The AMPAC Board especially encourages you, as state PAC leaders, to use these

Ex #290

luncheon meeting arranged for Hon July 24

June 25, 1975

George T. Wilkins, M.D.
Chairmen, EMPAC
3135 Myrtle
Granite City, Illinois 62040

Dear George:

Earlier this year I wrote to you concerning medical political action's priorities for 1975 and 1976. One of those priorities was candidate support activity at the congressional district level. It is not too early for you and I to begin encouraging that activity.

The AMPAC Board of Directors would like to help you in your training and information efforts concerning candidate support techniques and general campaign information. We are developing an informal publication intended for physician political activists in congressional districts. The newsletter will be geared toward practical candidate support methodology.

What AMPAC needs from you in order to help you in this training effort is the name of the person who will lead the candidate support activity in your state's target districts in 1976. What will be expected of the candidate support committee leader? The candidate support committee (csc) chairman will be expected to contact the physician community in the congressional district and from that group raise funds for the candidate, recruit volunteers for the candidate and deliver as many votes for the candidate on election day. This chairman, in most cases, will have to begin his work prior to the primary, because campaign spending and contribution limitations will necessitate an early start in target districts. The csc chairman has a variety of methods at his disposal to accomplish his goal of raising funds, recruiting volunteers and delivering votes. Some of those methods are outlined in AMPAC's "Handbook For Candidate Support Committees", with which most of you are familiar. This Handbook was written to include the Federal Election Campaign Act of 1971 regulations, but it does not include the newest regulations according to the 1974 Amendments to that law. Thus, many sections are out of date. However, much of the book covers csc activities and goals which remain the same. If you are not familiar with this Handbook, and would like to receive one, please let us know and we will be happy to send one to you. As a state PAC Chairman, you will automatically receive the updated version as soon as it is published. This Handbook will be the first item your candidate support committee chairmen receive.

What kind of person should you recruit to be the csc chairman? Look for a person who is well-known and well-respected in the medical community. If the person you recruit is close to the candidate, that's great, but don't choose him only for that reason. Having the respect of the medical community will be more important than having the ear of the Congressman. Look for a proven leader, or for a new man with leadership potential. Look for a person who has access to a trusted employee, relative, or other helper who will assist in the details of executing a csc effort. Find a person who can, and will, work with the candidate's campaign manager. Don't overlook the possibility of a physician's spouse heading up the csc effort. In some instances, a physician might be recruited as an honorary chairman, while a physician's spouse would assume the role of coordinating the work of the candidate support committee.

What kind of help from AMPAC and your state PAC can you assure the csc chairman? In addition to those services that your state PAC has planned, here is what AMPAC can do. First, AMPAC will keep the csc chairmen informed on how to comply with federal regulations concerning their activity. AMPAC will provide the "how to" in easy step-by-step procedures for csc efforts. AMPAC will share with csc chairmen successful methods being used throughout the country. All materials and services normally available from AMPAC will be at the disposal of the csc chairmen. You will receive a copy of all materials sent to csc chairmen.

As state PAC Chairman, you are aware of where your target districts are. AMPAC has prepared a list of districts which might be considered in your target list due to a variety of factors. Those factors include statistical marginality, freshman status and vulnerability due to outside factors. We have also included, for your information, those members of your congressional delegation who are supporters of the present AMA NHI bill.

We would appreciate your forwarding to AMPAC, Post Office Box 4449, Chicago, Illinois 60680, the names of the persons you recruit, as you recruit them. These important people need to begin receiving educational and informational materials immediately, so that they can do the best job possible in the 1976 elections. Your cooperation is essential, not just for medical political action, but for our universal goal of providing for our patients the best medical care possible.

Sincerely,

James C. MacLaggan, M.D., Chairman
AMPAC Board of Directors

JCM:lwh
cc: Mr. Roger N. White
Mr. Don Udstuen

Ex # 291

MEMORANDUM

TO: State Pac Treasurers

FROM: William L. Watson
Executive Director,
American Medical Political Action Committee

DATE: June 23, 1975

SUBJECT: Filing Information for 1975

The Federal Election Campaign Act Amendments of 1974 and interim guidelines published by the Federal Election Commission, have made changes in the reporting procedures which were in use last year.

The Federal Election Commission has not yet issued the guidelines and the recommendations but have printed interim guidelines in the Federal Register. Some of these guidelines have been sent to political action committees and some have not.

AMENDMENTS TO THE STATEMENT OF ORGANIZATION

At this point in time, it is still necessary for political action committees who are supporting candidates for the U.S. House of Representatives to file with the Clerk of the House. Committees supporting senatorial candidates must file a Statement of Organization with the Secretary of the Senate. If the political action committee has already filed with these supervisory officers it is not necessary to file again.

Any changes to the information contained on the Statement of Organization must be reported to the appropriate supervisory officer within a ten day period following the change.

It is extremely important to file an amendment with the appropriate supervisory officer within ten days after a candidate is supported. These changes should be filed under questions 4(a) and 4(b). When filing an amendment it is only necessary to file the change and it is not necessary to repeat the answers to questions which are not changed.

REPORTS OF RECEIPTS AND EXPENDITURES

Reports of Receipts and Expenditures fall into two categories.

1. Quarterly Reports
2. Reports prior to and following primaries, special elections or the general election

more -

QUARTERLY REPORTS

Quarterly Reports should be filed in accordance with the following table:

Closing Date	Due Date
June 30, 1975	July 10, 1975
September 30, 1975	October 10, 1975
December 31, 1975	January 31, 1976

PRIMARIES, SPECIAL ELECTIONS AND THE GENERAL ELECTION

Closing Date	Mailing Date	Due Date
15 days prior to the election	12 days prior to the election	10 days prior to the election
20 days after the election	------	30 days after the election

WITH WHOM TO FILE

The last guidelines that we have seen were published in the Federal Register, Volume 40, Number 116 -- Monday, June 16th, 1975. These guidelines say in part, "c) The Commission further notes that all political committees (other than a principal campaign committee) whether reporting heretofore to a Federal supervisory officer or not, should file the July 10th, 1975 report with the appropriate principal campaign committee pursuant to 2 U.S.C. 434(a)(2) and need not file with the Federal Election Commission or with any previous supervisory officer. Until further notice of the Commission, principal campaign committees may be designated by letter, or by memo entry on a registration form, to be filed with the Clerk of the House, Secretary of the Senate or the Federal Election Commission as appropriate".

This means that a political action committee should execute a regular report of Receipts and Expenditures (HR-3 and or S-3) and send a copy to each candidate's principal campaign committee. It should include all expenditures made during the period not just to the one candidate. Copies should also be sent to the Clerk of the U.S.House of Representatives and to the Secretary of the Senate. On the copies to the supervisory officers in the House and in the Senate indicate that copies have been sent to the candidate's principal campaign committee.

Copies may be sent to everyone but each copy should be manually signed and manually notorized.

REMINDERS

Reports must be filed even if the political action committee supported no one during the period.

The Secretary of State must be sent a copy of the report.

WLW:ts

cc: State Pac Chairman
State Pac Executives

9 1 7 1 0 3 3 3 2

MEMORANDUM

TO: State Pac Treasurers

FROM: William L. Watson, Executive Director
American Medical Political Action Committee

DATE: July 2, 1975

SUBJECT: New Instructions For Filing Under The Federal Election Campaign Act Amendments of 1974

The Federal Election Commission has just issued new regulations which were received today. These regulations appeared in the Federal Register, Volume 40, Number 124 -- Thursday, June 26th, 1975. A copy of this page of the Federal Register is enclosed.

This memorandum updates the memorandum we sent to you on June 23rd, 1975, particularly that section "With Whom To File".

It is no longer necessary for a state pac to file a Report of Receipts and Expenditures with the principal campaign committee of every candidate that is being supported.

From this point forward, until the Federal Election Commission changes it's mind again, political committees supporting more than one candidate which have heretofore reported to two or more supervisory officers should file their reports with the Federal Election Commission, 1325 K Street, N.W., Washington, D.C. 20463. The Chairman of the Commission is Thomas B. Curtis. We suggest that you show both the House and Senate identification numbers on the form. You can use either the U.S. House or Senate form, since the Commission does not have a form of its own.

Our legal counsel has interpreted these guidelines to mean that if a pac has supported candidates for the U.S. House of Representatives and the Senate of the United States heretofore, or if they plan to support both Senate and House candidates at some time in the future, then they should file with the Federal Election Commission.

If any political action committees supports only candidates for the U.S. House of Representatives, then they should file their July 10th, 1975 report with the Clerk of the House of Representatives.

State political action committees should continue to send a copy of their report to the Secretary of State in their state. We would appreciate it if you would send a copy to AMPAC, Post Office Box 4449, Chicago, Illinois 60680.

We regret that these last minute changes have not been brought to your attention earlier. We received these new guidelines today.

WLW:ts
Enclosed

cc: State Pac Chairmen
State Pac Executives

Effective June 20, 1975, § 213.3102(gg) is added as set out below:

§ 213.3102 Entire Executive Civil Service.

* * * * *

(gg) Positions providing direct services to Indo-Chinese refugees or directly aiding the refugee resettlement program when filled by noncitizens previously employed by the United States in Vietnam and Cambodia. Service under this authority may not exceed 2 years. No new appointments may be made under this authority after June 30, 1976.

(5 U.S.C. 3301, 3302, EO 10577, 3 CFR 1954-58 Comp., p. 218)

UNITED STATES CIVIL SERVICE COMMISSION,
[SEAL] JAMES C. SPRY,
Executive Assistant to the Commissioners.

[FR Doc 75-16091 Filed 6-25-75;8:45 am]

Title 11—Federal Elections

CHAPTER II—FEDERAL ELECTION COMMISSION

[Notice 1975-6]

INTERIM GUIDELINES: MULTI CANDIDATE COMMITTEES

Deadline for Filing Reports

1. Political committees supporting more than one candidate (multi-candidate committees) which have heretofore reported to two or more supervisory officers or which, if new, would have had to file with more than one supervisory officer (as, for example, a committee supporting candidates for both the Senate and the Presidency), should file their July 10, 1975 report with the Federal Election Commission, 1325 K Street, NW., Washington, D.C. 20463. Multi-candidate committees supporting only candidates for the House of Representatives should file their July 10, 1975 report with the Clerk of the House of Representatives. Multi-candidate committees supporting only candidates for the Senate should file their July 10, 1975 report with the Secretary of the Senate. Multi-candidate committees which have heretofore filed only with the General Accounting Office or which, if new, would have filed only with the General Accounting Office, should file the July 10, 1975 report with the Federal Election Commission at the above address.

2. No multi-candidate committee described in the foregoing paragraph need file with the principal campaign committees of the candidates supported, except that:

a. such multi-candidate committee which receives contributions earmarked by the contributor for any individual candidate or an authorized committee thereof shall report such contribution to that candidate's principal campaign committee and the Commission, and

b. any such multi-candidate committee which is authorized to make expenditures in behalf of a candidate should report any such expenditures to that candidate's principal campaign committee and the Commission. If no principal campaign committee has been designated, contributions and expenditures to be reported under this paragraph should be reported to the Commission in a form which clearly identifies the candidate to whom they relate.

3. Multi-candidate committees which have not heretofore filed with any supervisory officer should additionally file a registration statement under 2 U.S.C. Section 433. Such committees which support only candidates for the House of Representatives should register with the Clerk thereof. Such committees which support only candidates for the Senate should register with the Secretary thereof. All other such committees should register with the Commission.

Dated: June 20, 1975.

THOMAS B. CURTIS,
Chairman, for the Federal Election Commission.

[FR Doc 75-16093 Filed 6-25-75;8:45 am]

Title 47—Telecommunications

CHAPTER I—FEDERAL COMMUNICATIONS COMMISSION

[Docket No. 20507; FCC 75-611; RM-2443]

PART 2—FREQUENCY ALLOCATIONS AND RADIO TREATY MATTERS; GENERAL RULES AND REGULATIONS

PART 91—INDUSTRIAL RADIO SERVICES

Frequency Allocation for Oil Spill Cleanup Operations

Correction

In FR Doc. 75-15067 appearing at page 25735 in the issue for Tuesday, June 10, 1975, under § 2.106, reverse the order of appearance for the sixth and seventh lines of the second footnote.

Title 24—Housing and Urban Development

CHAPTER X—FEDERAL INSURANCE ADMINISTRATION, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SUBCHAPTER B—NATIONAL FLOOD INSURANCE PROGRAM

[Docket No. FI-693]

PART 1914—AREAS ELIGIBLE FOR THE SALE OF INSURANCE

Status of Participating Communities

The purpose of this notice is to list those communities wherein the sale of flood insurance is authorized under the National Flood Insurance Program (42 U.S.C. 4001-4128).

Insurance policies can be obtained from any licensed property insurance agent or broker serving the eligible community, or from the National Flood Insurers Association servicing company for the state (addresses are published at 39 FR 26186-93). A list of servicing companies is also available from the Federal Insurance Administration, HUD, 451 Seventh Street, SW., Washington, D.C. 20410.

The Flood Disaster Protection Act of 1973 requires the purchase of flood insurance on and after March 2, 1974, as a condition of receiving any form of Federal or Federally related financial assistance for acquisition or construction purposes in an identified flood plain area having special hazards that is located within any community currently participating in the National Flood Insurance Program.

Until July 1, 1975, the statutory requirement for the purchase of flood insurance does not apply until and unless the community enters the program and the special flood hazards have been identified. However, on July 1, 1975, or one year after the identification of the community as flood prone, whichever is later, the requirement will apply to all identified special flood hazard areas within the United States, so that, after that date, no such financial assistance can legally be provided for acquisition or construction in the areas unless the community has entered the program and flood insurance has been purchased.

The Federal Insurance Administrator finds that delayed effective dates would be contrary to the public interest. Therefore notice and public procedure under 5 U.S.C. 553(b) are impracticable, unnecessary, and contrary to the public interest.

Section 1914.4 of Part 1914 of Subchapter B of Chapter X of Title 24 of the Code of Federal Regulations is amended by adding in alphabetical sequence new entries to the table. In each entry, a complete chronology of effective dates appears for each listed community. The date that appears in the fourth column of the table is provided in the order to designate (1) the effective date of the authorization of the sale of flood insurance in the area under the emergency or the regular flood insurance program; (2) the effective date on which the community became ineligible for the sale of flood insurance because of its failure to submit land use and control measures as required pursuant to § 1910.3(a); or (3) the effective date of a community's formal reinstatement in the program pursuant to § 1910.3(b). These dates serve notice only for the purposes of granting relief, and not for the application of penalties, within the meaning of 5 U.S.C. 552. The entry reads as follows:

§ 1914.4 List of eligible communities.

AMPAC
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

...Office Box 4449 • Chicago, Illinois 60680 • AREA CODE 312 644-1585

Offices located at 535 North Dearborn

SPECIAL

MEMORANDUM

TO: State PAC Treasurers

FROM: William L. Watson, Executive Director
American Medical Political Action Committee

DATE: February 26, 1976

SUBJECT: 1976 Filing Dates

We have been advised that whether the Federal Election Commission is reconstituted by new legislation or whether it becomes a defunct organization, the disclosure and reporting provisions of the law are in effect.

Further, we have been told by the FEC that the reporting forms issued by the Federal Election Commission in January of 1976 are the forms that should be used for reporting during 1976 or until new forms are authorized.

REPORTS OF RECEIPTS
AND EXPENDITURES

Reports of Receipts and Expenditures should be filed on FEC Form 3 (see attached form).

All political action committees must file quarterly reports. The following timetable might be helpful:

DATE TO CLOSE BOOKS	FILING DATE
March 31st, 1976	April 10th, 1976
June 30th, 1976	July 10th, 1976
September 30th, 1976	October 10th, 1976
December 31st, 1976	January 31st, 1977

more -

PRE-ELECTION AND
POST ELECTION PRIMARY REPORTS

In addition, reports must be filed both before and after your state congressional primary date.

Close your books 15 days before the primary election and see that the report is filed with the FEC no later than 10 days before the election.

In addition, close your books 20 days after the primary election and make sure that the report reaches the FEC not later than 30 days after the election.

To aid you in marking your calendar for the pre-election and post-election reports for the primary we have included a state listing of election dates which shows the exact closing dates for your books. Please note that reporting is also necessary ten days before the thirty days after primary run-offs if they occur in your state.

PRE-ELECTION AND
POST ELECTION GENERAL REPORTS

Reports must also be filed before and after the general election. Close your books for the 10 day pre-election report on October 16th, mail the report on October 21st, in order to reach the Federal Election Commission on October 23rd. In addition, close your books on November 22nd, and mail the report on December 2nd.

When the last day for filing any quarterly report occurs within ten days before or after an election, the quarterly report need not be filed so long as the pre-election reports are timely filed.

WLM:ts
Enclosed

cc: State PAC Executives
State PAC Chairmen

3 1 2 1 2 7 3 3 3 3

Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Report of Receipts and Expenditures for a Candidate or Committee Supporting any Candidate(s) for Nomination or Election to Federal Office

Note: Committees authorized by a candidate to receive contributions and make expenditures in connection with more than one election must maintain separate records with respect to each election, and file separate reports with respect to each election.

1(a) Name of Candidate or Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP code

2 Identification Number

3(a) Is this a report of a candidate or Authorized Candidate Committee? ☐ Yes ☐ No

(b) If "Yes," for which election?

_____ on _____
(General, Primary, Runoff) (Date)

4 Type of Report (Check appropriate box and complete, if applicable)

(a) ☐ Amendment
(b) ☐ April 10 Report
(c) ☐ July 10 report
(d) ☐ October 10 report
(e) ☐ January 31 Report
(f) ☐ Alternative Monthly Report
(g) ☐ Termination

(h) ☐ Tenth day report preceding _____ election on _____ in the state of _____
(primary, general or convention) (date)

(i) ☐ Thirtieth day report following _____ election on _____ in the state of _____
(primary, general or convention) (date)

Committee Summary of Receipts and Expenditures

5 Covering Period: From Through

Section A - Cash Balance Summary	Column A This Period	Column B Calendar Year To D...
6 Cash on hand January 1, 19__		$
7 Cash on hand at beginning of reporting period	$	
8 Add total receipts (from line 19)	$	$
(a) Subtotal	$	$
9 Subtract total expenditures (From line 24)	$	$
10 Cash on hand at close of reporting period	$	$
11 Contributed items on hand to be liquidated (attach itemized list) $ _____		
Section B - Expenditures Subject to Limitation Summary (Candidates and Authorized Candidate Committees Only)		
12 Operating expenditures (from line 20)	$	$
13 Less Refunds and Rebates (from line 17)	$	$
14 (a) Expenditures subject to limitation	$	$
(b) Expenditures from prior years subject to limitation		$
(c) Total expenditures subject to limitation		$

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

_____ _____
(Signature of Treasurer or Candidate) (Date)

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 441 (a) as on reverse side of form.

For further information Contact: Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

...ection Commission
...Street, N.W.
...ington, D.C. 20463

Detailed Summary Schedule of Receipts and Expenditures
(Page 2)

Name of Candidate or Committee	Report Covering the period From:	To:

Part I - Receipts	Column A This Period	Column B Calendar year to date
15 Contributions and other income:		
(a) Itemized (use Schedule A)	$	
(b) Unitemized	$	
(c) Sales and Collections Included Above: List by event on memo Schedule D ($ _____)		
(d) Subtotal of contributions and other income	$	$
16 Loans and Loan Repayments Received:		
(a) Itemized (use Schedule A)	$	
(b) Unitemized	$	
(c) Subtotal of loans and loan repayments received	$	$
17 Refunds, Rebates, etc.:		
(a) Itemized (use Schedule A)	$	
(b) Unitemized	$	
(c) Subtotal of refunds, rebates, etc.	$	$
18 Transfers In:		
(a) From Affiliated Committee (Itemize all on Schedule A)	$	
(b) From other Committees (Itemize all on Schedule A)	$	
(c) Subtotal of transfers in	$	$
19 Total Receipts	$	$
Part II - Expenditures		
20 Operating Expenditures:		
(a) Itemized (use Schedule B)	$	
(b) Unitemized	$	
(c) Subtotal of operating expenditures	$	$
21 Loans, Loan Repayments, and Contribution Refunds:		
(a) Itemized (use Schedule B)	$	
(b) Unitemized	$	
(c) Subtotal of loans and loan repayments made and contribution refunds	$	$
22 Fundraising Expenditures: (Apply to 20% Exemption)		
(a) Itemized (use Schedule B)	$	
(b) Unitemized	$	
(c) Subtotal of fundraising expenditures	$	$
23 Transfers Out:		
(a) To Affiliated Committee (Itemize all on Schedule B)	$	
(b) To Other Committees (Itemize all on Schedule B)	$	
(c) Subtotal of transfers out	$	$
24 Total Expenditures	$	$
Part III - Debts and Obligations		
25 Debts and obligations owed to the Committee (Itemize all on Schedule C)	$	
26 Debts and obligations owed by the Committee (Itemize all on Schedule C)	$	
Part IV - Receipts and Expenditures, Net of Transfers to and from Affiliated Committees		
27 Total Receipts (from line 19)	$	
28 Less Transfers In (from line 18(a))	$	
29 Net Receipts	$	
30 Total Expenditures (from line 24)	$	
31 Less Transfers out (from line 23(a))	$	
32 Net Expenditures	$	

Edmund L. Henshaw, Jr.
Clerk, U.S. House of Representatives

1976 ELECTION DATES
AND CAMPAIGN PREELECTION AND POSTELECTION REPORT FILING DATES FOR CANDIDATES
FOR THE U.S. HOUSE OF REPRESENTATIVES
AND POLITICAL COMMITTEES SUPPORTING THEM
ALPHABETICAL LIST BY STATE

State	Date of election	10-day preelection report filing date	Mailing date for 10-day preelection report	Closing date of books for 10-day preelection report	Filing date/ mailing date for 30-day postelection report	Closing date of books for 30-day postelection report
Alabama	May 4	Apr. 24	Apr. 22	Apr. 19	June 3	May 24
(Runoff)	May 25	May 15	May 13	May 10	June 24	June 14
Alaska	Aug. 24	Aug. 14	Aug. 12	Aug. 9	Sept. 23	Sept. 13
Arizona	Sept. 7	Aug. 28	Aug. 26	Aug. 23	Oct. 7	Sept. 27
Arkansas	May 25	May 15	May 13	May 10	June 24	June 14
(Runoff)	June 8	May 28	May 27	May 24	July 8	June 28
California	June 8	May 20	May 27	May 24	July 8	June 28
Colorado [1]	Sept. 11	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
Connecticut [1]	Sept. 7	Aug. 28	Aug. 26	Aug. 23	Oct. 7	Sept. 27
Delaware [1]	Sept. 11	Sept. 1	Aug. 30	Aug. 27	Oct. 11	Oct. 1
Florida	Sept. 7	Aug. 28	Aug. 26	Aug. 23	Oct. 7	Sept. 27
(Runoff)	Sept. 28	Sept. 18	Sept. 16	Sept. 13	Oct. 28	Oct. 18
Georgia [1]	Aug. 10	July 31	July 29	July 26	Sept. 9	Aug. 30
(Runoff)	Aug. 31	Aug. 21	Aug. 19	Aug. 16	Sept. 30	Sept. 20
Hawaii	Oct. 2	Sept. 22	Sept. 20	Sept. 17	Nov. 1	Oct. 22
Idaho	Aug. 3	July 24	July 22	July 19	Sept. 2	Aug. 23
Illinois	Mar. 16	Mar. 6	Mar. 4	Mar. 1	Apr. 15	Apr. 5
Indiana	May 4	Apr. 24	Apr. 22	Apr. 19	June 3	May 24
Iowa [1]	June 8	May 28	May 27	May 24	July 8	June 28
Kansas [1]	Aug. 3	July 24	July 22	July 19	Sept. 2	Aug. 23
Kentucky [1]	May 25	May 15	May 13	May 10	June 24	June 14
Louisiana	Aug. 14	Aug. 4	Aug. 2	July 30	Sept. 13	Sept. 3
(Runoff)	Oct. 2	Sept. 22	Sept. 20	Sept. 17	Nov. 1	Oct. 22
Maine	June 8	May 28	May 27	May 24	July 8	June 28
Maryland	May 18	May 8	May 6	May 3	June 17	June 7
Massachusetts	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
Michigan [1]	Aug. 3	July 24	July 22	July 19	Sept. 2	Aug. 23
Minnesota	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
Mississippi	June 1	May 22	May 20	May 17	July 1	June 21
(Runoff)	June 22	June 12	June 10	June 7	July 22	July 12
Missouri	Aug. 3	July 24	July 22	July 19	Sept. 2	Aug. 23
Montana	June 1	May 22	May 20	May 17	July 1	June 21
Nebraska	May 11	May 1	Apr. 29	Apr. 26	June 10	May 31
Nevada	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
New Hampshire	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
New Jersey	June 8	May 28	May 27	May 24	July 8	June 28
New Mexico [1]	June 1	May 22	May 20	May 17	July 1	June 21
New York [1]	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
North Carolina	Aug. 17	Aug. 7	Aug. 5	Aug. 2	Sept. 16	Sept. 6
(Runoff)	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
North Dakota	Sept. 7	Aug. 28	Aug. 26	Aug. 23	Oct. 7	Sept. 27
Ohio	June 8	May 28	May 27	May 24	July 8	June 28
Oklahoma	Aug. 24	Aug. 14	Aug. 12	Aug. 9	Sept. 23	Sept. 13
(Runoff)	Sept. 21	Sept. 11	Sept. 9	Sept. 6	Oct. 21	Oct. 11
Oregon [1]	May 25	May 15	May 13	May 10	June 24	June 14
Pennsylvania	Apr. 27	Apr. 17	Apr. 15	Apr. 12	May 27	May 17
Rhode Island [1]	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
South Carolina [1]	June 8	May 28	May 27	May 24	July 8	June 28
South Dakota [1]	June 1	May 22	May 20	May 17	July 1	June 21
Tennessee	Aug. 5	July 26	July 24	July 21	Sept. 4	Aug. 25
Texas [1]	May 1	Apr. 21	Apr. 19	Apr. 16	May 31	May 21
(Runoff)	June 5	May 26	May 24	May 21	July 5	June 25
Utah [1]	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
Vermont [1]	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
Virginia [1]	June 8	May 28	May 27	May 24	July 8	June 28
Washington [1]	Sept. 21	Sept. 11	Sept. 9	Sept. 6	Oct. 21	Oct. 11
West Virginia [1]	May 11	May 1	Apr. 29	Apr. 26	June 10	May 31
Wisconsin	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
Wyoming	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
Washington, D.C.	May 4	Apr. 24	Apr. 22	Apr. 19	June 3	May 24
Guam	Sept. 4	Aug. 25	Aug. 23	Aug. 20	Oct. 4	Sept. 24
Puerto Rico [1]	July 11	July 1	June 29	June 26	Aug. 10	July 31
Virgin Islands	Sept. 14	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4
General Election	Nov. 2	Oct. 23	Oct. 21	Oct. 16	Dec. 2	Nov. 22

See footnotes on page 2.

WAIVER OF FILINGS

When the last day for filing any quarterly report occurs within 10 days of an election, the filing of such quarterly report shall be waived and superseded by the preelection report.

Revision No. 1 Jan. 28, 1976

CHRONOLOGICAL LIST BY ELECTION DATE

Date of election	State	10-day preelection report filing date	Mailing date for 10-day preelection report	Closing date of books for 10-day preelection report	Filing date for 20-day postelection report	Closing date of books for 20-day postelection report	Runoff date (if any)
Mar. 18	Illinois	Mar. 6	Mar. 4	Mar. 1	Apr. 15	Apr. 5	
Apr. 27	Pennsylvania	Apr. 17	Apr. 15	Apr. 12	May 27	May 17	
May 1	Texas [1]	Apr. 21	Apr. 19	Apr. 16	May 31	May 21	June 5
May 4	Alabama	Apr. 24	Apr. 22	Apr. 19	June 3	May 24	May 25
Do.	District of Columbia	do.	do.	do.	do.	do.	
Do.	Indiana	do.	do.	do.	do.	do.	
May 11	Nebraska	May 1	Apr. 29	Apr. 26	June 10	May 31	
Do.	West Virginia [1]	do.	do.	do.	do.	do.	
May 18	Maryland	May 8	May 6	May 3	June 17	June 7	
May 25	Arkansas	May 15	May 13	May 10	June 24	June 14	June 8
Do.	Kentucky [1]	do.	do.	do.	do.	do.	
Do.	Oregon [1]	do.	do.	do.	do.	do.	
June 1	Mississippi	May 22	May 20	May 17	July 1	June 21	June 22
Do.	Montana	do.	do.	do.	do.	do.	
Do.	New Mexico [1]	do.	do.	do.	do.	do.	
Do.	South Dakota [1]	do.	do.	do.	do.	do.	
June 8	California	May 29	May 27	May 24	July 8	June 25	
Do.	Iowa [1]	do.	do.	do.	do.	do.	
Do.	Maine	do.	do.	do.	do.	do.	
Do.	New Jersey	do.	do.	do.	do.	do.	
Do.	Ohio	do.	do.	do.	do.	do.	
Do.	South Carolina [1]	do.	do.	do.	do.	do.	
Do.	Virginia [1]	do.	do.	do.	do.	do.	
July 11	Puerto Rico [1]	July 1	June 29	June 26	Aug. 10	July 31	
Aug. 3	Idaho	July 24	July 22	July 19	Sept. 2	Aug. 23	
Do.	Kansas [1]	do.	do.	do.	do.	do.	
Do.	Michigan [1]	do.	do.	do.	do.	do.	
Do.	Missouri	do.	do.	do.	do.	do.	
Aug. 5	Tennessee	July 26	July 24	July 21	Sept. 4	Aug. 25	
Aug. 10	Georgia [1]	July 31	July 29	July 26	Sept. 9	Aug. 30	Aug. 31
Aug. 11	Louisiana	Aug. 1	Aug. 29	July 30	Sept. 13	Sept. 3	Oct. 2
Aug. 17	North Carolina	Aug. 7	Aug. 5	Aug. 2	Sept. 16	Sept. 6	Sept. 14
Aug. 24	Alaska	Aug. 14	Aug. 12	Aug. 9	Sept. 23	Sept. 13	
Do.	Oklahoma	do.	do.	do.	do.	do.	Sept. 21
Sept. 4	Guam	Aug. 25	Aug. 23	Aug. 20	Oct. 4	Sept. 24	
Sept. 7	Arizona	Aug. 28	Aug. 26	Aug. 23	Oct. 7	Sept. 27	
Do.	Connecticut [1]	do.	do.	do.	do.	do.	
Do.	Florida	do.	do.	do.	do.	do.	Sept. 28
Do.	North Dakota	do.	do.	do.	do.	do.	
Sept. 11	Delaware [1]	Sept. 1	Aug. 30	Aug. 27	Oct. 11	Oct. 1	
Sept. 14	Colorado [1]	Sept. 4	Sept. 2	Aug. 30	Oct. 14	Oct. 4	
Do.	Massachusetts	do.	do.	do.	do.	do.	
Do.	Minnesota	do.	do.	do.	do.	do.	
Do.	Nevada	do.	do.	do.	do.	do.	
Do.	New Hampshire	do.	do.	do.	do.	do.	
Do.	New York [1]	do.	do.	do.	do.	do.	
Do.	Rhode Island [1]	do.	do.	do.	do.	do.	
Do.	Utah [1]	do.	do.	do.	do.	do.	
Do.	Vermont [1]	do.	do.	do.	do.	do.	
Do.	Virgin Islands	do.	do.	do.	do.	do.	
Do.	Wisconsin	do.	do.	do.	do.	do.	
Do.	Wyoming	do.	do.	do.	do.	do.	
Sept. 21	Washington [1]	Sept. 11	Sept. 9	Sept. 6	Oct. 21	Oct. 11	
Oct. 2	Hawaii	Sept. 22	Sept. 20	Sept. 17	Nov. 1	Oct. 22	
General Election		Nov. 2	Oct. 23	Oct. 21	Oct. 16	Dec. 2	Nov. 22

[1] The Federal Election Commission has determined that only those conventions or caucuses which actually select the final nominee of a political party are "elections" subject to the reporting requirements of the Federal Election Campaign Act, as amended. The following States have conventions or caucuses which may select the final nominee:

Connecticut
Delaware
New York
Puerto Rico
South Carolina
Utah
Virginia (Decision to be made between Feb. 15 and Mar. 15.)

The following States have conventions or caucuses which cannot select the final nominee:

Colorado
New Hampshire
North Dakota
Rhode Island

[2] Preelection primary party convention or caucus.

[3] South Dakota—If no candidate receives 35 percent of the vote cast in the primary election, the state committees select the party's nominee from the candidates receiving the highest number of votes.

U.S. GOVERNMENT PRINTING OFFICE 84-873-L

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AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 • Chicago, Illinois 60680 • AREA CODE 312 644-1585

Offices located at 535 North De

MEMORANDUM

SPECIAL

TO: State PAC Treasurers

FROM: William L. Watson, Executive Director
American Medical Political Action Committee

DATE: February 26, 1976

SUBJECT: New Forms For The Statement of Organization

Presumably all state political action committees have filed an initial Statement of Organization for Political Committees with the Federal Election Commission or one of its predecessor supervisory officers (House or Senate or both). The following suggestions and comments are offered to help you meet your reporting requirements.

The FEC issued a new form for the Statement of Organization (Form I). A copy of this form is attached.

Always fill in Question 1 and 2. In addition, always write the name of your Committee at the place provided at the top of each page.

Please note that at Question 4 checking the box "yes" indicates that this is an amendment to the Statement of Organization. Note also that you only have to fill in those portions of the form that you are changing. AMPAC has no affiliated or subsidiary committees and, therefore, should not be named by a state PAC in Question 6.

If your state PAC supports candidates for the state House, state Senate, Governor or any office other than Federal office, these races must be reported under Section 8b within 10 days.

According to FEC communications it is possible to avoid reporting expenditures to state candidates on both the Statement of Organization and on the Reports of Receipts and Expenditures by establishing a separate account for federal expenditures and a separate account for state expenditures. Of course, this separation is essential in the 14 states where it is permissable to use corporate funds for the support of state candidates. Those state PACs needing additional information on how this can be accomplished may wish to call the FEC (800-424-9530) or the AMPAC office (312-644-1585).

Please note that if the officers of the PAC are changed these changes must be reported at Question 11 within 10 days.

WLW:ts
Enclosed

cc: State PAC Executives
State PAC Chairmen

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Instructions For FEC Form 1

See the Federal Election Commission Manual for Definition of Terms, Additional Regulations, and Instructions

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 for the purpose of influencing the nomination or election of a candidate(s) for Federal office shall file with the Federal Election Commission (except as noted in F below) a Statement of Organization. This Statement shall be filed within 10 days after the committee's organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate receiving contributions or making expenditures in excess of $1,000 for the purpose of influencing the nomination or election of a candidate(s) for Federal office.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than 3 years after December 31st of the year of the election.

D. Any change or correction of information previously submitted in a Statement of Organization shall be reported to the Commission within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee and the changed or corrected information appropriately identified.

E. Any committee which, after having filed one or more Statements of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 shall so notify the Commission.

F. In the case of an authorized political committee which supports only one candidate and which is not a principal campaign committee, the Statement of Organization shall be filed with the appropriate principal campaign committee which will forward a copy to the Commission. For committees supporting only candidates for the U.S. Senate or U.S. House of Representatives, see Part 100 of the F.E.C. Regulations for specific filing instructions.

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Statement of Organization For a Political Committee

Supporting any candidate(s) for federal office and anticipating contributions or expenditures in excess of $1,000 in any calendar year in support of such candidate(s).

Note: Committees authorized by a candidate to receive contributions and make expenditures in connection with more than one election must maintain separate records with respect to each election, and file separate reports with respect to each election.

1(a) Name of Committee (in full)	2 Identification Number
(b) Address (number and street)	3 Date of registration (month, day, year)
(c) City, State and ZIP code	4 Is this an amended statement ☐ Yes ☐ No If "Yes" fill in only those lines in which there has been a change

5 Check one:

☐ (a) This committee has been designated as the principal campaign committee for _____ (Name of Candidate)

a candidate for _____ (Federal office sought) in the _____ (General, Primary, Runoff, etc.) Election(s)

to be held in the State of _____ (State in which election is held) on _____ (Date(s))

(The Principal Campaign Committee will forward to the Commission a copy of the Statement of Organization for each committee required to file with it).

☐ (b) This committee is supporting only one candidate, and is authorized by _____ (Name of Candidate)

to receive contributions and make expenditures with respect to the _____ (General, Primary, Runoff, etc.) Election(s)

held on _____ (Date(s)), and will file all reports and statements with the candidate's principal campaign committee, _____ (Full name of principal campaign committee)

(Attach a copy of Candidate's written authorization.) (FEC Form 2a)

☐ (c) This committee supports only one candidate _____ (Name of Candidate) but is not an authorized committee.

☐ (d) This committee is a multicandidate committee.

☐ (e) This committee is a _____ (National, state, county, city) committee of the _____ (Democratic, Republican, etc.) Party.

6 Name of affiliated or connected organization	Mailing address and ZIP code	Relationship

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

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Statement of Organization For a Committee

(Page 2)

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...e of Committee

7 Area, Scope and Jurisdiction of Committee:

(a) Will this committee operate in more than one State? ☐ Yes ☐ No
(b) Will it operate on a statewide basis in one State? ☐ Yes ☐ No
(c) Will it primarily support candidates seeking State or local office? ☐ Yes ☐ No

8 (a) List by name, address, office sought, and party affiliation, any candidate for Federal office that this committee is supporting:

Full name(s) of candidate(s)	Mailing address and ZIP code	Office sought	Party

(b) List by name, address, office sought, and party affiliation, any candidate(s) for any other public office(s) that this committee is supporting (unless committee is supporting the entire ticket of a party as indicated in line 9):

Full name(s) of candidate(s)	Mailing address and ZIP code	Office sought	Party

9 If this committee is supporting the entire ticket of a party, give name of party ▷

10 Identify by name, address and position, the person in possession of committee books and records:

Full name	Mailing address and ZIP code	Title or position

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

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Commission
N.W.
D.C. 20463

Statement of Organization For a Committee

(Page 3)

Name of Committee

11 List by name, address and position, other principal officers of the committee:

Full name	Mailing address and ZIP code	Title or position

12 Does this committee plan to stay in existence beyond the current calendar year? ..... ☐ Yes ☐ No
If "Yes" for how long? .....

13 In the event of dissolution, what disposition will be made of residual funds? _____

14 List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds

Name of bank, repository, etc.	Mailing address and ZIP code

15 List all election reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports (other than reports filed with Secretaries of State pursuant to USC 439(a)):

Report title	Dates required	Name and position of recipient	Mailing address and ZIP code

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

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

_____ _____
(Signature of Treasurer) (Date)

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 441 (text on reverse side of form)

For further information contact: Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

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CORRECTED

MEMORANDUM

TO: State PAC Treasurers

FROM: William L. Watson, Executive Director
American Medical Political Action Committee

DATE: ~~May 18, 1976~~ -- June 1, 1976

SUBJECT: Affiliated Committees

According to AMPAC's Constitution and Bylaws, AMPAC has no affiliates, branches or subsidiary committees. Most state medical political action committees are similarly organized and operated. The structures of the PAC organizations have a definite significance in the reporting requirements and in federal law definitions.

When preparing Reports of Receipts and Expenditures, please show the amount for AMPAC memberships on Line 23-B "Transfers Out To Other Committees". Please do not use Line 23-A * "Transfers Out To Affiliated Committees".

If you have filed Reports of Receipts and Expenditures thus far in 1976 which show funds to AMPAC on Line 23-A you should consider filing amended reports since your PAC is not affiliated or otherwise related to AMPAC. These transfers should be shown on Line 23-B.

Also, please add the following on Schedule B when itemizing all checks to AMPAC: "Individual AMPAC memberships forwarded from joint fund raising efforts".

WLW:ts

cc: State PAC Chairmen
State PAC Staff

* Corrections

Please paper [illegible]

MEMORANDUM

TO: State PAC Treasurers

FROM: William L. Watson, Executive Director
American Medical Political Action Committee

DATE: June 1, 1976

SUBJECT: Proposed Regulations For Political Action Committees

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Attached are Proposed Regulations promulgated by the Federal Election Commission under the Federal Election Campaign Act of 1971, as amended in 1974 and 1976.

The Commission welcomes immediate critical comments with regard to these Proposed Regulations. The period for comment will close on Monday, June 14th, 1976.

The Commission has also announced that hearings will be held on Monday, June 7th, on the Disclosure Regulations (Parts 100-108). On Tuesday, June 8th, on Advisory Opinion Procedure (Part 112), on Wednesday, June 9th, on Independent Expenditures (Part 109). Contribution and Expenditure Limitations (Part 110) and Compliance Procedure (Part 111) and on Friday, June 11th, on Corporation and Union Political Activity (Part 114).

Persons wishing to testify should submit a written request in writing. Instructions appear in the first column of the attached Regulations.

If you plan to testify or submit a statement we would appreciate hearing from you.

WLW:ts

Attached

cc: State PAC Chairmen
State PAC Staff

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MEMORANDUM

TO: State PAC Treasurers

FROM: William L. Watson, Executive Director
American Medical Political Action Committee

DATE: June 29th, 1976

SUBJECT: Legal Opinions which Concern Certain Sections of the Federal Election Campaign Act of 1971 as Amended in 1974 and 1976.

For your information we have forwarded three letters from AMPAC's legal counsel which may be of interest to you. They are on the following topics:

Contributions by AMPAC and other PACs
Solicitation of Joint Membership Contributions
Honoraria

Additional information concerning the Federal Election Campaign Act and Proposed Regulations will be forwarded as available.

LW:ts

Enclosed

cc: State PAC Chairmen
State PAC Staff

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

June 16, 1976

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DAVID R. WAUGH, JR.
Staff Attorney
751-6186

Mr. William L. Watson
AMPAC
Post Office Box 4449
Chicago, Illinois 60680

Re: Honoraria

Dear Bill:

The 1976 amendments to the Federal Election Campaign Act of 1971, and the proposed regulations, change both the amount and criteria of honoraria which may be accepted by a person while an elected or appointed officer or employee of any branch of the Federal Government.

The new amendments raise the amount which a congressman, for example, may accept from $1,000 to $2,000 for any appearance, speech or article. This amount does not include amounts accepted for actual travel and subsistence expenses for such person and his spouse or an aide to such person, and does not include amounts paid or incurred for any agents' fees or commissions. The new amendments raise the amount which a Federal Government officer or employee may accept in the aggregate from $15,000 to $25,000 in a calendar year (2 USC 4411).

The proposed regulations do not make a distinction between elected Federal Government officers (Representatives and Senators, for example) who are also candidates and those that are not. Advisory opinions previously issued by the Federal Election Commission which established distinctions between candidates and non-candidates have not been followed in the proposed regulations.

A discussion of this term can be found in Section 110.12, "Honorariums," of the proposed regulations.

Persons or groups which give honoraria in 1976 report this to the Internal Revenue Service on Form 1096 when filing their 1976 return. This form is a composite form which provides for the listing of all honoraria paid during the preceding calendar year.

In addition, persons or groups which give honoraria must file Internal Revenue Service Form 1099 which must be sent to the individual persons receiving the honoraria for inclusion in their own personal income tax reports.

These recommendations are based in part on the proposed Federal Election Commission regulations and should be reviewed when final regulations are promulgated.

Sincerely,

Donald P. Wilcox

DPW:mt

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AMERICAN MEDICAL ASSOCIATION

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Staff Attorney
751-6185

June 16, 1976

see letter of 9-9-76

Mr. William L. Watson
AMPAC
Post Office Box 4449
Chicago, Illinois 60680

Re: Solicitation of Joint Membership Contributions

Dear Bill:

The Federal Election Campaign Act of 1971 and its 1974 and 1976 amendments, and the Federal Election Commission's proposed regulations present certain criteria which must be adhered to when joint state PAC and AMPAC solicitations of contributions are made.

This Act requires that each political committee include on the face or front page of all literature and advertisements soliciting contributions the following notice (2 USC 435):

> "A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C."

I recommend that the name or the abbreviation of the state PAC and the name or the abbreviation of AMPAC be substituted for the word "our" in the above required notice when joint solicitations are made.

Further, Section 114.5(a) of the May 26 proposed regulations state additional requirements concerning the solicitation of funds by PACs. Some of these requirements are:

> "(3) Any person soliciting...a member for a contribution to the separate segregated fund must inform such...members of the political purposes of the fund at the time of the solicitation."

> "(4) Any persons soliciting...a member for a contribution to a separate segregated fund must inform the...member at the time of such solicitation, of his or her right to refuse to so contribute without any reprisal."
>
> "(5) Any written solicitation for a contribution to a separate segregated fund which is addressed to...a member must contain statements which comply with the requirements of subsections 3 & 4."

I recommend that the words "political contribution" or their equivalent and the word "voluntary" or its equivalent be included in all soicitations to meet the requirements of subsections 3 & 4. Also, I recommend that all solicitations show the committees for which they are intended. No state PAC should solicit AMPAC membership without informing the potential members that the solicitation is for AMPAC.

Since there is a prohibition against corporate contributions to all Federal candidates and some state candidates, I suggest that all joint membership solicitations include the words "If your practice is incorporated, state PAC and AMPAC dues should be written on a PERSONAL check," or the equivalent.

While not required by law, it is my recommendation that membership solicitation notices include a statement concerning whether or not contributions are tax deductible. Contributions to AMPAC are not tax deductible.

A suggested paragraph which incorporates all the above recommendations follows:

> State PAC and AMPAC political contributions are voluntary and not tax deductible. If your practice is incorporated, state PAC and AMPAC dues should be written on a PERSONAL check. Copies of state PAC's and AMPAC's reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C. 20463.

...Watson

...recommendations are based in part on the pro-
...Commission regulations and should
...final regulations are promulgated.

Sincerely,

Donald P. Wilcox

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

June 16, 1976

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ARTMENT

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1-6714

D K. WAUGH, JR
aff Attorney
1-6186

Mr. William L. Watson
AMPAC
Post Office Box 4449
Chicago, Illinois 60680

Dear Bill:

This is in response to your request for an opinion concerning the Federal Election Campaign Act Amendments of 1976 which contain provisions designed to prevent the proliferation of committees by one organization. Specifically, you ask if the contributions by any other PAC's have the effect of limiting the lawful contributions of AMPAC to candidates it wishes to support. I have reviewed the Act as amended, the proposed FEC regulations published on May 26, 1976, and the organizational structure and operation of AMPAC and the American Medical Association. I have found no provision which prohibits AMPAC from contributing to candidates or committees it chooses to support because of the contributions made by other PAC's.

The basis of this opinion is outlined below.

For the purpose of applying the limitations on contributions outlined under 2 USC 441a, the new amendments to the Act provide that

> "...all contributions made by political committees established or financed or maintained or controlled by any corporation, labor organization or any other person, including any parent, subsidiary, branch, division, department, or local unit of such corporation, labor organization, or any other person, or by any group of such persons, shall be considered to have been made by a single political committee..." (2 USC 441a(5))

The American Medical Association has no parent, subsidiary, branch, division, department, or local unit which

has established, financed, maintained or controlled a PAC. The AMA is an independent, voluntary not-for-profit association of physicians and others. It is not controlled by nor does it control any other organization which has a PAC; therefore, contributions made by other PAC's do not count against AMPAC's campaign contribution limits under this law.

Sincerely

Donald P. Wilcox

DPW:mt

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AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

ost Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearb

MEMORANDUM

TO: State PAC Chairmen
State PAC Treasurers
State PAC Executives

FROM: William L. Watson Bill Watson

DATE: October 27, 1976

SUBJECT: AMPAC And State PAC Membership Contributions Solicited Jointly.

Many political action committees are already making plans for their membership solicitation programs for 1977.

Since AMPAC and your state political action committee solicit funds jointly, it is imperative that we work together in the preparation of membership solicitations. We share a joint responsibility to make sure that the appropriate notices required by the Federal Election Campaign Act of 1971 and its Amendments plus the proposed FEC regulations appear on the solicitation.

While the FEC regulations have not been approved by the Congress as yet, the Commission does consider them to be firm guidelines which interpret the law to their satisfaction. Further, these regulations may go into effect if the Congress reconvenes in a post election session and remains in session for three days. If the Congress does not reconvene in a post election session, the regulations will probably be introduced early in the next Congress and will, in all likelihood, be adopted in some form in the early months of 1977. In any event, reprinting of billing forms would be quite expensive.

Attached for your information is Opinion of Counsel on this subject dated September 9, 1976. We urge you to incorporate the notices that he suggests into your billing form along with whatever notices are necessary to comply with your state law.

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

We have also enclosed a printing form which will give you an idea of the amount of space the suggested notices require.

Since we share a joint responsibility in seeing that the correct notices appear every time funds are solicited, we think it would be mutually advantageous for all PACs participating in a joint solicitation to agree on the billing form and have your approved copy in our files and our approved copy in your files. Please send us your first draft of the billing form as soon as possible.

We look forward to working with you in this connection to make sure that the proper forms are available when they are needed.

cc: state society executives

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AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

September 9, 1976

OFFICE OF THE GENERAL COUNSEL

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DAVID K. WAUGH, JR.
Staff Attorney
751-6186

Mr. William L. Watson
AMPAC
Post Office Box 4449
Chicago, Illinois 60680

Re: Solicitation of Joint Membership Contributions

Dear Bill:

The Federal Election Campaign Act of 1971 and its 1974 and 1976 amendments, and the Federal Election Commission's regulations which it sent to Congress on August 4, outline the requirements which must be adhered to when AMPAC solicits contributions.

The Act requires that each political committee include on the face or front page of all literature and advertisements soliciting contributions the following notice (2 USC 435).

> "A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C."

Also, in 2 USC 441b(b)(3)(B) and (C) the Act provides that

> "(3) It shall be unlawful...
> (B) For any person soliciting an employee for a contribution to such a fund to fail to inform such employee of the political purposes of such fund at the time of such solicitation; and
> (C) For any person soliciting an employee for a contribution to such a fund to fail to inform such employee, at the time of such solicitation, of his right to refuse to so contribute without any reprisal."

Since there are prohibitions against corporate contributions to all federal candidates and, in some states, to state candidates, I suggest that all joint membership solicitations include the words "If your practice is incorporated, _PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK," or the equivalent. Of course, in those states where state PACs may lawfully receive and utilize corporate contributions, only AMPAC needs to be included in this sentence.

To assist AMPAC in complying with the requirements of this law, I have developed the following statement for use by AMPAC when solicitations (including joint solicitations) are made.

> If your practice is incorporated, _PAC and AMPAC voluntary political contributions should be written on a personal check. A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Further, Section 114.5(a) of the FEC regulations contains additional requirements concerning the solicitation of funds by PACs. These requirements include the following.

> "(2) A guideline for contributions may be suggested by a corporation...or a separate segregated fund of either, provided that the person soliciting or the solicitation informs the person being solicited--
> (i) that the guidelines are merely suggestions; and
> (ii) that the individual is free to contribute more or less than the guidelines suggested and the corporation...will not favor or disadvantage anyone by reason of the amount of their contribution or their decision not to contribute.
> A corporation...or separate segregated fund... may not enforce any guideline for contributions.
>
> (3) Any person soliciting...a member for a contribution to the separate segregated fund must inform such...member of the political purposes of the fund at the time of the solicitation.
>
> (4) Any persons soliciting...a member for a contribution to a separate segregated fund must inform the...member at the time of such solicitation, of his or her right to refuse to so contribute without any reprisal.

> (5) Any written solicitation for a contribution to a separate segregated fund which is addressed to...a member must contain statements which comply with the requirements of subsections 3 & 4, and if a guideline is suggested, statements which comply with the requirements of subsection 2."

Section 114.5(c)(1) of the FEC regulations provides in part the following.

> "(1) A separate segregated fund established by a...membership organization... may provide that persons who contribute a certain amount to its separate segregated fund will become 'members' of its separate segregated fund, so long as
> (i) the fund accepts contributions of all amounts...."

These regulations prohibit a PAC from refusing to accept less than a certain amount from those who wish to contribute. However, PACs may still issue PAC memberships based upon the receipt of a minimum contribution since the prohibition on discriminatory practices is directed against membership organizations (e.g. AMA), not against the PACs.

To meet the requirements of this subsection, the following statement, or one similar to it, should be included on all joint solicitations.

> "Contributions are not limited to the suggested amount. Neither the AMA nor the (_____ Society) will favor or disadvantage anyone based upon the amount of or failure to make a PAC contribution.

I recommend that the words "political contribution" or their equivalent and the word "voluntary" or its equilavent be included in all solicitations to meet the requirements of subsections (3), (4) and (5). Also, I recommend that all joint solicitations show the committees for which they are intended. No PAC should solicit AMPAC memberships without informing the potential AMPAC members that the solicitation is for AMPAC.

Also, Section 102.6 provides in part as follows:

"(a)(2) Any political committee which has solicited or received contributions for or on behalf of, or made expenditures or transfers to or on behalf of, any candidate for Federal office shall either--

(i) Establish a separate Federal campaign committee which shall register as a political committee. The Federal campaign committee shall establish a segregated Federal account in either a National or State bank; or

(ii) Establish a single committee with a single account to make contributions to Federal and non-Federal candidates, but only if all contributions received are permissible under the Act, and all contributions are informed that all contributions are subject to the limitations of Sections 110.1, 110.2 and 110.5.

(b) The accounts and committees in (a)(2)(i) and (ii) above--may not receive contributions other than contributions designed for the Federal committee or account, contributions received as a result of a solicitation which expressly states that the contribution will be used for Federal elections, or contributions from contributors who are informed that all contributions are subject to the limitations of Section 110.1, 110.2 and 110.5...."

To meet the requirements of this Section, the following statement, or one similar to it, should be included in all solicitations.

> Contributions subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5.

A suggested paragraph which incorporates all the above recommendations follows.

> If your practice is incorporated, _PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the

(_____ Society) will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Copies of _PAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice).

As discussed in the second paragraph of this letter, only the sentence relating to the filing of PAC reports must be placed on the face or front page of a solicitation (2 USC 435). All other required information may be communicated in other ways (e.g. back side of solicitation).

These recommendations are based on the regulations issued by the FEC which were sent to Congress on August 3. Under the law Congress has 30 legislative days to review and, if either house so votes, disapprove these regulations. If these provisions are not disapproved within this 30 day period, they become effective and are enforceable by the FEC. AMPAC must insist that the law and regulations, if they go into effect, be adhered to when AMPAC conducts joint fund raising efforts with others.

Sincerely,

Donald P. Wilcox

DPW:mt

If your practice is incorporated, PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the society will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Copies of PAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice).

Reduced

If your practice is incorporated, PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the society will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions.
Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice).

Reduced

Copies of PAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C.

Reduced

After filling in the blank spaces as they apply to your group, your local printer can reduce the original to 30% of this size to be reproduced on any literature soliciting contributions. Sample is reduced to 30%. Fill in Blanks with IBM pica or elite type.

1975-1976

Policy Manual of the Illinois State Medical Society

"Policy statements shall be defined as guidelines for the management of the Illinois State Medical Society affairs, based upon prudence, sound judgment and experience."

"Rules and regulations may be prepared by the Board of Trustees or by committees, for use in the implementation of policy."

This manual shall be a guide for officers, trustees, committee chairmen and headquarters staff to the stand taken by the House of Delegates of the Illinois State Medical Society on all issues involving Society policy.

Its statements shall combine and reconcile the best expressions made on all phases of policy involving the House of Delegates, the Board of Trustees and the various committees.

All policy statements (except those involving the funds of the Society) shall have the approval of the House of Delegates, since the Constitution and Bylaws provide in ARTICLE V:

"The House of Delegates shall set the basic policy and philosophy of the Society."

All policy statements developed during the interval between meetings of the House shall be submitted at its next meeting for action. The House may:

(1) approve, amend, or reject—
(2) refer the statement to the Board for reconsideration and subsequent report—
(3) remand the statement to the committee from which it came for further study and report.

Policy statements for the consideration of the House must be presented in resolution form. A member of the Illinois State Medical Society may propose policy by requesting any delegate to submit an appropriate resolution. The Policy Committee will develop policy statements from actions of the House of Delegates and, after approval by the Board of Trustees, the statements will be published in this Policy Manual.

Temporary policy between meetings of the House is determined by the Board. Committees may request Board consideration at any time.

The Illinois State Medical Society shall support policy statements approved by the House of Delegates of the American Medical Association.

National policy is the prerogative of the national association. Until specific contrary action emanates from the AMA House of Delegates, the Board of Trustees and the officers of the ISMS shall consider all such policy as binding.

Policy action at the state level does not rescind official AMA rulings in Illinois.

The same "chain of command" should exist between the county medical society and the ISMS House of Delegates. Policy established at the State Society level must prevail until majority action by the House of Delegates has rescinded or reversed the statements. This represents "majority rule" and must be followed closely to preserve the democratic process.

PROFESSIONAL POLICIES

Abortion

The decision to perform an abortion is a medical matter to be determined by agreement between the patient and the physician. Performance of abortions should be carried out in accordance with current guidelines as promulgated by the House of Delegates. If not in conflict with state and federal law, an abortion so performed shall not be considered unethical. No physician shall be required to perform or participate in an abortion.

Acupuncture

Acupuncture is a surgical procedure and its practice should be limited to physicians licensed to practice medicine in all of its branches and to dentists.

Alcoholism

Alcoholism is an illness characterized by preoccupation with alcohol and loss of control over its consumption such as to lead usually to intoxication if drinking is begun; by chronicity; by progression, and by tendency toward relapse. It is typically associated with physical disability and impaired emotional, occupational and/or social adjustments as a direct consequence of persistent and excessive use of alcohol.

Insurance companies are encouraged to include appropriate coverage for alcoholism in health insurance policies similar to coverage for any other illness and general hospitals, both public and private, are encouraged to accept alcoholic patients (both in-patient and out-patient) for detoxification and rehabilitation.

Alcoholism Education

The Illinois State Medical Society supports the concept that medical schools and hospital training programs should expand instruction of students in the treatment of acute and chronic alcoholism, as well as its cause and prevention; that mental health clinics should enlarge their services to include treatment and counseling of alcoholics and their families and, where appropriate, collaborate with Alcoholics Anonymous as well as half-way houses; that education programs aimed at alcohol abusers who are drivers should be encouraged and legal restrictions established to prevent them from holding drivers' licenses; that education of the public (at all age levels) regarding the nature of alcohol and its physiologic and psychologic effects should be encouraged.

Ambulance Services

All ambulance services should meet minimum standards as developed from time to time by the Illinois State Medical Society and the State of Illinois.

Athletic Programs

Children of school age, through the 9th grade, should not participate in body contact sports.

Elementary school children develop better physically if activities are informal and not highly competitive.

Medical supervision of all athletic programs is essential.

Audits & Surveys (Hospital, nursing homes, etc.)

Audits and surveys which impinge on personal privacy, patient care and local hospital trustee and medical decisions as to management should not be condoned.

Birth Control

The preventive medicine approach to the problem of unwanted pregnancies should be encouraged through family life education in the schools, wider dissemination of family planning information, including birth control information and devices, and encouragement of research in population control methods.

Blood Procurement

Inasmuch as blood procurement affects the entire community, any blood procurement program should be carried out only with the approval of the local county medical society involved.

Communicable Diseases

Physicians, especially those engaged in public health work, should enlighten the public concerning all regulations and measures for the prevention and control of communicable diseases. When an epidemic prevails, a physician shall continue his labors without regard to his own health.

Community Health Week

The medical profession shall provide the scientific leadership to focus attention on the health needs of the community and to encourage and assist in developing Community Health Week activities during the winter or spring of the year.

Comprehensive Health Planning

Upgrading of local health facilities should be implemented through Comprehensive Health Planning on a home rule basis rather than through metropolitan oriented advisory services. Where a county medical society is unable to enter into meaningful participation in areawide health services planning, this function may be assumed by an appropriate ISMS District Committee or, where the appropriate District Committee is unable to act, by the Illinois State Medical Society.

Confidentiality

Communications received in confidence by physicians from patients are privileged; the privilege is that of the patient and the physician is the guardian of the privilege and must not betray it. Current day social values dictate that privileges must be continued in accomplishment of the treatment of human illness. Section 9 of the Principles of Medical Ethics states that "A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or the community." The Illinois State Medical Society reaffirms its belief in this principle and supports activities to guarantee continuation of privacy, while recognizing the need for collection of statistical data and enforcement activities in the public good.

The Illinois State Medical Society will take an active role in uncovering any violation of the doctor-patient confidential relationship by officials and personnel of review organizations and will take whatever steps are necessary to eliminate the breach of confidence.

ISMS is in total opposition to the use of the Social Security number as a universal number identifier.

Conflict of Interest

When a case of conflict of interest arises and is self-evident, by the attitude shown by the individual concerned, it should be referred to the Executive Committee of the Board of Trustees of the ISMS for consideration.

Continuing Education

Continuing education shall be one of the basic purposes of the Illinois State Medical Society for scientific advancement, humanization of medicine, improvement of medical public relations, and development of cooperation and rapport with the public. The Society should continue to support the multi-faceted approach to continuing medical education as now endorsed by the Illinois Council on Continuing Medical Education.

All members should be encouraged to participate in the AMA Physician Recognition Award, as presently constituted, or its equivalent.

In the certification of educational quality of continuing medical education programs, the Illinois State Medical Society should have a primary role. Physicians should be encouraged to participate in self-assessment test programs prior to registering for such hospital courses and other learning activities.

Cultists, Association with

The Judicial Council of the American Medical Association has ruled that it is unethical to associate VOLUNTARILY with an individual who practices as a member of a "cult."

Disaster Control

Any disaster creates an obvious need for trained personnel to aid the sick and injured. Local medical societies should cooperate to provide medical self-help programs. County societies should provide training for their membership in the treatment of mass casualties, radiological casualties and in the organization, operation and maintenance of emergency hospitals.

Discrimination—(see "Freedom of Choice")

Drugs, Prescriptions

Prescription drugs may be dispensed only upon the authorization of a physician licensed to practice medicine in all its branches. Public health departments should not conduct drug dispensing and distribution programs without direct supervision by such physicians.

Substitution of prescribed drugs by pharmacists is opposed except in cases of extreme emergency, unless there be full explanation and agreement by both the patient and the doctor.

The package insert labeling pharmaceutical preparations is a guide for the clinical application of the product and should not be used as an absolute standard limiting the practice of medicine.

Electromyoneurographic Procedures and Examinations

Clinical electromyoneurographic procedures and examinations, which inherently involve medical interpretations, descriptions of findings, and rendering of diagnostic opinions, should be performed only by physicians licensed to practice medicine in all its branches and trained in these procedures.

Ethics

Cases involving ethics shall reach the state society level only by means of an appeal. As outlined in the Bylaws, the state society committee shall serve only as an appellate body to review such cases.

Examinations

All physical examinations should be performed in the physician's office. No examinations should be conducted on a group basis unless authorization has been given by the local county medical society in a single instance or for a specific purpose.

This general statement does not apply to the industrial or occupational health physican in his in-patient activities.

Experimental Medical Procedures

In order to conform to the ethics of the American Medical Association, three requirements must be satisfied in connection with the use of experimental drugs or procedures.

1. The voluntary consent of the person on whom the experiment is to be performed should be obtained.
2. The danger of each experiment must be previously investigated by animal experimentation.
3. The experiment must be performed [illegible]er proper medical protection and management.

Eyes

Only physicians licensed to practice medicine in all its branches are qualified to prescribe or use eye medications; only such physicians should continue to be the primary entry-point for eye care. ISMS will vigorously oppose any attempt in Illinois to give optometrists a license to prescribe or use medications or to serve as a primary entry-point in the provision of eye care.

Fee Schedules

No member or committee shall be permitted to approve a fee schedule for the Illinois State Medical Society until it has been submitted to and approved by the House of Delegates or the Board of Trustees. Fees should be commensurate with services rendered.

Freedom of Choice

The mutual right of physicians and patients to exercise freedom of choice in medical matters shall be maintained. This includes the right of the patient to choose the physician by whom he will be served, and the right of the physician (except in emergencies) to a corresponding freedom of choice. All members of the Illinois State Medical Society enjoy the same rights and privileges and are bound by the same obligations and standards of professional conduct.

Foundations for Medical Care

The Illinois Foundation for Medical Care is a not-for-profit corporation established to provide physicians with leadership roles in modifying health care delivery in their communities, thus assuring quality care at reasonable cost. Establishment of autonomous county and/or multi-county foundations under the sponsorship of local medical societies is encouraged and, together, local and state foundations shall provide a mechanism through which foundation-sponsored programs can be developed and administered throughout the state.

Governmental Health Insurance Programs

Governmental health insurance benefits for mental illness should be comparable to benefits for any other medical condition.

Governmental health insurance programs providing reimbursement for medical services under the direction of practitioners other than doctors of medicine or osteopathic medicine should establish a separate category for such reimbursement, with separate payment, and be optional to the insured.

ISMS will actively oppose any state or federal legislation which proposes reimbursement under health insurance programs of psychologists, social workers or any group of individual practitioners without medical supervision.

Health Care—Ancillary Services

All segments of our population are entitled to and shall receive the best health care available. The physicians in Illinois are encouraged to cooperate in the implementation of any national program meeting with the general policy statements of the Society. (This shall be interpreted to include health aspects in nursing home care, use of recreational facilities, environmental health, public health, employment problems, problems of migrant workers, etc., and any other area which involves the health of the people of this state.)

Health Care Costs

The public should be educated concerning the difference between "health care costs" and "medical care costs." Members of the profession should cooperate with the various ancillary groups and should be able to explain the cost factors involved in total care.

Health Careers

All capable and worthy individuals interested in medicine as a career shall be encouraged and assisted by the Illinois State Medical Society. Those interested in paramedical fields shall be provided with all pertinent information.

Health Screening by Paramedical Personnel

Health evaluation, to be adequate, must include a physical examination only by or under the direct supervision of a physician licensed to practice medicine in all of its branches with physician interpretation of the appropriateness and reliability of various screening procedures used.

Hospitals

Physicians should sponsor and assist in the development of all medical staff committees within the hospital.

The local medical profession should cooperate to achieve the accreditation of all eligible hospitals, and should encourage the stabilization or reduction of hospital costs in all areas where they have authority.

The Illinois State Medical Society encourages the development of local peer review plans for appropriate review of utilization of hospital emergency rooms.

Hospital-Medical Staff-Management Relationship

Any proposal or arrangement between institutional management and medical staffs should not conflict with the Principles of Medical Ethics or abridge the property right endowed upon the individual physicians by the Illinois Department of Registration and Education. The practice of medicine is the physician's legal prerogative and responsibility. To insure the quality of medical care, each hospital has the obligation to cooperate with and assist its medical staff in implementing procedures by which the quality of medical care in that hospital may be maintained by and through its medical staff.

ISMS is opposed to hospital actions which unilaterally stipulate that professional liability insurance is a prerequisite for membership on a medical staff. If a hospital proposes to require evidence of professional liability insurance as a condition of membership on a medical staff, such condition should be in accord with rules and requirements as established by the organized medical staff of the hospital in cooperation with the hospital board of trustees. To protect their assets, members of a hospital medical staff should be assured of the adequacy (scope and amount) of professional liability coverage carried by the hospital as a reciprocal disclosure between the staff and hospitals.

Hospital Records and Their Availability

Hospital records are privileged information and the property of the patient, kept in trust by the hospital. They are not to be released except on a court order.

Upon receipt of a request signed by the patient, an abstract or a summary shall be provided when needed, to insurance companies, governmental agencies, consulting physicians, etc.

Hospital Staff Assessments

The medical staff of a hospital does not have the privilege or the right to make compulsory assessments of members of the medical staff for building funds, or to demand an audit of staff members' personal financial records as a requisite for staff appointments.

Immunization Program

Illinois residents should be provided all types of immunization. Physicians are requested to provide this protection especially to all children, or to encourage the local public health agency to perform this function.

Every school should have a school health committee with at least one physician as a member. County advisory school health councils should assist in coordination.

County medical societies should be consulted by health departments planning any mass immunization campaign. In counties where there is no public health department, the Illinois Department of Public Health should contact either the county medical society or local physicians whichever is appropriate for coordination of the immunization program.

The Illinois Department of Public Health or the Illinois State Medical Society should institute whatever is necessary, including appropriate state indemnification or "exemption from liability" legislation, to assume or alter the liability responsibility during any mass immunization program.

If private facilities are utilized during a mass immunization campaign, normal reimbursement procedures may be employed, but no charge shall be made for the cost of vaccine paid for by the federal government.

Impartial Medical Testimony

The ends of justice are served when impartial medical witnesses are available to give testimony. The ISMS supports this concept and offers its assistance in the provision of impartial medical testimony.

Indigent, The Care of the

Personal medical care is primarily the responsibility of the individual. When he is unable to provide this care

for himself, the responsibility should properly pass to his family, the community, the county, the state, and only when all these fail, to the federal government, and only in conjunction with the other levels of government in the order above.

The determination of medical needs should be made by a physician. The determination of eligibility should be made at the local level with local administration and control. The principle of freedom of choice should be preserved.

Insurance Plans for Patients

ISMS endorses the principle of voluntary health insurance. Fixed fee schedules should be recognized as indemnification to the patient and not necessarily payment in full.

Inasmuch as the fee coverage by insurance plans may not cover the full fee of the physician, the physician is encouraged to develop a prior agreement with the patient, such as the "Statement of Understanding." This will outline to the patient his individual responsibility for the physician's fee.

Laboratories

All laboratories providing medical data should be under the direct supervision of a physician.

Legal Definition of Death

ISMS will not support any legislative proposal which seeks to define death unless it provides that, based upon usual and reasonable standards of medical practice, death has occurred when it is determined by a doctor of medicine that a person has experienced the permanent and irreversible cessation of the integrated functioning of the respiratory, circulatory and nervous system, according to the following standards:

(a) the irreversible cessation of spontaneous respiratory and circulatory functions; or

(b) if artificial means of support preclude reliance on item (a), the irreversible cessation of spontaneous brain function, which may be confirmed by a flat (isoelectric) electroencephalographic tracing in the absence of hypothermia and of barbiturate and other nervous system depressants.

Marijuana

ISMS continues to discourage the use of marijuana. While ISMS supports decriminalization of possession of reasonably small amounts of it for personal use, thus removing criminal penalties while assessing civil penalties, it does not endorse the possession or use of marijuana.

Since medical and psychiatric knowledge concerning the short-term and long-term effect of cannabis is very limited, medical research should be supported by public and private resources of the State of Illinois.

Medical Care, Provision of

Medical care shall be provided regardless of the ability of the patient to pay. Physicians shall not refuse to render needed emergency care to any patient.

Medical Diagnosis and Treatment

Third parties, including government personnel, insurance carriers, review organizations and hospital personnel should be informed and educated that the Illinois State Medical Society endorses the concept that prognosis and length of treatment must always be individualized to the patient, rather than to the diagnosis.

Medical Education

The Illinois State Medical Society supports development of innovative curricular and co-curricular programs in medical education maintaining a firm foundation in the basic sciences.

Medical Examiners

ISMS favors a medical examiner system throughout the state in preference to a coroner system, wherever practical.

Medical Psychotherapy

Medical Psychotherapy is a medical procedure for the treatment of mental and physical ailments or illness. It involves verbal and non-verbal communications with the patient, and always includes continuing medical diagnostic evaluation and drug management as indicated. Medical psychotherapy may be performed only by a physician licensed to practice medicine in all of its branches, who has had training in psychiatric medicine.

Mental Health

The Illinois State Medical Society strongly opposes the double standard of care in state hospitals and favors elimination or permit physicians (unlicensed physicians practicing in state institutions). Every effort should be made to extend educational opportunities to these permit physicians to enable them to achieve full licensure.

Each constituent county society should cooperate fully with and support local units of the Department of Mental Health in their patient care efforts, specifically seeking to encourage:

1. Local general hospitals to accept mental health patients who can be helped by short-term treatment, leaving to state institutions the responsibility for such chronic and long-term cases which local hospitals cannot presently handle.
2. Local general hospitals and practitioners to retain in their own care those geriatric patients who have ailments of primarily a physical nature.
3. Local physicians, local hospitals, and local skilled nursing facilities to provide primary and secondary care for psychiatric problems to the extent possible, given facilities and physician time available.
4. Arrangements for emergency mental health care, i.e., crisis intervention, to be available areawide.

All physician or other health service provided to the Department of Mental Health, other than that by full-time employees, should be on the same fee-for-service basis as any other medical service which is paid by the patient or third party insurer.

A physician licensed to practice medicine in all its branches should be required to certify the discharge of any patient from a psychiatric institution.

Minors, Medical Treatment of

Where parental consent is not legally required for medical treatment of minors, the physician's judgment shall prevail as to whether or not the parents should be notified of such treatment.

Multiphasic Screening

Automated multiphasic health testing and screening laboratories are recognized as an extension of services available to the physician for the health needs of individual patients. A position statement on multiphasic

health testing, developed by the ISMS Council on Environmental and Community Health, and the American Medical Association Guidelines for establishing and operating such programs are attached as an appendix to the Policy Manual.

Nurses—Shortage

A severe shortage of graduate nurses continues to imperil the provision of quality patient care. The ISMS supports all forms of qualified nursing education and urges that all such schools be encouraged to remain in operation.

Nursing Homes

Every patient receiving long-term nursing care should have an attending physician who acknowledges his continuing responsibility in writing. Responsible parties, preferably the patient or immediate family, should be urged to select a physician.

Nutrition

Prophylactic use of iron fortified foods is approved in accordance with a 7-point statement developed by the Nutrition Committee and the Council on Environmental and Community Health in 1971.

Occupational Health

Occupational health is an essential ingredient of employee welfare. The adoption and development of health programs in industry should be encouraged.

Occupational health will be advanced through the utilization of industrial physicians.

Osteopaths, Association with

Voluntary professional associations with a Doctor of Osteopathy are not deemed unethical if the Doctor of Osteopathy bases his practice on the same scientific principles as those adhered to by members of the American Medical Association and if he is licensed to practice medicine and surgery in all of its branches in Illinois.

Physician-Patient Relationship

All committees dealing with the review of physician-patient relationship in hospitals and nursing homes are urged not to release findings to any third parties except by subpoena or court order. Any reports issued by the committees involved should be submitted to the chief of staff for his disposition.

Prepayment Plans and Organizations

It is not within the province of ISMS to act in other than an advisory capacity when working with a "third party plan," and its best efforts should be directed toward supplying guidance, education and communications between the membership and the prepayment plans and organizations involved.

The principle of free enterprise as exemplified by private insurance companies and the "Blue" plans is to be endorsed.

Such plans should recognize that free standing medical and surgical facilities are acceptable methods of delivering high quality health care. Reimbursement for expenses incurred as an outpatient in such facilities should be included in the benefits of these plans.

Prolonging Human Life

Any legislation which proposes statutory restrictions that can intrude into the relationship of the physician and his patient and which may interfere with the physician's ability to use his best judgment and training in caring for his patient is not in the best interest of either the patient or the public and should, therefore, be unrelentingly opposed.

Psychosurgery

Psychosurgery refers to those surgical operations which irreversibly destroy brain tissue for the primary purpose of treating mental disorders. Psychosurgery does not include procedures undertaken to treat definable disease states such as tumors, epilepsies, aneurysms and chronic pain syndromes, nor does it include electrical stimulation of the brain, such as electroconvulsive therapy. Psychosurgery should not be performed without adequate documentation of indications, adequate consultation and reasoned consent.

Public Aid

The "chain of command and procedure" in handling problems arising in the field of public aid shall be from the county to the state advisory committee; then the state advisory committee shall assume the responsibility of making the medical program work and cooperating with the Illinois Department of Public Aid to maintain the best type medical care for the recipients of state aid.

The fees paid by the state federal programs to physicians shall be based upon the usual and customary fee concept.

An extensive program of education should be conducted for the recipients of public aid. This should include the intelligent handling of all monies provided.

Rehabilitation of all recipients should be of paramount concern.

Public Health Departments

Public Health is the art and science of maintaining, protecting and improving the health of the people through organized community efforts, including contributions by voluntary health associations, medical societies and other health-oriented groups.

Full time modern local health departments adequately financed and staffed at the county or multiple county level are highly desirable and if available, would be capable of providing these services to the people throughout the state. It is of paramount importance that such departments should be established where none now exist and that county medical societies, as well as physicians, should give their wholehearted support.

Local public health service jurisdictions should be consolidated into sufficiently large geographic and population districts to achieve program efficiency.

Public Safety

Motor vehicle operators should be licensed on the basis of the applicant's physical and mental capacity to operate such a vehicle safely.

Rehabilitation

All physical rehabilitation activities should be prescribed by a physician and the treatment carried out under the supervision of a physician.

Medical societies should render assistance to public and private agencies regarding rehabilitation facilities to be used and in the selection of patients for these services.

Insurance carriers should be encouraged to include rehabilitation services in their contracts.

Relative Value

The Relative Value Study is not a fee schedule and is to be used for information only. All fee payments should be based on the usual, customary and reasonable concept.

No co-efficient shall be established at the state level. The data contained in the study may be used by the ISMS, its committees or by any county medical society.

The study should be revised at appropriate intervals upon recommendation of the Relative Value Committee with approval of the Board of Trustees.

Upon request, copies may be furnished third party purveyors of health care services.

Smoking

The Illinois State Medical Society is opposed to the sale of tobacco and tobacco products in hospitals and will encourage medical staff action to make hospitals tobacco smoke-free.

Specialty Society Representation on ISMS Councils

For the improvement of communication and the discussion of problems of mutual interest and concern, closer liaison between specialty societies of medicine and the councils of the Board of Trustees is desirable. Representatives to serve in this capacity may be nominated by the specialty society, approved by the Board of Trustees of ISMS, and designated as consultants to the council without vote, in compliance with the Bylaws.

Veterans Administration

It is our belief that a Veterans Administration hospital should admit only those patients with service-connected disabilities, except in those instances where the veteran is financially unable to pay for his medical care and hospital services, as shown by a means test.

ADMINISTRATIVE POLICIES

AMA-ERF

The Illinois State Medical Society's dues billing form shall include the names of all medical schools in Illinois so that every member may designate which school is to receive his AMA-ERF contribution.

Assessments

Compulsory assessments of members of hospital staffs for any purpose are unethical and improper.

Autonomy of County Medical Societies

In all areas, the county medical society shall be autonomous, except that no ruling by any county medical society shall conflict with the Principles of Medical Ethics of the American Medical Association or with the Constitution and Bylaws of the Illinois State Medical Society.

Birth Certificates

Birth certificates should contain only such items as are pertinent to their function. Information recorded on birth certificates should not be provided to organizations or individuals for other than approved purposes.

Budgets—(see "Financial Policies")

Committee Appointments

The chairman of the Board of Trustees and the officers of ISMS shall give the trustees an opportunity to recommend physicians from their districts for appointment to various committees. Trustees shall receive the proposed list of committee appointments for their consideration and review prior to the meeting of the Board at which the final committee personnel is to be approved.

Elective committees should serve for uniform terms of office—preferably three years. These terms of office should be held on a staggered basis to provide continuity in the committee structure. Individual tenure on any committee should be limited to a maximum of nine years of continuous membership—whether elected or appointed.

Physicians appointed to an Illinois State Medical Society committee must be members in good standing of this Society.

Constitution and Bylaws

Final copy of any changes made by the House of Delegates in the Constitution and/or the Bylaws shall be prepared for publication by the Committee on Constitution and Bylaws, in consultation with legal counsel, making sure that the published changes reflect the thinking expressed by the action of the House.

Co-operation with the American Medical Association

Actions of the AMA House of Delegates are binding upon its membership at all levels, county, state and national.

(Since all members of the Illinois State Medical Society are also members of the American Medical Association, this is universally true in Illinois. The right to disagree, the right to protest, the right to become "the loyal opposition" is not questioned. However, until such time as the AMA House has reversed its decision, it is mandatory that the membership abide by the will of the majority.)

Dues, Recommendation of the Board to the House

The chairman of the Board of Trustees shall place the question of dues for the coming year on the agenda for consideration by the Board of Trustees in time for the Board to present its recommendations to the House of Delegates each year.

Immediately following this meeting, written notice of the recommendation regarding dues for the next fiscal year shall be mailed to all delegates and alternate delegates from the component societies, and also to all presidents and secretaries of county medical societies. This recommendation shall also be published in the *Illinois Medical Journal* as a part of the annual report of the Chairman of the Board.

Education, Primary and Secondary

Primary and secondary education is a community problem. In order to retain jurisdiction of these grade schools, finances should be raised by taxation at the local level.

Election of AMA Delegates

Delegates to the American Medical Association should almost without exception be elected from those having served first as alternate delegates.

Facility Medical Boards (Physicians)

In all legislation which establishes boards for the administration of medical facilities operated by governmental units, at least one-third of the board should be physicians licensed to practice medicine in all its branches.

Federal Funds

When a federal government assistance program is essential it should be conducted under the administration and control of local government. The Society does not favor any federal assistance program which removes administrative control from the state or local level.

Financial Policies

(1) The Finance Committee is to make budgetary recommendations to the Board of Trustees.

(2) The expenses of any duly elected delegate or alternate delegate attending the meetings of the House of Delegates of the American Medical Association shall not be assumed by the ISMS until he enters his official term of office set by the Constitution and Bylaws of the AMA.

(3) The expenses of any official representative of the ISMS attending any authorized meeting shall be determined by the Finance Committee and approved by the Board of Trustees.

(4) Any new project authorized by House action requiring the expenditure of funds must be accompanied by an estimate of the cost and suggested methods of providing the necessary funds.

(5) Budgets submitted to the House by the Board should provide for the ensuing fiscal year.

(6) In addition to fixed reserves, the development of a contingency reserve is desirable.

(7) All financial records shall be available at headquarters office, and may be examined by any member of the Society. A semi-annual summary of the financial statements of the Society shall be mailed to any county societies secretary or delegate if requested. A projected budget for the next fiscal year shall be mailed to the members of the House of Delegates at least 30 days prior to the annual convention. These reports shall be in the format customarily used in ordinary corporate practice.

House of Delegates, Special Meetings of

When a special meeting of the House of Delegates is scheduled which may involve an increase in dues or a special assessment, the call for that meeting shall contain specific notification of that possibility.

ISMS Candidates for AMA Positions

Selection and or endorsement of ISMS candidates for positions on AMA Board, councils and committees should be submitted to the American Medical Association by the ISMS Delegation, through its chairman, after consultation with the ISMS Board of Trustees or its Executive Committee.

Individual Rights

Since this Society believes that a strong America is a free America, the rights of an individual, or a group of individuals, to openly express themselves cannot be condemned even if one is in complete disagreement, if the laws of the land are not violated. To support such condemnation would be inconsistent with this Society's basic philosophy.

Journal Publications

The Publications (Journal) Committee, with the approval of the Board of Trustees, has authority over the publication policy and the screening of all advertisers and advertising copy appearing in the *Illinois Medical Journal*.

Lay Employees' Functions

Policy is established by the House of Delegates.

Staff shall cooperate with officers and committee chairmen in setting up activities and in carrying out all necessary routine.

Staff also shall keep new officers and committee chairmen aware of policy statements, and assist them in the preparation of reports to the House of Delegates to:

change existing policy

establish new policy

request House approval of committee projects and or procedure involving policy.

Committees shall be informed of their right to set up operating rules and regulations.

Legal Counsel

The legal counsel of the Illinois State Medical Society shall concern himself with official inquiries from officers, trustees, committee chairmen and county medical societies. Such inquiries shall be channeled through the Executive Administrator.

Legislation

All matters pertaining to state or federal legislation shall be referred to the Governmental Affairs Council for consideration and recommendation prior to Board of Trustees and/or House of Delegates action.

Matters pertaining to federal legislation shall be checked against recommendations or policies of the American Medical Association by the Council on Governmental Affairs of the Illinois State Medical Society prior to making a recommendation either to the Board of Trustees or to the House of Delegates.

Before any legislation is developed for presentation to the Illinois General Assembly, the proposed law shall be considered by the Council on Governmental Affairs which shall work in close cooperation with any other Society committee involved. The instigating committee should determine the content of the law and the Governmental Affairs Council primarily should consider relationship of the proposed legislation to the total legislative program.

Any Council or Committee recommending legislation to the attention of the Governmental Affairs Council must provide expert witnesses when called upon to testify before Senate and House Committees in support of, or in opposition to, the legislation recommended by the Council or Committee.

Legislative Intrusion into Medical Judgment

The Illinois State Medical Society opposes any and all legislative efforts to interfere with physicians' judgment as to which procedures are appropriate and in the best interest of his or her patients and ISMS will work aggressively to oppose any legislation abridging the physician's prerogatives in this regard.

Mailing List

The use of the mailing list of ISMS members must be approved by special action of the Board of Trustees.

Medical Representation in Government Planning

In health programs financed by government funding in an Illinois community, there shall be representation at the highest policy level by an official representative of the State Society and the appropriate county medical society involved. Remuneration for services in above programs shall follow the policies of the Illinois State Medical Society.

Only those programs which have involved physicians at the local level in the planning and development stages shall be approved by ISMS.

Unless physicians appointed to the boards and committees of other organizations, such as local Comprehensive Health Planning "b" agencies, are nominated by their local county medical society, such physicians shall not be considered "representative" of the medical community.

Membership in Paramedical and Service Organizations

Membership in Chambers of Commerce (city, state and national) is to be encouraged. This policy extends to the individual physician as well as to the component societies.

The Society recommends that physicians affiliate with service clubs, local political action groups and participate to the fullest extent possible in affairs affecting the health and welfare of the residents of Illinois.

Membership of Osteopathic Physicians in ISMS

Osteopathic physicians who meet all qualifications for membership, base their practice on the same scientific principles as those adhered to by members of the AMA, and are licensed to practice medicine in all its branches in Illinois, may be accepted as active members by the county medical societies throughout the state, and be accorded all privileges of full membership at the county and state levels and be so reported to the American Medical Association for acceptance at that level.

Placement Service

Before the Physicians' Placement Service recommends that a town in Illinois be listed as needing a physician, it shall be established that the need actually exists; that the community can support a physician; that certain physical assets (office–home–schools, etc.) are available for the physician and his family.

The qualifications of the physician also shall be ascertained prior to furnishing him with the list of available areas in Illinois needing a physician.

Policy Statements

Policy statements shall be defined as guidelines for the management of the Illinois State Medical Society affairs, based upon prudence, sound judgment and experience.

Rules and regulations may be prepared by the Board of Trustees or by committees, for use in the implementation of policy.

Polls, Opinion

The vote of the House of Delegates shall express the opinion of the majority of the Illinois State Medical Society membership. Since delegates are the duly elected representatives of their county medical societies and their voting reflects the thinking of their constituents, a majority opinion has been expressed, and a membership poll becomes unnecessary except under very exceptional conditions.

The Board of Trustees should utilize various innovative methods in order to ascertain the most effective means of obtaining the opinions of the membership and ISMS should conduct periodic membership opinion polls on critical basic issues facing the society.

Press

All county medical societies should be encouraged to cooperate with the local press. The public should be provided with prompt and accurate information in all health fields; the source of this information should be the medical profession.

County medical societies should provide information at the local level; the State Society is responsible for press releases involving State Society officers or any official statements of the Society appearing in the press.

A code of ethics applicable to medicine and the fourth estate should be developed. (That used in the Decatur area has been given national recognition by the AMA.)

Professional Liability

The Illinois State Medical Society endorses the concept of effective peer review in all matters related to the professional liability of physicians including the right of individual physicians to appear before appropriate peer review committees responsible for his liability insurance coverage.

The Illinois State Medical Society should protect the interests of its members by encouraging the provision of a guarantee of due process in the bylaws of the Illinois State Medical Inter-Insurance Exchange.

Publication of Research Data

In releasing research material for publication in the *Illinois Medical Journal*, or any other media, extreme care should be exercised. The welfare and privacy of the patient, and the professional reputation of the physician should be of primary concern.

If any question arises, consultation with the Board of Trustees is suggested. All such inquiries should be addressed to its chairman.

Public Affairs

No officer or member of the Board of Trustees should be permitted (during his term of office) to allow his name as an officer or a member of the Board to be used in lists endorsing candidates for public office. Naturally his right to this privilege as a private individual is not affected.

Rebates

In conformity with the AMA Principles of Ethics, rebates of any nature to any member, county or regional medical society, are unethical. This statement on rebates was developed as a result of a letter regarding collection services. It read in part:

"It is our policy to remit to a participating association the sum of 10 per cent of the gross book sales to its members in addition to 10 per cent of the gross commissions received from collections. A report and accompanying payment is submitted monthly from our office."

Reference Committee Appointments

Whenever possible at least two members shall be retained on all reference committees for the following year in order to effect continuity of experience.

Reference Service

Physician reference service shall be the responsibility of the county medical society. When any such request is received at the state society office or by any officer of the ISMS, it shall immediately be referred to the secretary of the county medical society involved.

Stationery, Use of Official

No officer, trustee, committee chairman or staff director is to use the official stationery of the Illinois State Medical Society for personal statements of any nature. This shall pertain especially to the endorsement of any candidate for public office.

Surveys

The Illinois State Medical Society endorses the principle of mass surveys and encourages the use of this method whenever it meets with the approval of the local county medical society.

Any new state program involving more than one county society should be submitted to the Board of Trustees for initial approval.

Uniform Health Insurance Claim Form

The Illinois State Medical Society supports the use of the Health Insurance Claim Form developed by the AMA Council on Medical Service by all insurance carriers and physicians.

ISMS Auxiliary

Projects in which the Auxiliary participates shall be approved by the local county medical society.

Requests for cooperation between the Auxiliary and the Illinois State Medical Society should be channeled through the Advisory Committee provided by the Board of Trustees.

Policy Manual

APPENDIX

Multiphasic Health Testing Council on Environmental and Community Health Statement

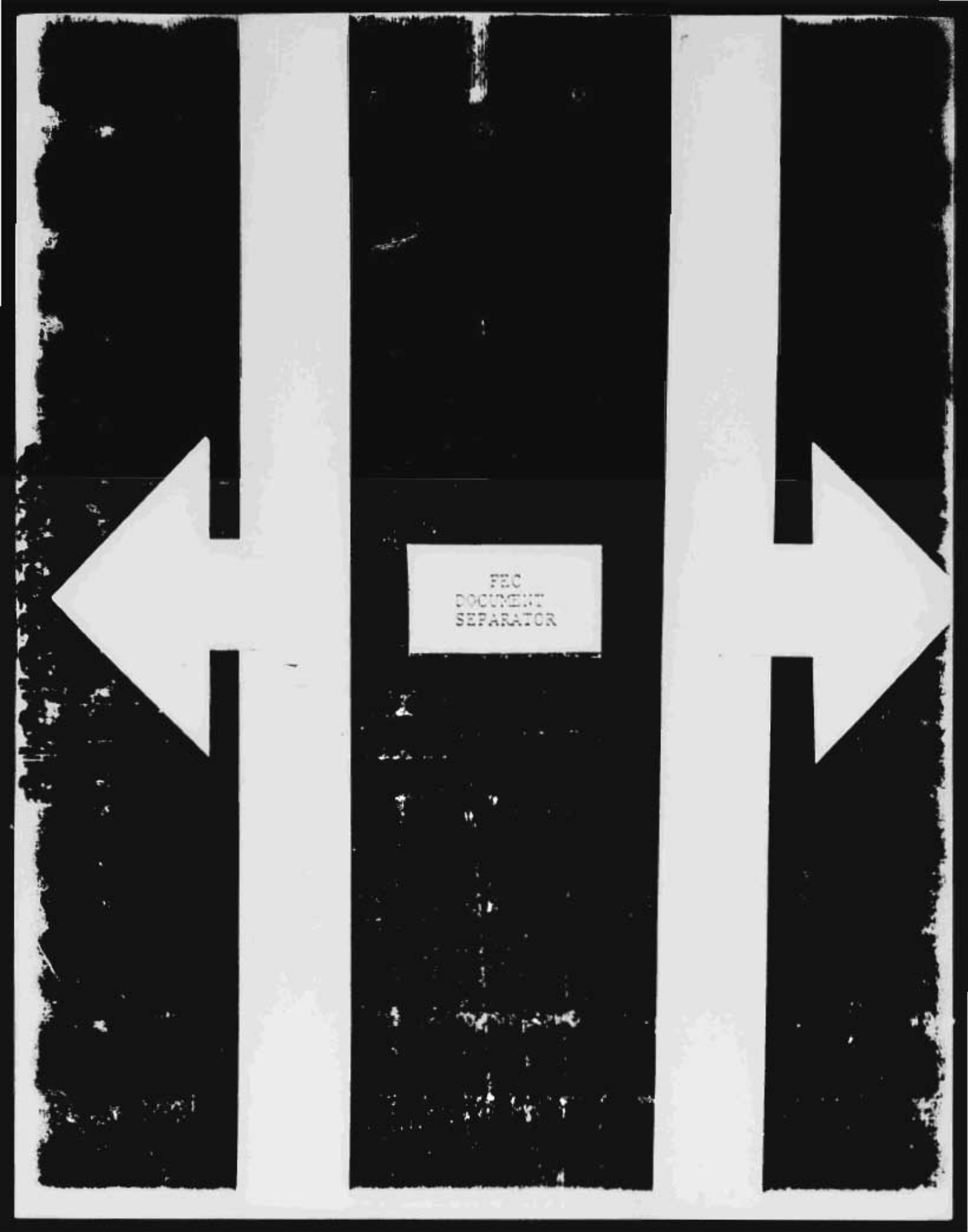
During the recent past there has been an upwelling of various automated or multiphasic health testing or screening programs. The use of the results of such testing has at times led to a false sense of security on the part of patients, whereas other programs are being foisted on the public with the view to making money with very little concern for an individual's well being. Other programs are offered as having direct, immediate and practical medical value, without review by a physician. These many concerns prompt the necessity of a position statement on the use and application of such programs.

There is a place for computer and automated multiphasic testing and screening programs as an extension of the services available to the physician as he considers each individual case. It is entirely possible that such a mechanism will enable a physician to expand his scope of operation.

Forms of automated multiphasic health testing have been used by public health agencies and centers for developmental research in epidemiology. In these programs, unselected control patients have been tested. Testings have been done to establish medical priorities or case findings in communities. Other testing has been done to separate those who probably have certain characteristics from those who do not.

Occupational or industrial health programs have used testing programs for the betterment of employees' health and working conditions. Programs such as these, whether a pre-employment examination or a study to control health hazards, are not necessarily related to medical care as such. The physician in charge may or may not at the same time be the attending physician of the employee.

As far as automated multiphasic health testing programs for individuals are concerned, these programs obtain health related data and act as data collecting sources, following a routine using technicians or mechanical and electronic devices to determine facts. In several hours a variety of tests and measurements can be made which may provide a profile of an individual's physical status. Such a profile can be of value to a physician. The testing is not diagnosis or interpretation.


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EXIBITS #293-#362 MUR#253

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ILLINOIS STATE MEDICAL SOCIETY

Constitution And Bylaws

Adopted, 1903
As Amended, 1976

CONSTITUTION

ARTICLE I. NAME

The name and title of this organization shall be the Illinois State Medical Society.

ARTICLE II. PURPOSES OF THE SOCIETY

The purposes of this Society are to promote the science and art of medicine, to protect the public health, to elevate the standards of medical education and to unite the medical profession behind these purposes; to promote similar interests in the component societies and to unite with similar organizations in other states and territories of the United States to form the American Medical Association. The Society shall inform the public and the profession concerning the advancements in medical science and the advantages of proper medical care.

ARTICLE III. COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Society.

ARTICLE IV. COMPOSITION OF THE SOCIETY

The Society shall consist of active members and such other members as the Bylaws may provide.

ARTICLE V. HOUSE OF DELEGATES

Section 1. The House of Delegates shall be the legislative body of the Illinois State Medical Society, and unless otherwise herein provided, its deliberations shall be binding upon the officers, including the Board of Trustees. The House of Delegates shall set the basic policy and philosophy of the Society.

Section 2. The House of Delegates shall elect the general officers, except as otherwise provided in the Bylaws.

ARTICLE VI. OFFICERS

The officers of this Society shall be a president, a president-elect, a first vice president, a second vice president, a secretary-treasurer, a speaker and vice speaker of the House of Delegates, nineteen trustees and one trustee at large, and such other officers as the Bylaws may provide.

ARTICLE VII. BOARD OF TRUSTEES

The Board of Trustees, whose duties are executive and judicial, shall have charge of all property and all financial affairs of the Society, and shall perform such other duties as are prescribed by law governing the directors of corporations, or as may be prescribed in the Bylaws.

ARTICLE VIII. CONVENTIONS AND MEETINGS

The Society shall hold an annual convention during which there shall be a business meeting of the House of Delegates which shall be open to all registered members.

ARTICLE IX. THE SEAL

This Society shall have a common seal with power to break, change or renew the same when necessary.

ARTICLE X. AMENDMENTS

The House of Delegates may amend this Constitution at any annual business meeting of the House of Delegates provided that the amendment shall have been proposed at the preceding annual business meeting, and that two-thirds of the members of the House of Delegates seated concur in the amendment.

BYLAWS

CHAPTER I. MEMBERSHIP

Section 1. *Members.* Members shall consist of Regular members, Associate members, Emeritus members, Retired members, Service members, Distinguished members, In-training members and Student members. Members enjoy full rights and privileges, including the right to vote and hold office and are counted in determining the strength of the Society's Delegation to the American Medical Association.

A. *Regular Members.* Regular members shall be those physicians licensed to practice medicine in all its branches in the State of Illinois, who are either residents of the State of Illinois or who practice principally in Illinois, are persons of good moral character and professional standing and members of their ISMS component society.

Members in good standing moving out of Illinois may retain membership (not to exceed one year) in the Illinois State Medical Society until they are accepted into membership in the medical society of the state to which they have moved.

Physicians serving as full-time employees of the American Medical Association and other physicians licensed in one of the states or territories of the United States but not licensed in Illinois may become regular members although they are not actively engaged in the practice of medicine.

B. *Associate Members.* Associate members are physicians who hold the degree of Doctor of Medicine, who have a hospital permit to practice medicine in the State of Illinois and are members of their component medical society.

C. *Emeritus Members.* Emeritus members are those who have been regular members in good standing for thirty-five years, have reached or will have reached the age of seventy before the next fiscal year of the Society, have made written application to their component society and have been recommended by their component society for emeritus status. Such membership shall be effective January first of the year following election. Credit for membership in other American Medical Association constituent societies shall be accorded transferees, provided they have been members of this Society for at least five years.

D. *Retired Members.* Retired members shall consist of those who have been regular members and who by reason of age or incapacity have retired from active practice and who upon application and recommendation from their component society have been made retired members. Retired status is not available to physicians who assume compensated positions after retiring from medical practice.

E. *Service Members.* Physicians serving as medical officers in the United States Governmental Services, who are members of a component society, so long as they are engaged actively fulltime in their respective service, and thereafter if they have been retired on account of age or physical disability, shall be elected to service membership.

F. *Distinguished Members.* Physicians of Illinois or other states or foreign countries who have risen to prominence in the profession, teachers of medicine or of the sciences allied to medicine, not eligible for regular membership, or members of associated arts and sciences, who have made significant contributions to medicine may be nominated by any member of the House of Delegates and may be elected by the House at any annual convention by a two-thirds affirmative vote of those present and voting. They shall not be considered as members in determining the number of delegates to the American Medical Association, but they may participate in all other society activities.

G. *In Training Members.* In-training members are persons who are medical school graduates, of good moral character and professional standing and serving an internship or residency approved by the American Medical Association in the State of Illinois and are members of a component medical society. Membership shall end at the end of the year in which training is terminated. Following this, in-training members may apply for regular membership through their component society.

H. *Student Members.* Student members are those who are currently enrolled in an Illinois medical school or are Illinois residents enrolled in an approved medical school within the boundaries of the United States, are of good moral character, professional and academic standing and student members of a component society.

Section 2. *Discrimination of Membership.* Membership in the Illinois State Medical Society shall not be denied or abridged because of color, creed, race, religion, sex or ethnic origin.

Section 3. *Tenure and Termination.*

A. *Tenure of Membership.* The name of a physician on a properly certified roster of members of a component society which has paid its annual assessments, shall be prima facie evidence of membership in this society. The member shall retain his membership so long as he complies with the provisions of this Constitution and Bylaws and with the Principles of Medical Ethics of the American Medical Association. A member shall hold only one type of membership at any one time.

B. *Termination of Membership.* Any person who is under sentence of suspension or expulsion from a component society shall not be entitled to any of the rights or benefits of this society nor shall he be permitted to take part in any of the proceedings until he has been reinstated. Non-payment of dues by May 1 of each year shall be grounds for termination of membership.

CHAPTER II. DUES, FUNDS AND ASSESSMENTS

Section 1. *Dues.* Annual dues may be levied by the House of Delegates on each class of membership. The amount of dues shall be recommended by the Board of Trustees and shall be fixed by the House of Delegates and shall include the dues and/or assessments approved by the House of Delegates of the American Medical Association. These shall include the annual subscription to the *Illinois Medical Journal* which shall be at least fifty percent of the regular subscription price of the *Journal*. Only Regular, Associate, In-training and Student members shall be assessed annual dues. The assessment shall be paid by the component society for its members prior to March 31 of each year.

Section 2. *Reduction and Remission of Dues.* Physicians in private practice of medicine may be given a fifty percent reduction in dues during the first year of practice, upon recommendation of their component society. Physicians approved for membership after June 30 shall pay one-half the annual dues for that year. The Board of Trustees may authorize remission of dues of any member on recommendation of his component society for good reason. In such cases the secretary shall recommend remission of dues by the American Medical Association. Emeritus members, Retired members, Service members and Distinguished members are not required to pay dues.

Section 3. *Assessments and Funds.* In addition to dues, assessments may be made on dues-paying members as may be recommended by the Board of Trustees and approved by the House of Delegates. Unless specifically indicated as voluntary, any assessment passed by the ISMS House of Delegates shall be considered a part of a member's dues for the purposes of membership in this organization.

CHAPTER III.
EDUCATIONAL AND SCIENTIFIC PROGRAMS

Educational and scientific programs shall be provided by the Society at such times and places as recommended by the Board of Trustees and approved by the House of Delegates.

CHAPTER IV. HOUSE OF DELEGATES

Section 1. *Composition.* The voting membership of the House of Delegates shall consist of 1) delegates elected by component societies and affiliated groups, 2) the President, 3) the President-elect, 4) the Vice Presidents, 5) the Secretary-Treasurer, 6) the Speaker and Vice Speaker, and 7) Trustees. Past trustees, past presidents, past speakers, general officers of the American Medical Association, and delegates and alternate delegates from the Illinois State Medical Society to the American Medical Association may have the privilege of the floor without vote.

Section 2. *Delegates.* Each component society shall be entitled to send one of its members to the House of Delegates each year for each seventy-five members, not to include student members, and one for a major fraction thereof, but each component society which has made its annual report and paid its assessment as provided for in this Constitution and Bylaws shall be entitled to one delegate. The number of delegates to which any component society is entitled shall be determined by the number of members of the component society on membership rolls of the Illinois State Medical Society as of December 31 of the preceding year. The term of office of a delegate shall begin January first following his election and shall be for two years, or until his successor has been elected. Component societies with only one delegate may elect for one year.

Section 3. *Affiliate Group Delegates.* The student members of the Illinois State Medical Society shall be considered a single affiliate group and shall be entitled to elect from their group, one student delegate with vote and one student alternate delegate to serve in the House of Delegates. One intern-resident delegate with vote and an alternate delegate, representing the interests of Illinois house staff, shall be nominated by the Advisory Committee to Physicians in Training pursuant to appointment by the Board of Trustees. Each delegate shall be considered as an Affiliated Group Member of the Illinois State Medical Society. The term of office shall begin January first following his election and shall be for two years, or until his successor is elected.

Section 4. *Time and Place of Meeting.* The House of Delegates shall meet twice each year. These two meetings shall be designated as the annual meeting and the interim meeting. The time and place of both shall be as the House determines, except that the interim meeting should not exceed three days and it should be held in a district other than where the annual meeting is held.

Section 5. *Quorum.* Fifty delegates representing no less than twenty component societies shall constitute a quorum for the transaction of business.

Section 6. *Special meetings.* Special meetings of the House of Delegates may be called by a majority of the Board of Trustees or upon petition of twenty component societies. When a special meeting is called, the secretary shall mail a notice to the last known address of each member of the House of Delegates at least ten days before the special meeting is to be held. The notice shall specify the time and place of the meeting and the purpose for which the meeting is called. The meeting shall not consider any business except that for which it was called.

Section 7. *Registration.* Before being seated at any annual or special session, each delegate or his alternate shall deposit with the Reference Committee on Credentials a certificate signed by the President and/or the Secretary of his component society stating that the delegate or alternate has been regularly elected to the House of Delegates. A delegate or his alternate may be seated without credentials, provided he is properly identified and is certified to the secretary of the Illinois State Medical Society. Whenever a delegate or his alternate are unable to attend a particular meeting, the component society may select and certify a substitute delegate who shall have the same powers and duties as did the delegate. A delegate whose credentials have been accepted by the Reference Committee on Credentials and whose name has been placed on the roll of the House, shall remain a delegate until the final adjournment of that session. If a delegate, once seated, is unable to be present for reasons acceptable to the Committee on Credentials, an alternate may be certified by the committee. After the alternate has been seated, he cannot be replaced for that session.

Section 8. *District Division.* The House of Delegates shall divide the state into districts, specifying which counties each district shall include.

Section 9. *Order of Procedure.* The order of business of the House of Delegates shall be determined by the Speaker, subject to approval by the Reference Committee on Rules and Order of Business. Sturgis Standard Code of Parliamentary Procedure, Current Edition, shall be the guide for all procedure when not in conflict with the Constitution and Bylaws.

Section 10. *Privilege of the Floor.* The House of Delegates by two-thirds vote of those present and voting, may extend an invitation to address the House to any person who in its judgment might assist in its deliberations.

Section 11. *Introduction of Resolutions and Other Business.* All resolutions must be introduced by a voting member of the House. Resolutions to be printed in the handbook must be submitted nine weeks prior to the annual meeting. Resolutions to be mailed to the delegates prior to the annual meeting must be submitted to ISMS headquarters four weeks prior to the annual meeting. Resolutions submitted after the above date must be approved by the Speaker, Vice Speaker and one delegate from CMS and one from outside CMS or by a two-thirds vote of the House of Delegates before they will be considered as business of the House. Reports of committees, councils and officers requiring action must submit recommendations to the House as a resolution for action. Reports, resolutions and requests for action after the opening of the first session of the House of Delegates shall require for consideration a two-thirds affirmative vote.

CHAPTER V. ELECTION OF OFFICERS

Section 1. *Officers.* The officers of this Society shall consist of the president, president-elect, first and second vice presidents, secretary-treasurer, speaker and vice speaker, nineteen trustees and one trustee-at-large.

Section 2. *Elections.* All elections shall be by ballot except when there is only one candidate for a given office, then election may be by voice vote.

The majority of votes cast shall be necessary to elect.

The election of officers, delegates and alternate delegates to the AMA, shall follow the completion of action on current and old business at the final session of the House of Delegates.

Section 3. *Terms of Office.* The president-elect, vice-presidents, secretary-treasurer, the speaker and vice speaker shall be elected annually by the House of Delegates to serve for a term of one year.

Members of the Board of Trustees shall be elected by the House of Delegates to serve for a term of three years. The number of consecutive terms that may be served by a trustee is limited to three. This shall become effective July 1, 1975, and shall not have retroactive application.

The speaker and vice speaker shall not be elected for more than two consecutive terms to their respective offices; they shall be elected from the membership of the House of Delegates.

The president-elect shall be inducted into the office of president by the retiring president during the final session of the House of Delegates. After assuming office at the adjournment of the annual business meeting, he shall continue in office until his successor has been elected and installed. Following his retirement as president, he shall automatically become trustee-at-large for a term of one year.

CHAPTER VI. DUTIES OF OFFICERS

Section 1. *The President.* The president of the Illinois State Medical Society shall lead the Society in all its functions. He shall deliver an annual address at such time as may be arranged, and perform such other duties as custom and parliamentary usage may require.

Section 2. *The President-Elect.* The President-Elect shall serve as the chairman of the Committee on Planning and Priorities.

Section 3. *The Vice Presidents.* The vice presidents shall act for and perform such duties for the president as he shall direct. They shall, when so acting, implement and advance the programs and policies of the president.

In the event of the president's death, resignation or removal from office, the first vice president shall succeed to the presidency.

In the event of a vacancy in the office of first vice president, the second vice president will become first vice president.

Section 4. *Successor to President-Elect.* In the case of death, resignation, or removal from office of the president-elect, the office shall be filled by the House of Delegates at the next annual convention by election at a time recommended by the Reference Committee on Rules and Order of Business.

Section 5. *The Speaker.* The speaker, who shall be versed in parliamentary procedure, shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require.

He shall appoint all committees of the House of Delegates.

He shall seek the advice of officers and trustees.

He shall be a member of the Committee on Constitution and Bylaws.

Section 6. *The Vice Speaker.* The vice speaker shall preside for the speaker in the latter's absence at his request. In case of death, or resignation of the speaker, the vice-speaker shall serve during the unexpired term.

Section 7. *The Secretary-Treasurer.* In addition to the rights and duties ordinarily devolving on the secretary of a corporation by law, custom or parliamentary usage, and those granted or imposed in other provisions of the Constitution and these Bylaws, the secretary-treasurer shall be the official custodian of all securities and the income therefrom owned by the Society, subject to the direction and disposition of the Board of Trustees. He shall be a member of the Finance Committee of the Board of Trustees.

The Board of Trustees may select a bank or trust company to act as custodian in the place of the secretary-treasurer, of all or any part of such securities and to act as agent of the Society in collecting the income therefrom.

He shall perform such other duties as may be directed by the House of Delegates or by the Board of Trustees.

In the event of a vacancy in the office of the secretary-treasurer, the Board of Trustees shall fill the vacancy until the next annual election.

Section 8. *Delegates and Alternate Delegates to the American Medical Association.* Members of the Illinois State Medical Society's delegation to the American Medical Association are officers of this society and, as such, share jointly with the Board of Trustees the responsibility for carrying out policies established by the ISMS House of Delegates as they pertain to the AMA activities.

Members of the delegation are responsible for participating actively in the House of Delegates of ISMS and the AMA to the extent allowed under the bylaws of each organization. They are responsible for submitting to the AMA appropriate resolutions and they are obliged to seek passage of these resolutions in the AMA House of Delegates until such time as circumstances and/or additional facts make continued effort impractical or impossible.

CHAPTER VII. THE BOARD OF TRUSTEES

Section 1. *Composition.* The Board of Trustees shall consist of: nineteen trustees elected by the House of Delegates, one trustee-at-large (the retiring president, who shall serve a term of one year), the president, the president-elect, the speaker and vice speaker of the House of Delegates, the first vice president and second vice president, and the secretary-treasurer. The chairman of the Illinois Delegation to the American Medical Association, or the secretary in the absence of the chairman, shall serve as an ex-officio member of the Board of Trustees without vote. Nine trustees shall be chosen from District 3 and one from each of the other ten districts.

Region 1A (comprising the counties of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago) shall be entitled to one trustee for the two-year trial period approved in Resolution 75A-45 as passed by the House of Delegates on April 5, 1975. During this period, District 3 shall be entitled to an additional trustee.

During this two-year period, the Board of Trustees shall consist of twenty-one trustees.

Section 2. *Duties.* The duties of the Board of Trustees are executive, custodial and judicial.

A. *Executive Duties.* The Board of Trustees shall implement all mandates from the House of Delegates except in matters of property or finance when it shall have sole authority.

The Board of Trustees may establish a not-for-profit corporation of physicians known as the Illinois Foundation for Medical Care.

The Board of Trustees may request a report from

any committee in the interim between meetings of the House of Delegates.

B. *Custodial Duties.* The Board of Trustees shall have charge and control of all property of whatsoever nature belonging to the Society, and of all funds from whatsoever source belonging to the Society.

No person shall expend or use for any purpose money belonging to the Society without the approval of the Board of Trustees.

All money received by the Board of Trustees and its agents, resulting from the duties assigned them, shall be paid into the treasury of the Society, and all orders on the treasury for disbursement of money shall be approved by the Board.

The Board of Trustees shall formulate rules governing the expenditure of money to meet the necessary running expenses and fixed charges of the Society.

All acts of the House of Delegates involving the expenditure, appropriation or use in any manner of money, or the acquisition or disposal in any manner of property of any kind belonging to the Society, must be approved by the Board of Trustees before same shall become effective.

Funds may be appropriated to encourage scientific investigation, medical education or any other purpose deemed proper and approved by the Board of Trustees.

C. *Judicial Duties.* The Board of Trustees shall be the board of censors of the Society. It shall have jurisdiction over all questions of ethics and in the interpretation of the laws of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to component societies, or to this Society.

All questions of an ethical nature before the House of Delegates or the general scientific meetings, shall be referred to the Board of Trustees without discussion. The Board shall hear and decide all questions of procedure affecting the conduct of members on which an appeal is taken from the decision of a component society.

The decision of the Board of Trustees shall be final except that an appeal may be taken by a member charged with misconduct as provided for in the Constitution and Bylaws of the American Medical Association.

Section 3. *Executive Administrator.* The Board of Trustees shall employ an executive administrator (who, when he shall be a physician, may be designated as the executive vice-president) whose duties shall be determined by the Board. He shall be responsible to the chairman of the Board. The Board shall review at each of its meetings the interim activities of the administrator. The Board also shall employ such other people as are needed for the conduct of the affairs of the Society.

Section 4. *Meetings.* The Board of Trustees shall meet daily during the annual convention of the Society, and at such other times as necessity may require, subject to the call of the chairman, or on the petition of the majority of the Trustees.

Section 5. *Organization.*

A. *Chairman.* The Board of Trustees shall meet on the last day of the annual convention and elect from among its members a chairman. He shall hold office for one year and may succeed himself for one additional year. The immediate past president shall temporarily assume the responsibilities of the Chairman of the Board in the latter's absence.

B. *Duties of the Chairman.* The chairman of the Board of Trustees shall prepare an agenda and shall preside at all meetings of the Board. He shall make an annual report to the House of Delegates. He shall be chairman of the Executive Committee. He shall present the report of the actions of the Executive Committee to the Board.

Section 6. *Quorum.* Ten members of the Board of Trustees from at least seven districts shall constitute a quorum for the transaction of business.

Section 7. *County Societies.* The Board of Trustees shall have authority to organize the physicians of two or more counties into societies to be suitably designated, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

Section 8. *Publication.* The Board of Trustees shall provide and superintend the publication and the distribution of all proceedings, transactions and memoirs of the Society, and shall have authority to appoint an editor and such assistants as it deems necessary.

Section 9. *Bonding.* The Board of Trustees shall provide at the expense of the Society, adequate bond for those officers and employees of the Society it considers require bonding.

Section 10. *Duties of Trustees.* Each trustee shall be the organizer, consultant, adviser, administrator and speaker for the members of his district, and represent the Society as well as the members of his district at the Board meetings.

Each trustee should visit the societies in his district at least once a year. He shall make an annual report of his work and the condition of the profession in each society in his district to the Board of Trustees and to the House of Delegates.

Where his district is composed of more than one county, the trustee shall be an ex-officio member of all district committees. He shall report to the Board of Trustees the actions of the component societies in reports of these committees.

The necessary traveling expenses incurred by such trustee in the line of the duties herein imposed, may be allowed by the Board of Trustees upon presentation of a properly itemized statement.

Section 11. *Vacancies.* If during the interval between two annual conventions, sickness, death, or removal from the state or district, or any other reason prevents a trustee from attending the duties of his district, or if he shall be absent from two consecutive meetings of the Board, his office may be declared vacant at the discretion of the Board. The Board shall have the authority to fill the vacancy for the period between the date at which the office was declared vacant and the next annual meeting of the House of Delegates.

Section 12. *The Benevolence Fund.* Each year the Board shall appropriate from the funds of this Society such sum or sums as it may deem proper to be held in a fund to be known as "The Benevolence Fund." This fund is established and shall be used only for the assistance or relief of needy members of this Society, their widows, widowers, or minor children. The assets shall be held in the treasury of this Society in a separate fund. Donations or bequests to the Benevolence Fund automatically become a part of these assets.

Section 13. *Audit and Financial Statement.* The Board of Trustees shall employ annually a certified public accountant to audit all accounts of the Society, and present a statement of same in its annual report to the House of Delegates.

This report also shall specify the character and cost of all publications of the Society during the year, and the amount of all other property belonging to the Society under its control, with such suggestions as it may deem necessary.

CHAPTER VIII. DISTRICT COMMITTEES

Each trustee district which is composed of more than one county, shall have an Ethical Relations Committee, a Peer Review Committee, and such other committees as required to provide to each component society those services the component society may not be able to provide for itself. District committees shall function only at the request of a component society within the district.

Complaints initially received by district committees shall be referred immediately to the component society for action.

District committees shall be governed by the procedural rules and regulations governing the counterpart state society committee or by these Bylaws.

Reports of findings and recommendations of these district committees shall be made to the component society which requested action.

The district trustee shall include a summary of the activities of each of these committees and the findings in general, in his annual report to the House of Delegates.

The committee members shall be elected at a meeting of the delegates of the district called by the trustee of the district, before or during the annual convention of the Illinois State Medical Society. Chairmen of the committees shall be designated by the trustee of the district, and the trustee shall be an ex-officio member of each committee.

CHAPTER IX. COMMITTEES

Section 1. *Committee Structure.* The committee structure of the Illinois State Medical Society shall be as follows:

A. Councils (standing committees)
B. House of Delegates Committees
C. Board of Trustees Committees
D. Ethical Relations Committee (Chapter XI of these Bylaws)

Section 2. *Councils.*

A. The Medical-Legal Council shall be concerned in the areas of:
   1. Liaison with the Illinois Bar Association
   2. Liaison with courts, particularly where impartial medical testimony is involved.
   3. Implementation of the Impartial Medical Testimony Rule
   4. Legal aspects of medical practice other than in the area of mental health
   5. Licensing and standards of practice.
   6. Quackery
   7. Anatomical gifts and organ transplants

B. The Council on Governmental Affairs shall be concerned in the areas of:
   1. Federal and state legislation—analysis and communication
   2. Legislative liaison—both state and federal
   3. Political education

C. The Council on Education and Manpower shall be concerned in the areas of:
   1. Liaison with medical schools, curricula, etc.
   2. Health manpower and training
   3. Internships, residencies, etc.
   4. Scientific assembly
   5. Student loans
   6. Liaison with American Student Medical Association
   7. Continuing Medical Education

D. The Council on Economics and Peer Review shall be concerned in the areas of:
   1. Relations with governmental purchase of care programs (Medicare, Medicaid, Vocational Rehabilitation, etc.)
   2. Relations with prepayment, insurance and other third party plans.
   3. Fees and fee adjudication
   4. Health care cost and utilization
   5. Peer Review (Part 2 of Chapter XII of these Bylaws)

E. The Council on Environmental and Community Health shall be concerned in the areas of:
   1. Governmental Departments of Health
   2. Public Safety
   3. Occupational Health
   4. Child and School Health
   5. Pollution
   6. Nutrition
   7. Maternal Welfare

F. The Council on Public Relations and Membership Services shall be concerned in the areas of:
   1. Publicity and promotion
   2. News media relations
   3. Exhibits and public service programming
   4. Religion and medicine
   5. New member orientation and membership benefit explanation

G. The Council on Mental Health and Addiction shall be concerned in the areas of:
   1. Facilities and services
   2. Liaison with Department of Mental Health
   3. Legal aspects of commitment, etc.
   4. Narcotics and dangerous drugs
   5. Alcoholism

H. The Council on Social and Medical Services shall be concerned in the areas of:
   1. Health care facilities and services
   2. Emergency and disaster care
   3. Liaison with other health professional and health oriented organizations
   4. Health care of the poor
   5. Problems of aging
   6. Rural health

I. The Council on Affiliate Societies shall be concerned in the areas of:
   1. Liaison between the affiliate society and ISMS.
   2. Scientific resource information and advice to ISMS.
   3. Consultation to other councils, e.g., postgraduate education, health care delivery, publicity, legislation.
   4. Advances of medical science in special fields.

J. Planning and Priorities Committee. This committee shall review the ongoing plans and programs, establish appropriate priorities and develop plans for future programs. In the discharge of its duties, it should assist the President-Elect in the formation of his objectives for accomplishment during his term as President. The President-Elect shall serve as the chairman of the committee.

Section 3. *Organization of Councils.*

A. Councils and the chairmen thereof shall be appointed by the Board of Trustees.

B. Each Council shall have authority to request the Board of Trustees to appoint subcommittees under the councils for any purpose within the functions of the Council. A member of the Council shall be designated as chairman of each subcommittee and shall be selected by the Board of Trustees. Each subcommittee shall be used only for the specific purpose or purposes assigned to it and shall terminate as soon as its final report has been made or at the direction of the Board. The chairman of a Council may not serve as chairman of any subcommittee of the Council.

C. Members of the Illinois State Medical Society (who are not voting members of the Board of Trustees) may be appointed to serve as chairmen or members of any council or committee. Students nominated by Illinois Chapters of the American Student Medical Association, or other recognized student organizations approved by the Illinois State Medical Society Board of Trustees to serve with Illinois State Medical Society members on appropriate committees, may by action of the Board of Trustees, be accorded membership in this classification for the term of the committee appointment. Such members shall be permitted full privileges of committee membership, including (with the permission of the House of Delegates) the right to speak on the floor of the House, but to have no vote out of committee. Voting members of the Board of Trustees may serve as advisory members to any council or committee.

Recommendations for membership on any committee may be submitted to the Board of Trustees by the House of Delegates, or in writing by any member of the Society.

A state committee which reviews the decisions of a similar committee of a component society may not have as a member one who currently serves on the same committee of a component society or district.

D. Each Council shall submit for adoption a budget for the ensuing year which shall include any subcommittees, and the Board of Trustees shall determine the appropriation for each Council. Requests for additional funds must be approved by the Board before they are committed.

E. The president of the Society, the speaker of the House and the chairman of the Board shall be ex-officio members without vote of the various Councils, and may attend all committee meetings.

F. Terms of office of members of the councils shall be one year, but may be terminated at any time at the discretion of the Board. No member of a council shall serve more than five consecutive one-year terms.

G. Vacancies on any council or subcommittee thereof may be filled or membership therein may be enlarged or decreased by the Board of Trustees. The areas of concern of councils may also be enlarged or decreased by the Board of Trustees.

H. The chairman of a council or subcommittee thereof, when he considers it expedient and with the consent of two-thirds of the members of the council, may conduct business or hold meetings by mail or by conference call, provided all members of the council are given opportunity to participate, that minutes of the transactions are recorded, approved by members participating, and circulated among all members.

I. Reports of subcommittees shall be made by the chairman to the council under which they are operating.

Reports of council activities shall include recommendations on reports and requests from subcommittees, and shall be made to the Board of Trustees by the chairman of the council.

The chairman of any subcommittee may request the Board of Trustees to allow him, or any member of his subcommittee, to appear before the Board and to be heard.

All councils shall submit to the House of Delegates written reports summarizing all actions. Requests for House action or recommendations affecting medical society policy must be submitted to the House in resolution form.

J. *Affiliate Societies*

1. *Qualifications.* Affiliate societies shall be those recognized societies of Illinois
   a) as may be approved by the Board of Trustees
   b) which desire representation on the Council on Affiliate Societies

2. *Representation.* Each affiliate society shall be entitled to one member on the council. This representative shall be a member of ISMS

Section 4. *House of Delegates Committees.* House of Delegates Committees of the Illinois State Medical Society shall be as follows:

A. Committee on Credentials shall consider all questions regarding the registration and credentials of the delegates. It shall distribute and receive the attendance slips for each session of the House of Delegates and perform any other duties assigned to it.

B. Committee on Rules and Order of Business shall consider all matters regarding rules governing action, method of procedure and order of business for the House of Delegates.

C. Committee on Tellers and Sergeants-at-Arms shall:
1. Serve the speaker of the House of Delegates.
2. Distribute, collect and tally votes when a ballot is taken or a numerical tally is required.
3. Certify those in attendance in closed or executive sessions of the House of Delegates.

D. Committee on Changes in the Constitution and Bylaws shall consider all proposed amendments to the Con-

stitution and Bylaws. The chairman of the Trustees Committee on Constitution and Bylaws, or his representative, shall serve in an advisory capacity to this reference committee and shall attend all sessions, including the executive sessions of the reference committee, to assist in the preparation of the report of the committee to the House of Delegates.

E. Ad hoc committees may be appointed by the speaker of the House of Delegates as the needs arise and any member of the Illinois State Medical Society may serve upon such committee. The number appointed to such committees shall be at the discretion of the speaker and the term of the committee shall be for such duration as is necessary to complete the task assigned but shall not exceed a duration of one year. Between meetings of the House of Delegates ad hoc committees shall report to the Board of Trustees, keeping it informed of all current activities.

F. Such other reference committees as the speaker shall deem necessary to conduct the business of the House, or consider the reports of officers, trustees, executive administrator, the reports of committees pertaining to administrative activities, economic activities, scientific activities, public relations activities and legislative activities, as well as such resolutions, reports, and proposals as shall be brought before the House of Delegates.

Section 5. *Organization of House of Delegates Committees.*

A. Immediately after the organization of the House of Delegates at each annual or special meeting, the speaker shall announce the appointment from among the members of the House, of such committees as may be deemed expedient by the House of Delegates.

Each committee shall consist of five or more members unless otherwise provided, the chairman to be announced by the speaker. These committees shall serve during the meeting at which they are appointed.

B. References, resolutions, measures and propositions presented to the House of Delegates shall be referred to the appropriate committee, which shall report to the House of Delegates before final action shall be taken. A two-thirds affirmative vote of the House of Delegates shall be required to suspend this rule.

C. Each reference committee shall, as soon as possible after the adjournment of each session, or during the session if necessary, take up and consider such business as may have been referred to it, and shall report on same at the next session, or when called upon to do so.

Section 6. *Board of Trustees Committees.* The Board of Trustees shall form the following committees within itself:

A. The Executive Committee shall consist of the president, president-elect, the first vice president, the chairman of the Board, the chairman of the Finance and Medical Benevolence Committee, the chairman of the Policy Committee, the secretary-treasurer, the trustee-at-large, and the immediate past chairman of the Board, provided he is still a trustee. The chairman of the Illinois Delegation to the American Medical Association, or the secretary in his absence, shall serve as an ex-officio member of the Executive Committee without vote.

The Board of Trustees may delegate to the Executive Committee any authority which it possesses and may authorize it to act in any given situation. In all matters of routine administration, special plans, policy, endorsement or expenditure it shall report to and request approval of the Board. It shall receive the reports of the Finance and Medical Benevolence Committee and Policy Committee and make recommendations concerning them to the Board. It shall furnish a report of its actions to the Board at each meeting.

B. The Finance and Medical Benevolence Committee shall consist of the secretary-treasurer of the Society and three members of the Board appointed by the chairman. It shall develop for approval of the Board through the Executive Committee, a budget for the fiscal year. It shall supervise the financial transactions of the Society. It shall make recommendations to the Board for the control and investment of the funds of the Illinois State Medical Society.

This committee shall also:

1. Examine applications to the Society for assistance under the Medical Benevolence to determine eligibility for assistance;
2. Keep the names of the beneficiaries confidential and known only to the committee;
3. Recommend the allotment for each recipient; and
4. If funds available become inadequate to meet disbursements, request the Board of Trustees to appropriate sufficient funds to support the program until the next budget appropriation.

C. The Policy Committee shall consist of three members of the Board appointed by the chairman. It shall continually review past and current proceedings of the House of Delegates to determine the established policies of the Illinois State Medical Society. It shall make recommendations for future policy by Board resolution to the House of Delegates.

D. The Ethical Relations Committee shall be constituted and function as stipulated in Chapter XI, Discipline, Part 2, Illinois State Medical Society procedures.

E. The Committee on Constitution and Bylaws shall consist of five members, the Speaker of the House and four members appointed by the Chairman of the Board. It shall:

1. Receive from individual members, county societies, committees, the Board of Trustees, and the House of Delegates, all suggestions and proposals for modification of the Constitution and Bylaws.
2. Prepare for the consideration of the House of Delegates, all changes in the Constitution and Bylaws.
3. Maintain constant surveillance of both documents to keep them current, effective and consistent with the policies of the House of Delegates.

F. The Committee on Publications shall be composed of five members of the Board of Trustees, and shall

be responsible for the production of the *Illinois Medical Journal*.

It shall recommend to the Board of Trustees all policies governing the editorial, business and production aspects of the *Journal*. It shall supervise the editor in the selection and preparation of all copy, and it shall establish standards for the editorial content.

It shall establish advertising policies, rates, standards, and shall review all new accounts prior to acceptance, and shall approve reprint and circulation policies.

It shall conduct a periodic review of the printer's contract and solicit bids as indicated. It shall establish format, cover, type faces and general layout of the *Journal*.

It shall review, edit and supervise the publication of other materials as directed by the Board of Trustees.

G. The Advisory Committee to the Auxiliary shall consist of the immediate past president as chairman, the president and the chairman of the Board of Trustees.

The committee shall provide advice and assistance to the president of the Auxiliary in her program for the year, and shall assist her in interpreting the activities of the Illinois State Medical Society.

H. The Board of Trustees may from time to time appoint such ad hoc committees as it may deem necessary but the duration of such committees shall be temporary and they shall function only for the specific purpose assigned and shall be terminated as soon as final reports have been made or at the direction of the Board.

Section 7. *Powers of the Board of Trustees.* The Board of Trustees shall have power to increase or decrease the number of its committees, to change the area of concern of such committees, to enlarge or decrease membership and to fill vacancies thereon.

Section 8. *Term of Membership.* The term of the members of the Board of Trustees Committees shall be for a duration of one year and they shall be selected by the Board annually immediately after the election of officers.

CHAPTER X. COUNTY SOCIETIES

Section 1. All county societies now in affiliation with this Society, or those which may hereafter be organized in this state, which have adopted principles of organization in harmony with this Constitution and Bylaws, shall upon application to and approval by the Board of Trustees, receive a charter from and thereby become a component part of this Society, and members thereof shall become members of this Society and the American Medical Association.

Section 2. Charters shall be issued only on approval of the Board, and shall be signed by the president and the secretary of this Society.

The Board shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Section 3. Only one component medical society shall be chartered in any county.

Section 4. Every registered physician holding the title of Doctor of Medicine or its equivalent, who either (1) resides in the jurisdiction of a component society, or (2) resides in a state other than Illinois but practices principally in the jurisdiction of a component society and who is of good moral character and professional standing, shall be eligible to membership in that component society.

The component county society shall be the sole judge of the qualifications of its members, subject only to the stipulations contained in the Constitution and Bylaws.

Section 5. Any physician who has been disciplined by any action of a component society and believes he has not had a fair trial, shall have the right of appeal to the Board of Trustees.

Section 6. When a member in good standing in a component society changes his residence to another county in this state, such change of residence shall terminate his membership in such component society. (This ruling shall not apply to members in military service or in the service of the State or the United States government.)

Such member shall be entitled, upon his request, to a statement from his former secretary as to his standing. This statement of standing shall be issued without cost to the applicant.

He shall present this statement to the component society of the county to which he removes and it shall accompany his application for membership. The board of censors of the society receiving this application shall give this statement of prior standing due consideration before accepting or rejecting his application for membership.

Section 7. A physician living on or near a county line, or practicing partly or totally in an adjacent county, may hold his membership in the county most convenient for him, provided he submits written authorization to that society from the component society in whose jurisdiction he resides.

Section 8. The secretary of each component society shall keep a roster of its members, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such a roster the secretary shall note any changes in the personnel of the profession by death or by removal to or from the county. When requested, he shall furnish on blanks supplied him for the purpose, an official report containing such information for the secretary of this Society and likewise for the trustee of the district in which his county is situated.

Section 9. The secretary of each component society shall forward its roster of officers and members, and a list of delegates and alternate delegates to the secretary of this society no later than 120 days prior to annual meeting.

Section 10. Any component society which fails to pay its assessment or make the annual report required on or before March fifteenth shall be held as suspended and none of its members shall be permitted to participate in any of the business or proceedings of the Society or of the House of Delegates until such requirements have been met.

A member is in good standing unless otherwise disqualified, whose dues are paid on or before the first day of March of the current year. Immediately after the first of March, each delinquent member shall be notified that

in consequence of nonpayment of dues, his membership is delinquent. If dues remain unpaid as of June thirtieth of the current year, membership shall be dropped automatically. The member may be reinstated by paying all delinquent dues, provided, in the interim, he has not been guilty of conduct prejudicial to membership; but if two or more years have elapsed since he was a member in good standing, he must in addition, make application as a new member.

Section 11. The Constitution and Bylaws of the Illinois State Medical Society and of the American Medical Association, together with the Principles of Medical Ethics of the American Medical Association, shall be binding upon the members of the component societies.

CHAPTER XI. DISCIPLINE

PART I. COMPONENT SOCIETY PROCEDURE

Section 1. *Local Ethical Relations Committee.* Each component society may have, either by appointment or election, an Ethical Relations Committee, whose duty it shall be to prosecute formal charges of unethical conduct. In the event that the county society does not have such a committee, the district Ethical Relations Committee shall function in its behalf.

All parties may have legal counsel present to advise and counsel them during the proceedings, but such counsel may not participate in the proceedings, and may be excluded from the hearing by the chairman or by vote of the committee.

The component society Ethical Relations Committee may establish reasonable rules of procedure, and they shall not be bound by the technical rules of evidence as the same pertain in courts of law. In all proceedings before such Ethical Relations Committees, the complainant, the accused and all witnesses before the committee shall be placed under oath.

The Committee shall evaluate acts by the standards established by the House of Delegates of the American Medical Association (specifically known as the Principles of Medical Ethics of the American Medical Association), and by such additional standards as shall be incorporated in the Constitution and Bylaws of the Illinois State Medical Society and/or the county medical society.

Section 2. *Offenses.* Any member of a component society shall be subject to censure, suspension or expulsion by such component society when

A. He has been adjudged guilty by proper civil authorities of a criminal offense involving moral turpitude, or

B. He has been adjudged guilty by his component society in accordance with the procedural requirement of these bylaws:

   1. of a gross misconduct as a physician, or

   2. of a violation of the Constitution or Bylaws of his component society, or of the Illinois State Medical Society, or of the Principles of Medical Ethics promulgated from time to time by the American Medical Association.

Section 3. *Formal Written Charges Presented to the Illinois State Medical Society.* Formal, written charges received by the Illinois State Medical Society shall be referred directly to the secretary of the component society of which the charged individual is a member or to the district Ethical Relations Committee in the event that the component society does not have an Ethical Relations Committee.

Section 4. *Principles of Justice.* The following principles of justice shall guide the Ethical Relations Committee in all disciplinary procedures.

A. A charged individual is presumed to be innocent until he has been proven guilty.

B. No proceeding shall be initiated under this Part I until formal written charges have been filed with the secretary of the component society or the district Ethical Relations Committee, as the case may be. Thereafter, said formal written charges must be presented under oath or affirmation by the complaining party before the Ethical Relations Committee of the component society or the district Ethical Relations Committee, as the case may be.

C. A hearing shall be held by the committee within 30 days after the formal written charges have been filed, unless continued by the chairman of the committee upon good cause shown.

D. In the event that a component society's Ethical Relations Committee does not make a reasonable effort to hold the hearing within the time period, including reasonably granted continuances, either the complaining party or the physician against whom formal written charges have been brought, may appeal for relief and hearing to the district Ethical Relations Committee, which will determine the reasonableness of the effort.

E. The individual against whom formal charges have been filed shall be sent a copy of said charges by certified mail at least 10 days before the date set for the hearing, together with a statement of the rights of the charged individual as follows:

   1. to be represented by any member of the society as counsel and that he may have legal counsel present;
   2. to cross-examine witnesses;
   3. to offer in evidence any pertinent records or documents;
   4. to object to any testimony or exhibits offered in evidence;
   5. to address the hearing body in his own behalf;
   6. to be tried only on the specific charges filed;
   7. to have stricken from the record any improper testimony or exhibits;
   8. to appeal to the Board of Trustees of the Illinois State Medical Society.

Section 5. *Records.* A comprehensive stenographic record, tape recording or its equivalent of the entire proceedings, together with all exhibits, must be kept for reference, and shall be available until final adjudication has been made.

In the event of an appeal being taken from the verdict of the local or district Ethical Relations Committee, the stenographic record, tape recording or its equivalent, of the entire proceedings shall be forwarded by certified mail to the Board of Trustees of the ISMS at least ten days prior to the date the appeal is to be heard.

If the component society fails to provide the record on appeal, the Ethical Relations Committee of Illinois State Medical Society shall find the charged individual not guilty.

Section 6. *Verdict.* The committee, sitting as a hearing body, shall recommend the charged individual be found either guilty or not guilty. If the verdict is guilty, the

hearing body shall recommend censure, suspension or expulsion.

The findings of the hearing body must be presented to the component county society for approval or rejection. The charged individual must be notified by certified mail at least ten days before the date set for the meeting at which this action will be taken. If the findings of the component society are against the charged individual, the secretary of the component society shall acquaint the charged individual by certified mail, with his right of appeal within thirty days to the Board of Trustees of the Illinois State Medical Society.

PART 2. ILLINOIS STATE MEDICAL SOCIETY PROCEDURES

Section 1. *Illinois State Medical Society Ethical Relations Committee.* The Board of Trustees shall appoint from its members, an Ethical Relations Committee to review decisions of the component society involving the interpretation of the Principles of Medical Ethics, violations of the Constitution and Bylaws of the Illinois State Medical Society or its component societies, and charges of misconduct of members of the Society.

Section 2. *Appeals from Component Society Verdicts.* Appeals received by the Illinois State Medical Society Board of Trustees shall be referred to the Ethical Relations Committee of the Board for review. (Appeals must be accompanied by a comprehensive stenographic record tape recording or its equivalent, of the entire proceedings taken before the component county society together with all exhibits submitted in evidence. If the component county society fails to provide the record on appeal, the Ethical Relations Committee of the Illinois State Medical Society shall find the accused "not guilty"). The committee shall notify the accused and the secretary of the component society by certified mail at least thirty days prior to the date set for the hearing of the appeal. The chairman of the committee shall preside over the hearing in accordance with the rules established by the Board of Trustees.

Section 3. *Verdict.* The Ethical Relations Committee of the Board of Trustees shall hear any new and pertinent evidence any interested party desires to present, and at the conclusion of the trial the decision of the component society shall be affirmed, overruled or sent back to the component society for reconsideration.

Section 4. *Notification and right of appeal.* The secretary of the Society shall notify the defendant and the secretary of the component society wherein the defendant holds membership, of the action of the Board. In the event of a decision against the accused he shall have the right to appeal the decision to the Judicial Council of the American Medical Association and the secretary of the State Society shall so notify the accused of this right.

CHAPTER XII. PEER REVIEW

PART 1. COMPONENT SOCIETY PROCEDURE

Section 1. *Local Peer Review Committee.* Each component Society shall have, either by appointment or election, a Peer Review Committee whose duties it shall be to review all proper complaints and inquiries brought before it by physicians, patients, institutions, insurance carriers, or government agencies.

The district peer review committee shall function and operate on behalf of any county society which does not establish such a committee.

Section 2. The committee shall consist of a chairman and such members representing the various specialties, including family practice, as each individual county society shall determine. Such committee should have access to counsel from each of the various medical specialties. The component county society may establish reasonable rules of procedure but shall not be bound by the technical rules of evidence as the same pertains in courts of law. All proper complaints shall be reduced to writing and shall be signed by the individual making the complaint.

Section 3. Original complaints received by the Illinois State Medical Society shall be referred to the proper county society or to the district committee.

Section 4. The Peer Review Committee shall include the functions of the grievance committee, the prepayment plans and organizations committee, the mediation committee and any other committee having to do with investigations and review but shall not replace or supersede the ethical relations committee.

Section 5. The Peer Review Committee shall initiate consideration of all complaints and matters filed with it within 60 days from the date of filing and shall render an opinion within 30 days after the conclusion of the hearing. In the event the committee does not follow this procedure any party may appeal for relief to the proper district committee whose procedure shall be the same as is set forth herein for county societies.

Section 6. The Peer Review Committee shall have no disciplinary powers but instead, shall report its findings in writing to all parties involved. In the event the investigation and study of the committee results in a determination that there has been a violation of law or unethical conduct on the part of any physician, or a violation of the Constitution or Bylaws of his component society, or of the Illinois State Medical Society, or of the Principles of Medical Ethics promulgated from time to time by the American Medical Association, the matter shall be referred in writing to the component society.

Section 7. In its study and deliberations the Peer Review Committee shall evaluate acts by the standards established by the House of Delegates of the American Medical Association (specifically known as the Principles of Medical Ethics of the American Medical Association), and by such additional standards as shall be incorporated in the Constitution and Bylaws of the Illinois State Medical Society and/or the county medical society.

Section 8. Any party to the proceedings considering himself aggrieved by the findings and recommendations of the committee shall have the right to appeal through the component society to the Illinois State Medical Society.

Section 9. In the event of an appeal to the Illinois State Medical Society, the county society shall send to the Illinois State Medical Society a copy of the complaint, the exhibits and the opinions of the county or district committee. Any appeal hereunder shall be filed with the Illinois State Medical Society within 30 days after the final opinion of the county or district committee has been rendered.

PART 2. ILLINOIS STATE MEDICAL SOCIETY PROCEDURES

Section 1. All appeals received by the Illinois State Medical Society shall be referred to the Council on Economics and Peer Review, which shall review opinions of the county or district peer review committee. The council shall have the power to counsel with and obtain information from medical specialists when appropriate. The Council shall have the power to review both the procedural and substantive aspects of any appeal before it.

Section 2. The council upon receiving notice of an appeal shall set the matter for hearing within 30 days after the appeal has been filed and at such hearing shall review the record sent to it from the county society or district society, receive additional pertinent evidence any interested party desires to offer and render its conclusions and findings in writing, copies of which shall be mailed to all interested parties. The Peer Review Committee shall have no disciplinary powers but instead, shall report its findings to all parties involved. The conclusions and findings shall be advisory only.

Section 3. The Council on Economics and Peer Review of the Illinois State Medical Society shall include the functions of the grievance committee, the prepayment plans and organizations committee, the mediation committee and any other committee having to do with investigations and review but shall not replace or supersede the ethical relations committee.

Section 4. In the event the investigation and study of the Council results in a determination that there has been a violation of law or unethical conduct on the part of any physician, or a violation of the Constitution or Bylaws of his component society, or of the Illinois State Medical Society, or of the Principles of Medical Ethics promulgated from time to time by the American Medical Association, the matter shall be referred in writing back to the component society.

CHAPTER XIII. MISCELLANEOUS

The fiscal year of this Society shall be from January 1 to December 31 inclusive.

CHAPTER XIV. AMENDMENTS

The House of Delegates may amend any article of these Bylaws by a two-thirds vote of the delegates present at any meeting, provided that such amendment shall not be acted upon before the day following that on which it was introduced.

CHAPTER XV. PARLIAMENTARY PROCEDURES

For those matters not covered by the Constitution and Bylaws of the Illinois State Medical Society, Sturgis Standard Code of Parliamentary Procedure, Current Edition, shall be the guide for conduct of meetings of the House of Delegates, Board of Trustees and all councils and committees.

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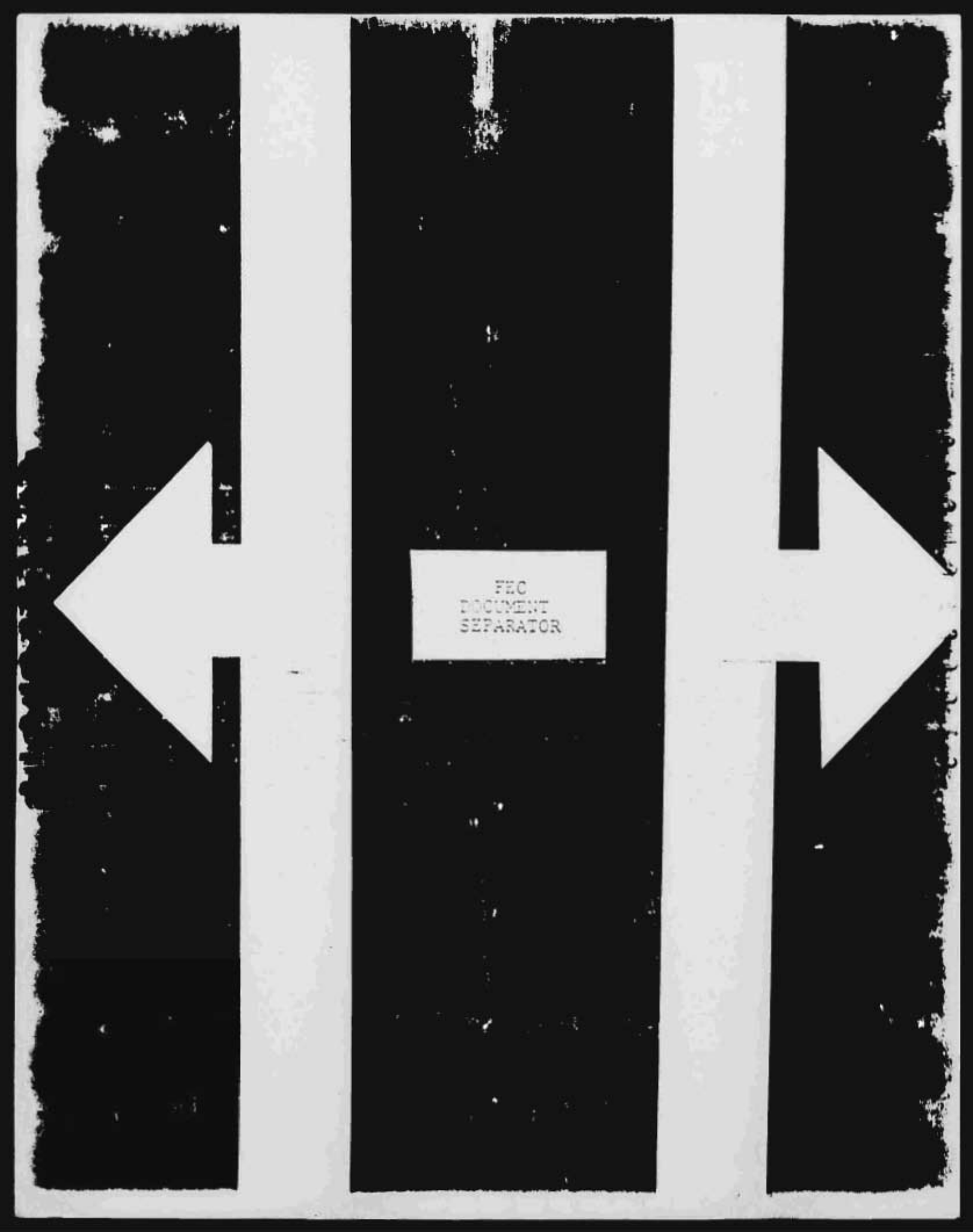
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AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

AMA PUBLIC AFFAIRS DIVISION MEMO

TO: Executive Directors
State Medical Societies
National Medical Specialty Societies

DATE: November 26, 1976

SUBJECT: Arizona Retains Unified Membership

- -

We are pleased to inform you that the Arizona Medical Association has decided to retain its policy of having unified membership with the AMA. ARMA's House of Delegates voted at a special meeting on November 20 to continue the unified concept it implemented in 1962.

Reversing a stance taken earlier this year, the Oklahoma State Medical Association last month voted to continue with the unified membership policy that it was the first to adopt in 1950.

Three other state medical associations are unified. They are Illinois (since 1951), Wisconsin (since 1951) and Hawaii (since 1961).

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Propper

ILLINOIS STATE MEDICAL SOCIETY

55 east monroe street chicago, illinois 60603 phone (312) 782-1654

October 27, 1978

Ms. Susan Propper
Attorney at Law
Federal Elections Commission
1325 K Street N.W.
Washington, D.C. 20463

807385

Dear Ms. Propper:

Re: MUR 369

The purpose of this letter is to set forth, in a brief and concise manner the nature and scope of the relationship between the Illinois State Medical Society and the American Medical Association.

The Illinois State Medical Society was organized and chartered in the State of Illinois in 1903. The purposes of the Society are clearly set forth in Article II of its Constitution, which states in part, the following:

> "The purposes of this Society are to promote the science and art of medicine, to protect the public health, to elevate the standards of medical education and to unite the medical profession behind these purposes; to promote similar interests in the component societies and to unite with similar organizations in other states and territories of the United States to form the American Medical Association..."

The Illinois State Medical Society is, in policy and practice, a separate and wholly autonomous organization composed of component medical societies which are organized on a county or multi-county basis and are chartered by the State Society. The Society is governed by three principal bodies. The House of Delegates is the legislative body; the Board of Trustees is the Executive branch of the Society; and the newly-created Judicial Panel (which provides the disciplinary functions for the Society) is the judiciary branch. The House of Delegates consists of representatives designated by the component medical societies and meets at least twice each year to establish basic policy for the organization. The Board of Trustees, elected by the House of Delegates, manages the day-to-day affairs of the Society; monitors the implementation of policies adopted by the House of Delegates; and assumes responsibility for the financial affairs of the Society.

The American Medical Association is a national organization composed of the State Medical Societies, representatives from specialty medical societies and other members, as determined from time to time by the House of Delegates of the American

Medical Association. The Illinois State Medical Society elects fourteen of its members to serve as representatives or delegates to the Annual Meeting and the Interim Meeting of the House of Delegates of the American Medical Association. Generally, these Illinois State Medical representatives are "free to vote their individual conscience" on issues placed before the House of Delegates of the American Medical Association; except that the Illinois State Medical Society delegates to the American Medical Association may be instructed, by resolution of the Illinois State Medical Society House of Delegates, to introduce a specific resolution supported by the House, when functioning as representatives to the American Medical Association House of Delegates.

Dues and assessments collected by the Illinois State Medical Society through its local medical societies are fixed by the House of Delegates upon the recommendation of the Board of Trustees. As a matter of convenience and economy, dues, assessments fixed by the House of Delegates of the American Medical Association are also collected by the component medical societies of the Illinois State Medical Society. Each of the two organizations establishes its own policies and practices with respect to dues and assessments; the administrative aspects of the collection of dues are performed by mutual agreement at the state and local level. There is no payment by the American Medical Association to the Illinois State Medical Society or its component medical societies for these services; however, an incentive system has been established whereby the local and state medical societies are permitted to retain a small percentage of dues (in a variable amount, which may be shared by the county and state societies) if the state and local societies succeed in collecting and remitting to the American Medical Association all dues and assessments by a fixed date.

There are a handful of states, including Illinois, participating in the "federation" of state medical societies which comprise the American Medical Association which choose, at their own option, to function under a system of "unified membership". By virtue of the vote of the majority of the members of the House of Delegates of Illinois State Medical Society it was decided many years ago that in order to join the Illinois State Medical Society, a licensed physician residing or practicing in Illinois would be required to become a member of the American Medical Association in addition to the existing requirement of membership in the local medical society in the area in which he practices medicine.

When a member of a local medical society is disciplined for cause and his membership status is either suspended or terminated by the local medical society, the action of the local medical society is reported to the state level. Subject to the physician's right to an Appeal to the Judicial Panel of the State Medical Society, the Illinois State Medical Society enforces that suspension or termination with respect to the physician's Illinois State Medical Society membership. Likewise, once the decision to suspend or terminate the physician's membership has been finalized, membership in the American Medical Association may be suspended or terminated, subject to the physician's right to an Appeal to the American Medical Association.

Enclosed is a copy of the current Constitution and Bylaws of the Illinois State Medical Society. These Bylaws set forth the current regulations of the Society, with the exception that Chapter XI is in the process of undergoing a substantial revision, including the creation of a Judicial Panel. I hope this statement clearly sets forth the relationship of the Illinois State Medical Society and the American Medical Association. The American Medical Association in no manner acts to control or regulate the policies or procedures of the Illinois State Medical Society. On the other hand, as stated above, the Illinois State Medical Society, through its delegation to the House of Delegates of the American Medical Association, seeks to represent the views of the majority of the Illinois State Medical Society members and thereby to influence policies and practices adopted by the American Medical Association. While our intent is to describe the relationship between the Illinois State Medical Society and the American Medical Association it is appropriate to comment I believe, that the Illinois Medical Political Action Committee is an autonomous organization from Illinois State Medical Society.

I hope this letter adequately serves to describe the relationship of the Illinois State Medical Society to the American Medical Association.

Sincerely,

Joel Edelman

JOEL EDELMAN
Corporate Counsel,
Illinois State Medical Society

3 1 0 2 2 8 0 0 4 5

Ex #296

CC# 1342

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1963

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

March 9, 1977

David R. Spiegel
Federal Election Commission
1325 K. Street N.W.
Washington, D.C. 20463

Dear Mr. Spiegel:

The following is in response to your February 24, 1977 request of Dr. Paul Mahon for information regarding the Illinois Medical Political Action Committee:

1. The Illinois Medical Political Action Committee (IMPAC) was founded in 1960. Attachment A is a copy of the Constitution and Bylaws adopted in 1960. They have not been amended since that time.

2. Attachment B is a complete set of the officers of IMPAC (known as the Council) since 1972. A description of their duties may be found in Articles VII and VIII of the Constitution and Bylaws (pages 6-8).

3. Attachment C is a complete set of all solicitation materials used since January, 1976.

4. Regarding expenditures of IMPAC funds, Article VII of the Constitution provides that "the affairs of IMPAC, including the management and supervision of all property and the expenditure of all funds, shall be under the control of a governing body which shall be known as the Council:. Please refer to attachment B for a listing of all members of the Council for the period requested.

   Procedurally, the Council meets at the call of the Chairman, but not less than twice a year. Council meetings regularly discuss any issue of importance to IMPAC, including allocation of funds for support of candidates or for other functions. If additional funds are needed for any function between meetings of the Council, the Executive Committee is authorized to act on the Council's behalf. The Council then formally ratifies all Executive Committee actions at its next meeting.

5. IMPAC has sponsored no "events" as described in item 5 of your request. All solicitations have been by mail and are provided in attachment C. In that regard, please note the following:

   (1). Dues billing - sent to all physician members of the Illinois State

NONPARTISAN

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 110 Iles Park Place, Springfield, Illinois

Medical Society. This item includes a notation labeled "voluntary contribution", through which physicians may elect to pay IMPAC membership dues at the same time they pay all other dues. This item is designed to provide a service to physicians, making it convenient for them to pay all dues at one time. Illinois State Medical Society then forwards all sums paid as "voluntary contributions".

(2). Followup letter - sent to all physicians who do not elect to pay the voluntary contribution as described above.

(3). Brochure "Is IMPAC Helping You" - sent to all physicians who did not elect to pay the voluntary contribution.

(4). Sustaining letter - sent to all physicians who were sustaining members in the past who did not become sustaining members in 1976.

Re: item (e): there is no arrangement for allocating costs of fundraising solicitations. IMPAC pays all of its own costs.

Finally with regard to item (f): there is no arrangement for allocating proceeds of fundraising efforts. IMPAC only solicits funds in the amount of its membership dues as follows: $45 family membership, $25 physician membership $20 spouse membership, $99 sustaining membership. These sums are the totals of both IMPAC and AMPAC dues. IMPAC performs a dues collection function as a service to our members, turning over to AMPAC that amount which constitutes AMPAC dues. IMPAC sets the amount of its dues independently from AMPAC, and merely adds to that amount whatever AMPAC has set as its dues.

If there is any other information we may provide in this matter, please advise.

Sincerely,

Pam Taylor

Mrs. Pam Taylor
IMPAC Chairman

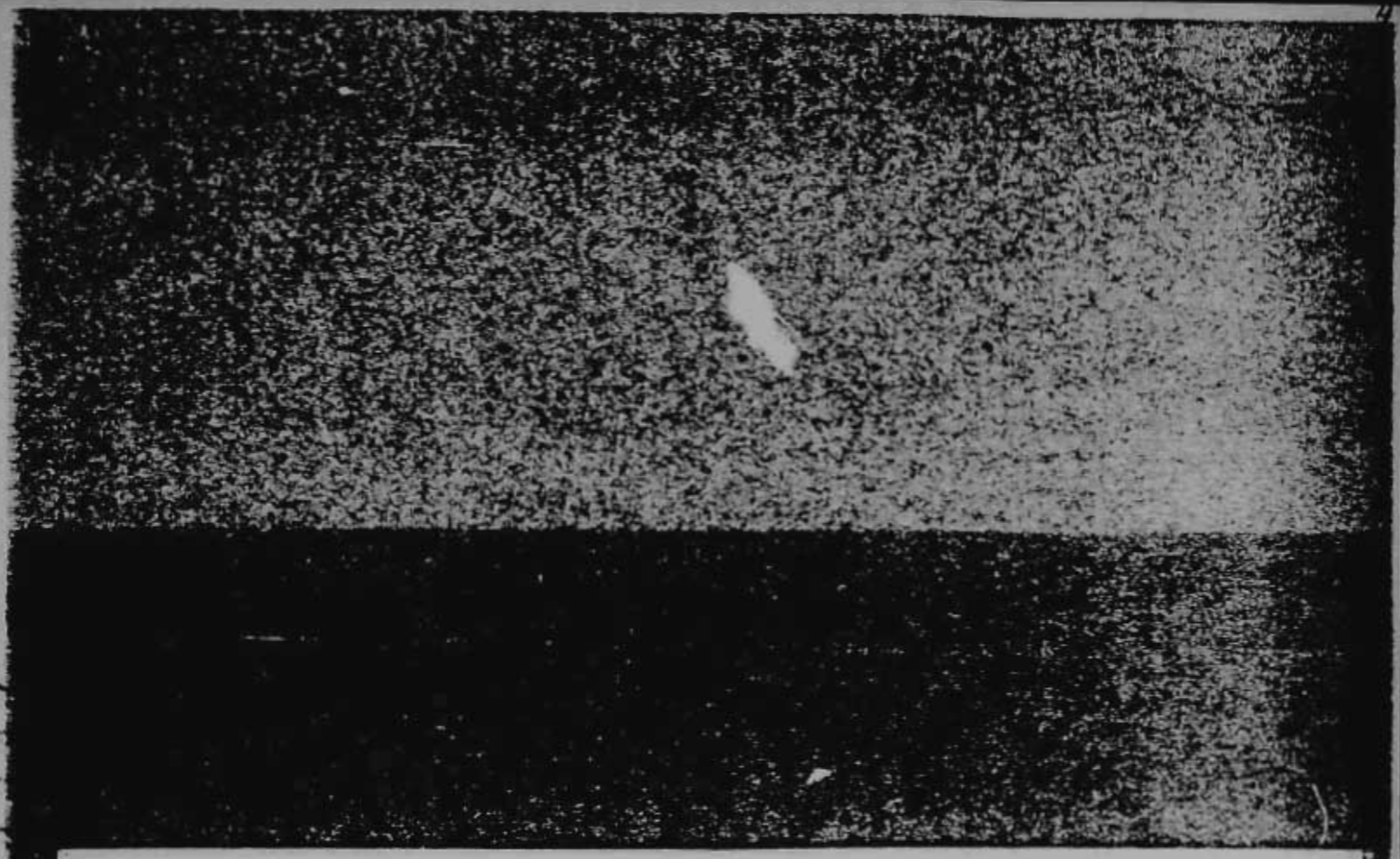
list of attachments

Attachment A - copy of IMPAC Constitution and Bylaws

Attachment B - list of IMPAC Council members, 1972 to present

Attachment C - 1975, 76, 77 dues billing
1976 followup letter (sample)
Brocnure "Is IMPAC Helping You"
1976 sustaining letter (sample)

3 1 2 1 2 3 3 0 0 1 5



CONSTITUTION

and

BYLAWS

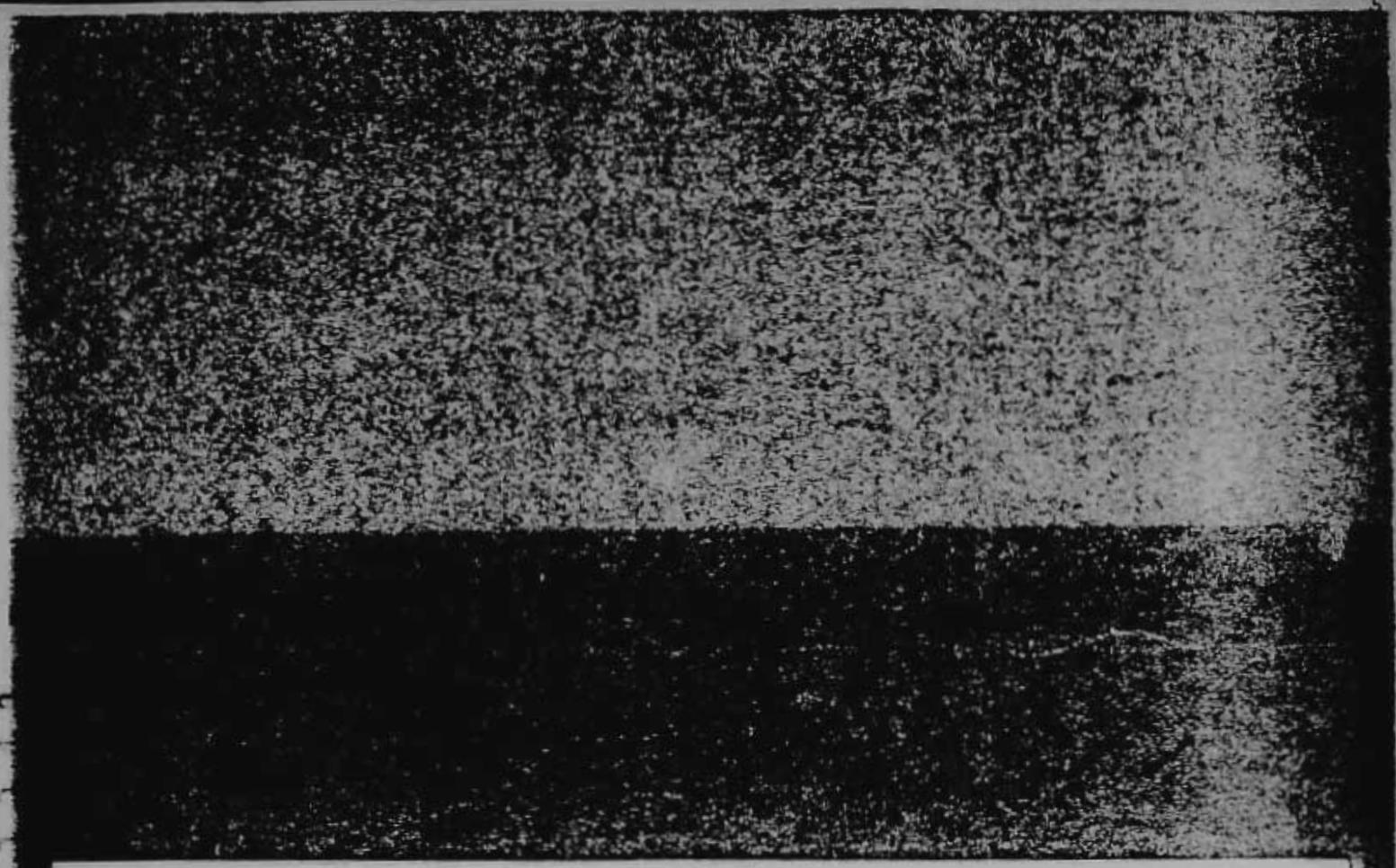
of the

ILLINOIS MEDICAL POLITICAL

ACTION COMMITTEE

IMPAC

REVISED



Constitution and Bylaws

of the

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

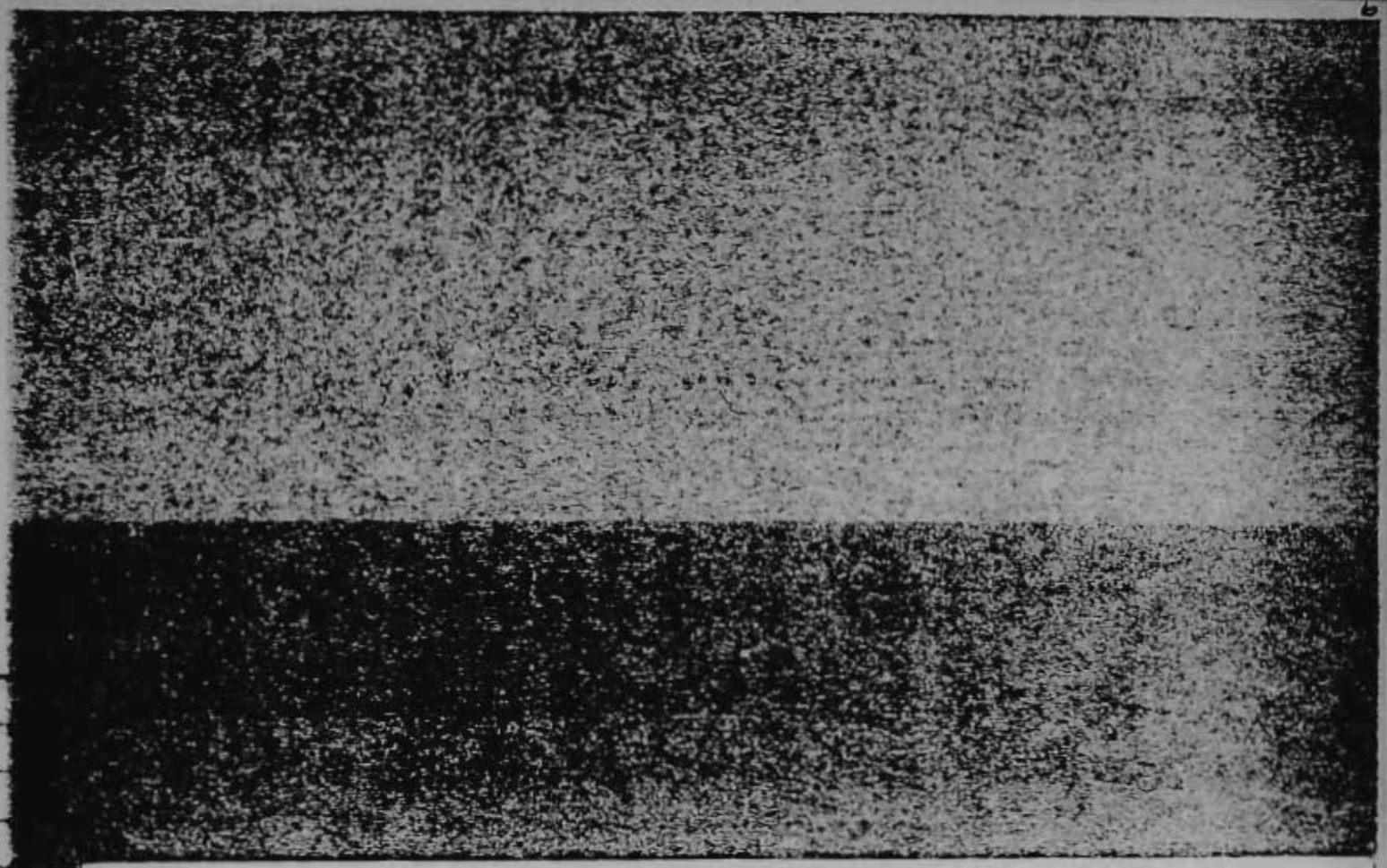
(Revised)

Preamble

We members of the medical profession, our wives and associates do hereby band together to exert our collective influence to better government through political action and education.

Article I – Name

Article II – Form and Method of Operation



shall, at all times, operate independently of such organizations and shall not align itself in a routine manner with any political party or any political faction.

Article III – Purposes

Section 1. The purposes of IMPAC shall be

(a) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(b) To encourage physicians and others to understand the nature and [illegible] political issues, and to [illegible] candidates for elective office.

(c) To assist physicians and others to [illegible] solve the more complex problems [illegible] and their civic responsibilities.

(d) To [illegible] the [illegible]

Article IV – Powers

Section 1. IMPAC shall have the power to acquire funds and property of any and all kinds, such funds and properties to be [illegible] for in Article III.

Article V – Membership

Section 1. There shall be [illegible]

ship in IMPAC, viz., Regular, Sustaining, and Special, as hereinafter defined.

Section 2. (a) Regular Membership. Any Doctor of Medicine who is a member in good standing of his county and state medical society, and his or her spouse, may become a regular member upon payment of dues.

(b) Sustaining Membership. Any Doctor of Medicine who is a member in good standing of his county and state medical society, and his or her spouse, may become a sustaining member upon payment of dues.

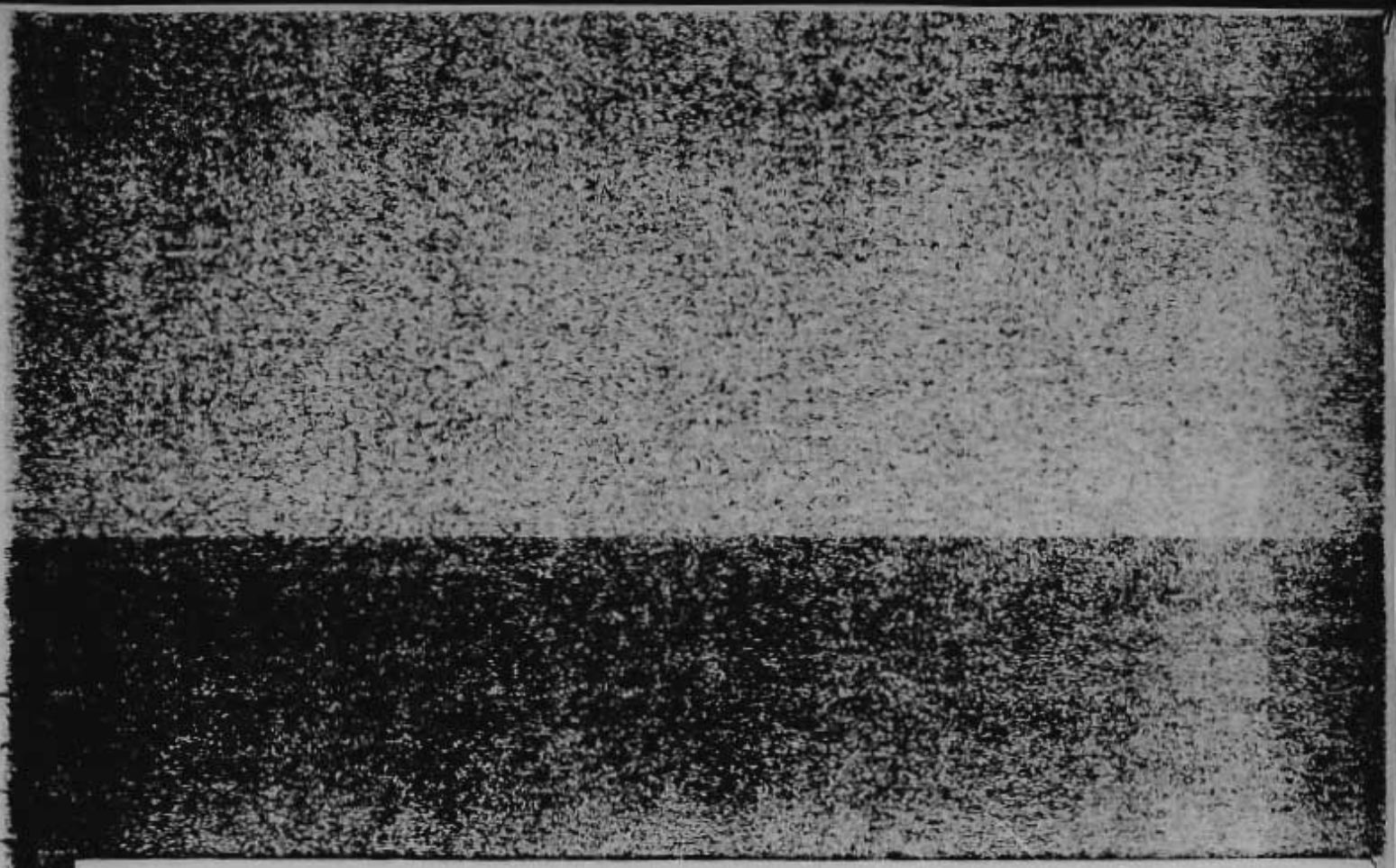
(c) Special Memberships. There may be [illegible] categories of special memberships established by the Council under [illegible] as may be established by the Council.

Article VI – Membership Meetings

Section 1. There shall be an annual meeting of the membership of IMPAC at a time and place to be designated by the Council.

Section 2. Special meetings of the membership shall be held at any time and place upon the written request of three (3) members of the Council or fifty (50) members of IMPAC, the time and place to be set by the Council, except that the time shall not be later than sixty (60) days after receipt of the request.

Section 3. Notice of a membership meeting shall be given to each [illegible] whose membership has been [illegible] at least seven (7) days in advance of the date, time, and place of the meeting.



Article VII – Council

Section 1. The affairs of IMPAC, including the management and supervision of all property and the expenditure of all funds, shall be under the control of a governing body which shall be known as the Council.

Section 2. The Council shall consist of thirty (30) persons elected from among the membership at the annual meeting in the manner provided for in Article IX with consideration given to a geographical distribution of the Council membership.

Section 3. Council members shall serve for three (3) years, except that [illegible] of the members shall be elected to serve for one (1) year, another [illegible] two (2) years, and the third [illegible] three (3) years. At each annual meeting members of the Council shall be elected to serve for a period of three (3) years.

Section 4. [illegible] the annual meeting at which they were elected and their successors have been elected.

Section 5. The Council shall meet as frequently as necessary to conduct the affairs of IMPAC, but not less than two (2) times in the interval between annual meetings of IMPAC.

Section 6. Seven (7) members shall constitute a quorum for a meeting of the Council.

Section 7. The Council shall elect officers and members of the Executive Committee as provided for in Article VIII.

Section 8. The Council may establish other committees as needed to carry out the purposes of IMPAC.

Section 9. The Council may employ such staff as necessary to carry out the purposes of IMPAC.

Article VIII – Officers and Executive Committee of the Council

Section 1. The officers of the Council shall be Chairman, [illegible] Chairman, and the [illegible] Secretary-Treasurer.

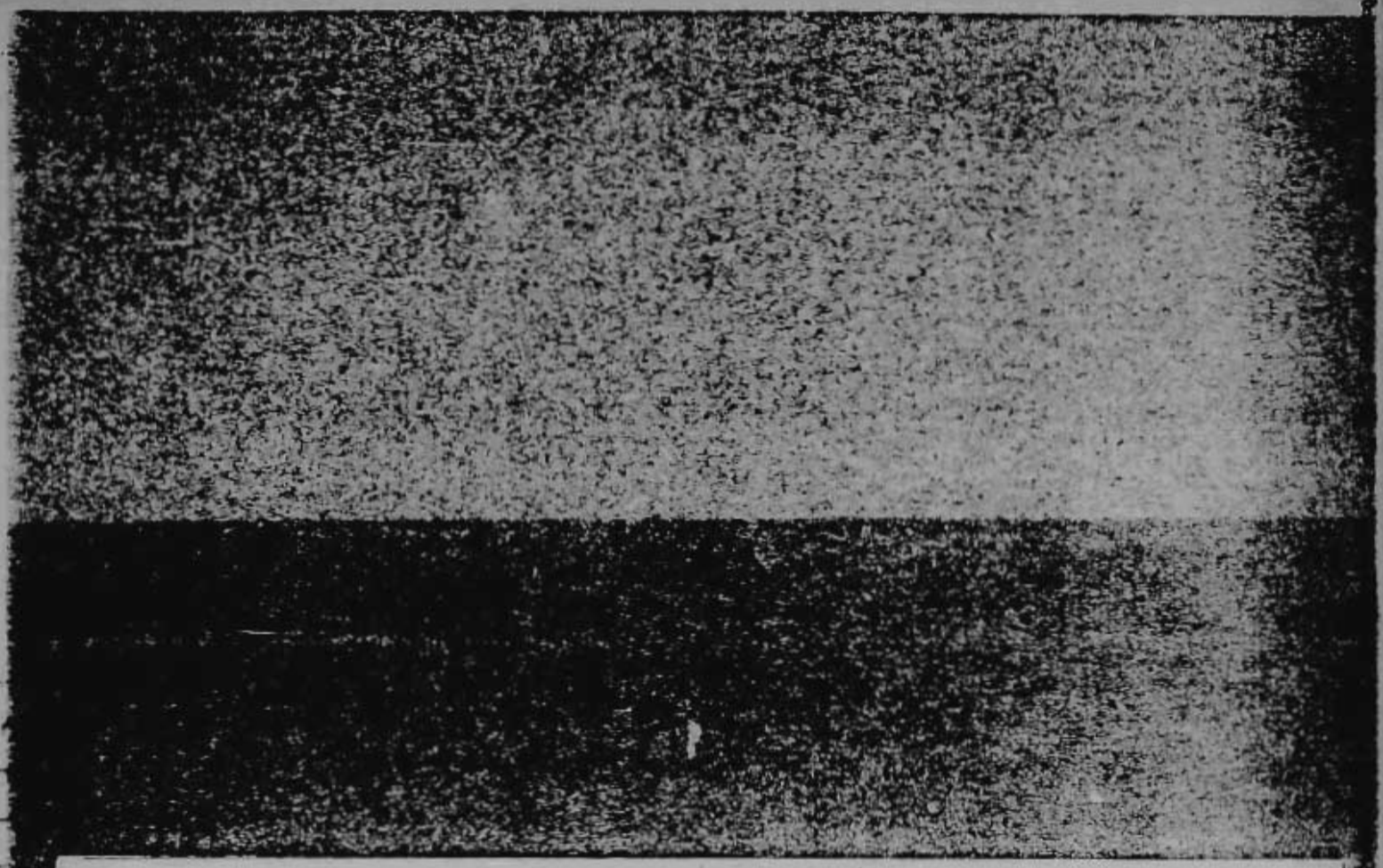
Section 2. The officers of the Council shall be the officers [illegible].

Section 3. [illegible] Committee of the [illegible] Chairman and four (4) members [illegible].

Section 4. [illegible] meetings of the Executive [illegible] the first meeting [illegible] annual meeting of IMPAC.

Section 5. The terms of all officers and members of the Executive Committee shall be for one (1) year, beginning [illegible] and terminating with the [illegible].

Section 6. The duties of the officers and Executive Committee shall be as follows:



a) The Chairman shall be the executive officer of IMPAC and shall preside at all membership meetings, Council meetings, and Executive Committee meetings. He shall appoint all committees other than the Executive Committee and shall otherwise perform the duties normally associated with this office.

b) The Vice Chairmen, in the order of their rank, shall assist the Chairman in the performance of his duties, shall assume all responsibilities of the Chairman in his absence or inability to serve, and shall perform such other duties as may be assigned by the Chairman.

c) The Secretary-Treasurer shall be the custodian of the funds and other property of IMPAC. He shall receive all funds to be deposited and all accounts to be kept in accordance with directives of the Council. He shall disburse the funds of IMPAC in the manner authorized by the Council subject to any applicable provisions of the law with respect thereto. He shall present a report at the annual meeting, meetings of the Council and at such times as requested by the Council or Executive Committee. He shall prepare, sign and file all reports required of IMPAC by law.

d) The Executive Committee shall have the power to act for the Council in their interim between Council meetings, including the disbursement of funds in accordance with policies and procedures established by the Council.

Article IX – Nomination and Election of Members of the Council

Section 1. Members of the Council shall be elected at the annual meeting of IMPAC.

Section 2. Each member, in good standing, as provided for in Article V shall have the privilege of casting one (1) vote, which must be cast in person. Voting shall be by ballot in each case where there is more than one candidate for the office.

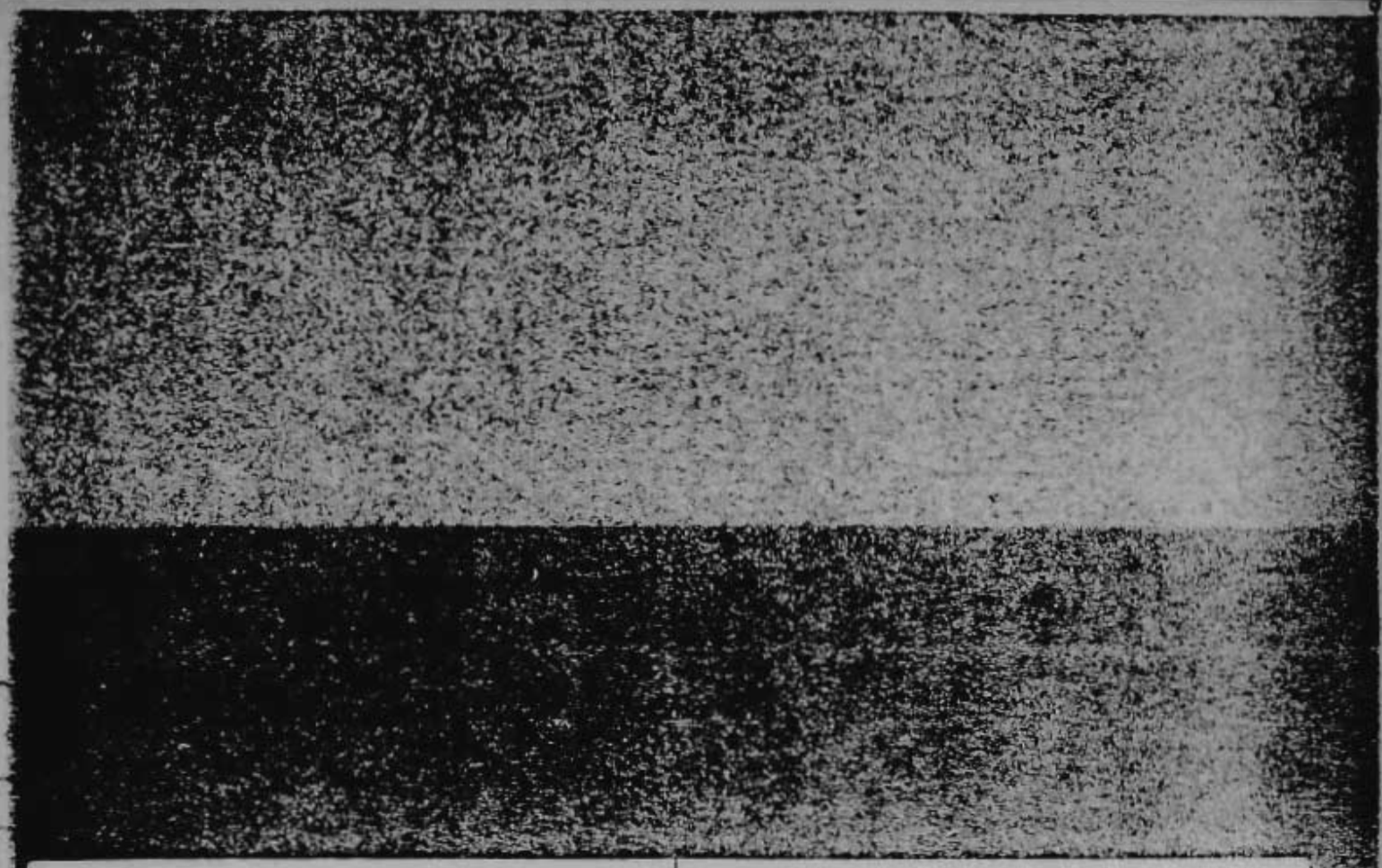
Section 3. In recognition of the next annual meeting following the meeting at which this revised Constitution and By-laws is adopted, and thereafter, the Council shall appoint a Nominating Committee consisting of a Chairman and [illegible] members.

Section 4. The Nominating Committee shall prepare a list of nominees for the offices to be filled, which list shall be published to the membership at least [illegible] than four-[illegible] prior to the annual meeting.

Section 5. Additional nominations for the Executive Council may be made by any member of IMPAC on presentation of a petition to the Secretary-Treasurer, not less than seven (7) days in advance of the annual meeting and signed by not less than five (5) members of IMPAC who are in good standing.

Article X – Dues and Finance

Section 1. Dues for the various categories of member-



ship provided for under Article V shall be established annually by the Council.

Section 2. The books and accounts of IMPAC shall be audited at least once a year. The auditors shall be named by the Chairman with the approval of the Council.

Section 3. The Council shall designate the official depository or depositories for all funds.

Section 4. In case of inabilities of persons designated to sign checks to perform their functions, the Council shall designate those who shall act as substitutes.

Section 5. Bond shall be obtained for the [illegible] appropriate employees of IMPAC at the expense of IMPAC.

Article XI – Amendments

Section 1. [illegible] be amended at any regular meeting of the [illegible] the members present, provided that [illegible] proposed amendment [illegible] each member [illegible]

Section 2. Any resolution containing proposed amendments to this Constitution and Bylaws shall be submitted to the Secretary-Treasurer in writing at least sixty (60) days prior to the annual or special meeting, and he shall cause to be distributed [illegible] proposed amendment [illegible] prior to the meeting.

May 16, 1966

1972

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

EXECUTIVE COMMITTEE

V. P. Siegel, M.D., Chairman
6600 West Main, Suite #4, Belleville, Illinois 62223

Fred A. Tworoger, M.D., Vice Chairman
4753 N. Broadway, Chicago, Illinois 60640

A. E. Steer, M.D., Secretary-Treasurer
701 North Walnut, Springfield, Illinois 62702

Alfred J. Faber, M.D.
2100 Swainwood Drive, Glenview, Illinois 60025

Mrs. Alan Taylor
1607 North Vermilion, Danville, Illinois 61832

COUNCIL

J. Ernest Breed, M.D.
55 East Washington Blvd., Chicago, Illinois 60602

Andrew J. Brislen, M.D.
6060 South Drexel Blvd., Chicago, Illinois 60637

Herschel Browns, M.D.
4600 Ravenswood, Chicago, Illinois 60640

Theodore Grevas, M.D.
1800 Third Ave., Rock Island, Illinois 61201

Maurice M. Hoeltgen, M.D.
1836 West 87th Street, Chicago, Illinois 60620

Jerry Ingalls, M.D.
502 Shaw, Paris, Illinois 61944

Frank Jirka, M.D.
1507 Keystone Ave., River Forest, Illinois 60305

Earl Klaren, M.D.
158 E. Cook, Libertyville, Illinois 60048

Frank J. Kresca, M.D.
208 West Green, Champaign, Illinois 61820

W. Robert Maloney, M.D.
Carbondale Clinic, Carbondale, Illinois 62901

COUNCIL - (continued)

G. T. Mitchell, M.D.
Marshall, Illinois 62441

Raymond W. Nemecek, M.D.
6820 Windsor, Berwyn, Illinois

John W. Ovitz, M.D.
204 West Elm Street, Sycamore, Illinois 60118

Robert Hamilton Pierce, M.D.
2420 Spring Brook Ave., Rockford, Illinois 61107

James H. Ryan, M.D.
1309 East Court Street, Kankakee, Illinois 60901

Mrs. Wendell Roller
309 South Main Street, Monmouth, Illinois 61562

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Herbert Sohn, M.D.
4640 North Marine Drive, Chicago, Illinois 60640

Mrs. John Van Prohaska
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Charles Weigel, M.D.
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15643 Lincoln, Harvey, Illinois 60426

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Ferrell Hospital, Eldorado, Illinois 62930

Mrs. Fred Endres
R.R. 1, Trigger Road, Box 159A, Edwards, Illinois

Philip G. Thomsen, M.D.
13826 Lincoln, Dolton, Illinois 60419

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE as of March 26, 1973

EXECUTIVE COMMITTEE

Fred A. Tworeger, M.D., Chairman
753 North Broadway, Chicago, Illinois 60640

George T. Mitchell, M.D., Vice Chairman
Marshall, Illinois 62441

A. E. Steer, M.D., Secretary-Treasurer
701 North Walnut, Springfield, Illinois 62702

Mrs. Alan Taylor, 2nd Vice Chairman
1607 North Vermilion, Danville, Illinois 61832

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1936 West 87th Street, Chicago, Illinois 60620

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501 Shaw, Paris, Illinois 61944

Frank Jirka, M.D.
1507 Keystone Avenue, River Forest, Illinois 60305

Earl Klamon, M.D.
108 East Cook, Libertyville, Illinois 60048

James Laidlaw, M.D.
1005 Lincolnshire Drive, Champaign, Illinois 61820

William Lees, M.D.
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M. Robert Maloney, M.D.
Carbondale Clinic, Carbondale, Illinois 62901

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6600 West Main, Suite 2, Belleville, Illinois 62223

V. F. Siegel, M.D.
6600 West Main. Suite #4, Belleville, Illinois 62223

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Charles Weigel, M.D.
7570 Lake, River Forest, Illinois 60305

George T. Wilkins, M.D.
1204 - 27th Street, Granite City, Illinois 62040

Mrs. Fred C. Andres
R.R.1, Trotter Rd., Box 159A, Edwards, Illinois

STATE OF _____
COUNTY OF _____ ss

I, A. E. Obert, M.D., being duly sworn, depose (affirm) and say that the information in this Report is complete, true, and correct.

_____
(Signature of Treasurer)

Subscribed and sworn to (affirmed) before me this 4 day of April A.D. 197

My commission expires _____

_____
(Notary Public)

EXECUTIVE COMMITTEE 1974

Fred A. Tworoger, M.D., Chairman
4753 North Broadway, Chicago, Illinois 60640

George T. Mitchell, M.D., Vice Chairman
Marshall, Illinois, R.R.2, 62441

A. E. Steer, M.D., Secretary-Treasurer
701 North Walnut, Springfield, Illinois 62702

Mrs. Alan Taylor, 2nd Vice Chairman
1607 North Vermilion, Danville, Illinois 61832

Alfred J. Faber, M.D.
2110 Swainwood Drive, Glenview, Illinois 60025

Frank Jirka, Jr., M.D., Special Consultant
1507 Keystone Avenue, River Forest, Illinois 60305

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1445 N. State Parkway, Chicago, Illinois 60610

Herschel Browns, M.D.
4600 Ravenswood, Chicago, Illinois 60640

Louis Dondanville, M.D.
300 - 31st Street Place, Moline, Illinois 61265

Robert T. Fox, M.D.
7136 Robin Crest Lane, Glenview, Illinois 60025

Theodore Grevas, M.D.
1800 Third Avenue, Rock Island, Illinois 61201

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9836 West 87th Street, Chicago, Illinois 60620

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102 Shaw, Paris, Illinois 61944

Karl Klaren, M.D.
58 East Cook, Libertyville, Illinois 60048

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518 North Nokomis, Lincolnwood, Illinois 60646

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3311 Montlake Drive, Rockford, Illinois 61111

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20 Kingston Drive
East St. Louis, Illinois 62203

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7902 W. Main, Belleville, Illinois 62223

Philip G. Thomsen, M.D.
13826 Lincoln, Dolton, Illinois 60419

George T. Wilkins, M.D.
1204 - 27th Street, Granite City, Illinois 62040

STATE OF Illinois
ss
COUNTY OF Sangamon

I, A. E. Steer, M.D., being duly sworn, depose (affirm) and say that the information in this report is complete, true, and correct.

A E Steer M D
Signature of Secretary-Treasurer

Subscribed and sworn to (affirmed) before me this 11th day of April A.D. 1974

My commission expires March 1 1976.

Notary Public Richard L. Allen

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE-As of 3, 1975

Executive Committee

George T. Wilkins, M.D., Chairman
1204 - 27th Street, Granite City, Illinois 62040

Robert T. Fox, M.D., Vice Chairman
2136 Robin Crest Lane, Glenview, Illinois 60025

Paul Mahon, M.D., Secretary-Treasurer
2207 Greenbriar Drive, Springfield, Illinois 62704

Mrs. Alan Taylor, 2nd Vice Chairman
1607 North Vermilion, Danville, Illinois 61832

Alfred J. Faber, M.D., At Large
2110 Swainwood Drive, Glenview, Illinois 60025

✓Frank Jirka, Jr., M.D., Special Consultant
1507 Keystone Avenue, River Forest, Illinois 60305

COUNCIL

NOTE: THE ABOVE PERSONS ARE ALL MEMBERS OF THE COUNCIL AS WELL AS THE FOLLOWING:

Finley Brown, M.D., 1445 N. State Parkway, Chicago, Illinois 60610

Herschel Browns, M.D., 4600 Ravenswood, Chicago, Illinois 60640

Louis Dondanville, M.D., 1300 - 31st Street Place, Moline, Illinois 61265

Theodore Grevas, M.D., 2711 - 36th Street, Rock Island, Illinois 61201

Donald Hinderliter, M.D., P. O. Box 46, Rochelle, Illinois 61068

Jerry Ingalls, M.D., 502 Shaw, Paris, Illinois 61944

Earl Klaren, M.D., 158 East Cook, Libertyville, Illinois 60048

Arthur Kunis, M.D., 668 Diversey Parkway, Chicago, Illinois 60614

James Laidlaw, M.D., 1005 Lincolnshire Drive, Champaign, Illinois 61820

William Lees, M.D., 6518 North Nokomis, Lincolnwood, Illinois 60646

W. Robert Maloney, M.D., 212 W. Monroe, Herrin, Illinois, 62948

George T. Mitchell, M.D., Marshall, Illinois, R.R.2, 62441

Raymond W. Nemecek, M.D., 6820 Windsor, Berwyn, Illinois 60402

John W. Ovitz, Jr., M.D., 204 West Elm Street, Sycamore, Illinois 60118

Elliott Partridge, M.D., Rt. #3, Eldorado, Illinois 62930

Mrs. John Van Prohaska, 5830 South Stony Island, Chicago, Illinois 60637

continued.....

Albert Ray, M.D., 301 N. Reed Street, Joliet, Illinois 60435

Mrs. Wendell Roller, 703 E. 2nd Avenue, Monmouth, Illinois 61462

Willard C. Scrivner, M.D., 20 Kingston Drive, East St. Louis, Ill. 62203

John Seward, M.D., 1601 Parkview, Rockford, Illinois 61107

Herbert Sohn, M.D., 4640 Marine Drive, Chicago, Illinois 60640

A. E. Steer, M.D., 701 N. Walnut, Springfield, Illinois 62702

Philip G. Thomsen, M.D., 13826 Lincoln, Dolton, Illinois 60419

Fred A. Tworoger, M.D., 4753 North Broadway, Chicago, Illinois 60640

NOTE: A. E. Steer, M.D., listed above, has been appointed Assistant Secretary-Treasurer but will not serve on the Executive Committee.

STATE OF Illinois

COUNTY OF Sangamon

I, Paul Mahon, M.D., being duly sworn, depose (affirm) and say that the information in this report is complete, true, and correct.

Signature of Secretary-Treasurer

Subscribed and sworn to (affirmed) before me this [illegible] day of [illegible], A.D. 1975.

My commission expires 2-9-78

Notary Public [illegible]

1976

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

EXECUTIVE COMMITTEE

Mrs. Alan Taylor, Chairman --1607 N. Vermilion, Danville 61832
Herbert Sohn, M.D.,1st V.Chrm. -- 4640 North Marine, Chicago 60640
George T. Mitchell, M.D., 2nd V.Chrm. -- R. R. 2, Marshall 62441
Paul Mahon, M.D., Sec.-Treasurer -- 326 North 7th St., Springfield 62701
Alfred J. Faber, M.D.-- 2110 Swainwood, Glenview 60025
✓ Frank J. Jirka, Jr., M.D. -- 1507 Keystone, River Forest 60305

TERMS EXPIRING 1977

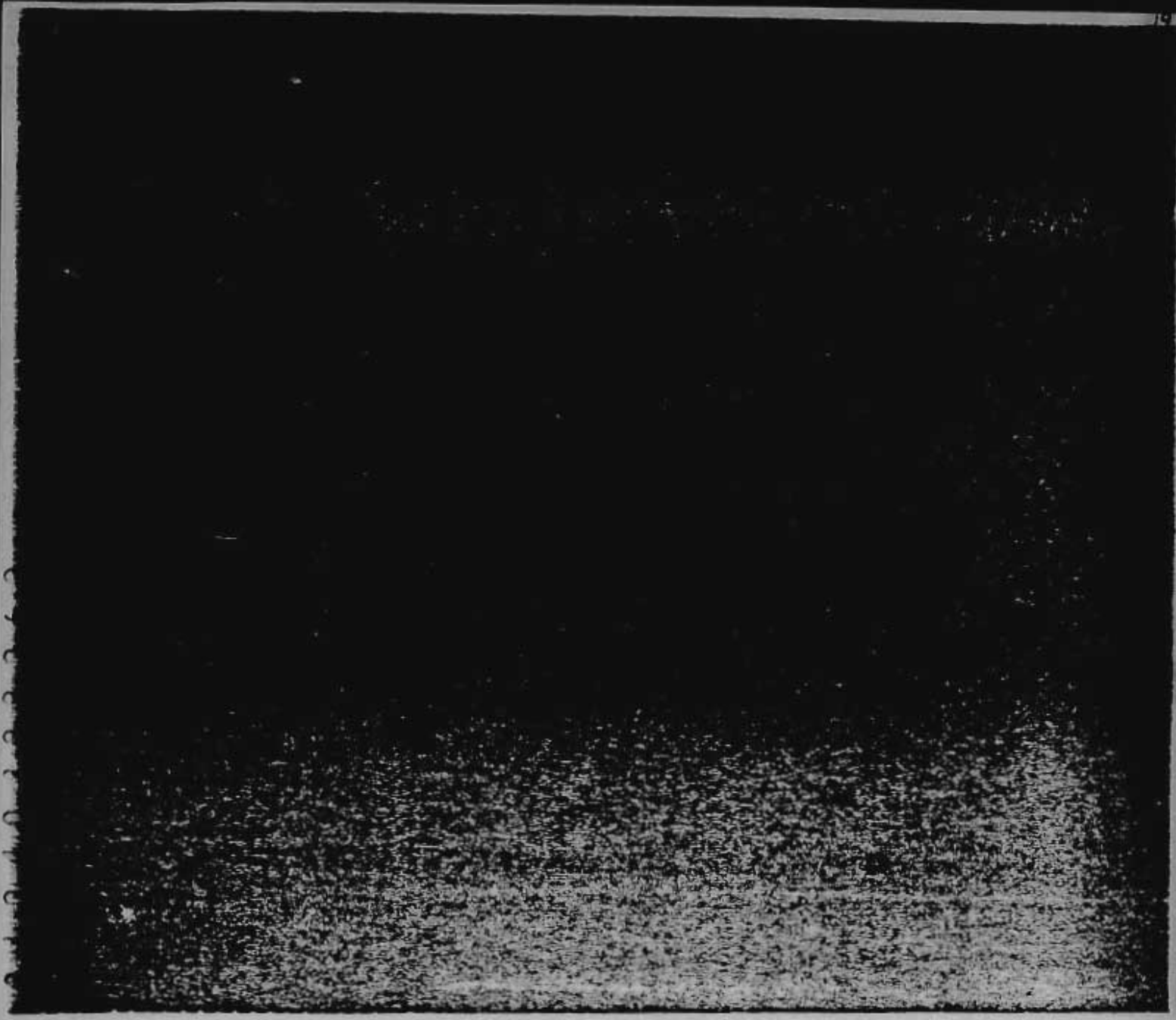
Findley Brown, M.D. -- 1445 N. State Parkway, Chicago, 60610
Herschel Browns, M.D. - 4600 N. Ravenswood, Chicago, 60640
Robert T. Fox, M.D. -- 2136 Robin Crest, Glenview 60025
Theodore Grevas, M.D. -- 2701 - 17th Street, Rock Island 61201
Earl Klaren, M.D. -- 158 East Cook, Libertyville 60048
Paul Mahon, M.D. -- (See address above)
George T. Mitchell, M.D. -- (See address above)
Mrs. Alan Taylor -- (See address above)
Mrs. John Van Prohaska -- 5834 Stony Island, Chicago 60637
George T. Wilkins, M.D. -- 3165 Myrtle, Granite City 62040

TERMS EXPIRING 1978

Louis Dondanville, M.D. -- 501 - 15th Street, Moline 61265
Don Hinderliter, M.D. -- Box 48, Rochelle 61068
J. M. Ingalls, M.D. --502 Shaw, Paris 61944
Arthur Kunis, M.D. -- 668 Diversey, Chicago 60614
John W. Ovitz, Jr., M.D. --204 W. Elm St., Sycamore 60178
Albert W. Ray, Jr., M.D. -- 301 N. Reed, Joliet, 60435
P. John Seward, M.D. -- 1601 Parkview, Rockford 61107
Herbert Sohn, M.D. -- (See address above)
A. E. Steer, M.D. -- 1020 E. Lake Shore Drive, Springfield 62707
Philip G. Thomsen, M.D. -- 13826 Lincoln, Dolton 60419

TERMS EXPIRING 1979

Alfred J. Faber, M.D. -- (See address above)
E. J. Jacobs, M.D. -- 904 So. Burton, Arlington Heights 60005
✓ Frank J. Jirka, M.D. -- (See address above)
James Laidlaw, M.D. -- Christie Clinic, 104 W. Clark, Champaign 61820
William M. Lees, M.D. -- 6513 N. Nokomis, Lincolnwood 60646
Tassos Nassos, M.D. -- 3929 N. Central, Chicago 60634
Elliott Partridge, M.D. -- 1201 Pine, Eldorado 62930
Edward Ragsdale, M.D. -- 5316 Shannon, Godfrey 62035
Willard C. Scrivner, M.D. -- 6600 West Main, Belleville, 62223
Fred A. Tworoger, M.D. -- 4753 Broadway, Chicago 60640



NUAL DUES STATEMENT – 1976

Illinois State Medical Society
American Medical Association

DETACH AND RETAIN
THIS PORTION
FOR OUR RECORDS

ILLINOIS STATE MEDICAL SOCIETY .....

AMERICAN MEDICAL ASSOCIATION .....

TOTAL DUES

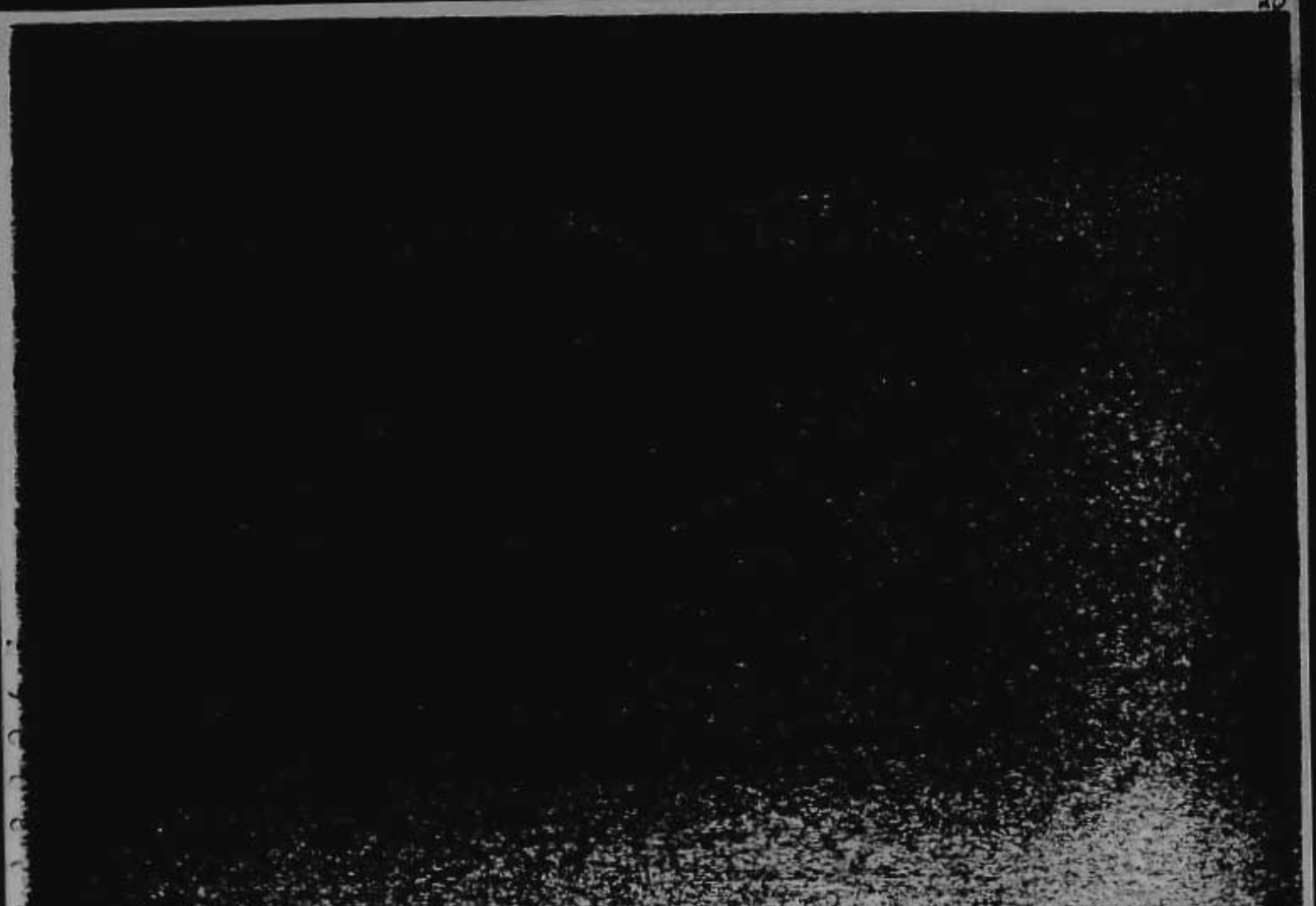
VOLUNTARY CONTRIBUTIONS

CHECK

DATE

AMOUNT

ASE READ AND FILL OUT IMPORTANT INFORMATION REQUESTED ON BACK OF THIS FORM



PLEASE COMPLETE THE FOLLOWING

My AMA-ERF Allocation is to be given to the following medical school: CIRCLE ONE CODE NUMBER

14 Chicago Medical
16 Loyola University, Stritch School of Medicine
18 Northwestern University
92 Rush Medical
93 Southern Illinois University
97 University of Chicago, Pritzker School of Medicine
10 Other Specify: _____

University of Illinois
95 Abraham Lincoln School of Medicine - Chicago
84 Illinois College of Medicine
86 Finch University of Health Sciences
87 School of Basic Medical Sciences at Urbana
80 School of Basic Medical Sciences at the Medical Ce
84 Metropolitan Hospitals Unified

Each STF $10.00 of your AMA-ERF allocation is given to the medical school of your choice and $10.00 is given to the Illi Council on Continued Medical Education.

SMS Dues include a $1.00 assessment for Legislative Services and Physicians in Training.

SMS Dues include $4.00 for your subscription to the Illinois Medical News.

a) This item is voluntary contribution and is not deductible for income tax purposes. The $45.00 supports a Political Action Committee family membership. $25.00 Spouse $20.00. A copy of AMPAC and AMPAC reports are filed with the appropriate supervisory officer and available for pu from the Clerk/Secretary of Committee, House of Representatives, Washington, D.C. 20515

3 1 0 1 0 2 3 0 0 5 1

1975 DUES ARE PAYABLE NOW TO MAINTAIN YOUR MEMBERSHIP IN YOUR PROFESSIONAL SOCIETIES

ILLINOIS STATE MEDICAL SOCIETY

American Medical Association

THE ELEMENTS OF YOUR 1975 DUES ARE AS FOLLOWS

PLEASE MAKE YOUR CHECK PAYABLE TO LOCAL SOCIETY SHOWN ABOVE TO INSURE PROPER CREDIT. DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE.

ILLINOIS STATE MEDICAL SOCIETY $ .....

AMERICAN MEDICAL ASSOCIATION .....

TOTAL DUES

THE HOUSE OF DELEGATES OF THE ILLINOIS STATE MEDICAL SOCIETY HAS ALSO AUTHORIZED THE FOLLOWING:

VOLUNTARY CONTRIBUTION (o

TOTAL DUES AND CONTRIBUTION

PLEASE READ AND FILL OUT IMPORTANT INFORMATION REQUESTED ON BACK OF THIS FORM.

INCLUDES $1.00 ASSESSMENT FOR LIAISON WITH STUDENTS AND PHYSICIANS-IN-TRAINING.

DETACH AND RETAIN

PLEASE BE SURE THAT IMPORTANT INFORMATION REQUESTED ON BACK OF FORM HAS BEEN ANSWERED.

1975 DUES ARE AS FOLLOWS

YOUR LOCAL MEDICAL SOCIETY

THE ILLINOIS STATE MEDICAL SOCIETY

THE AMERICAN MEDICAL ASSOCIATION

TOTAL DUES

THE HOUSE OF DELEGATES OF THE ILLINOIS STATE MEDICAL SOCIETY HAS ALSO AUTHORIZED THE FOLLOWING:

VOLUNTARY CONTRIBUTION (o

TOTAL DUES AND CONTRIBUTION

CHECK: NO.

DATE AMOUNT

PLEASE COMPLETE THE FOLLOWING

My AMA-ERF contribution is to be allocated to the following medical school:

- ☐ Chicago Medical
- ☐ Loyola University - Stritch School of Medicine
- ☐ Northwestern University
- ☐ Rush Medical
- ☐ Southern Illinois University
- ☐ University of Chicago - Pritzker School of Medicine
- ☐ Other (Specify) _____

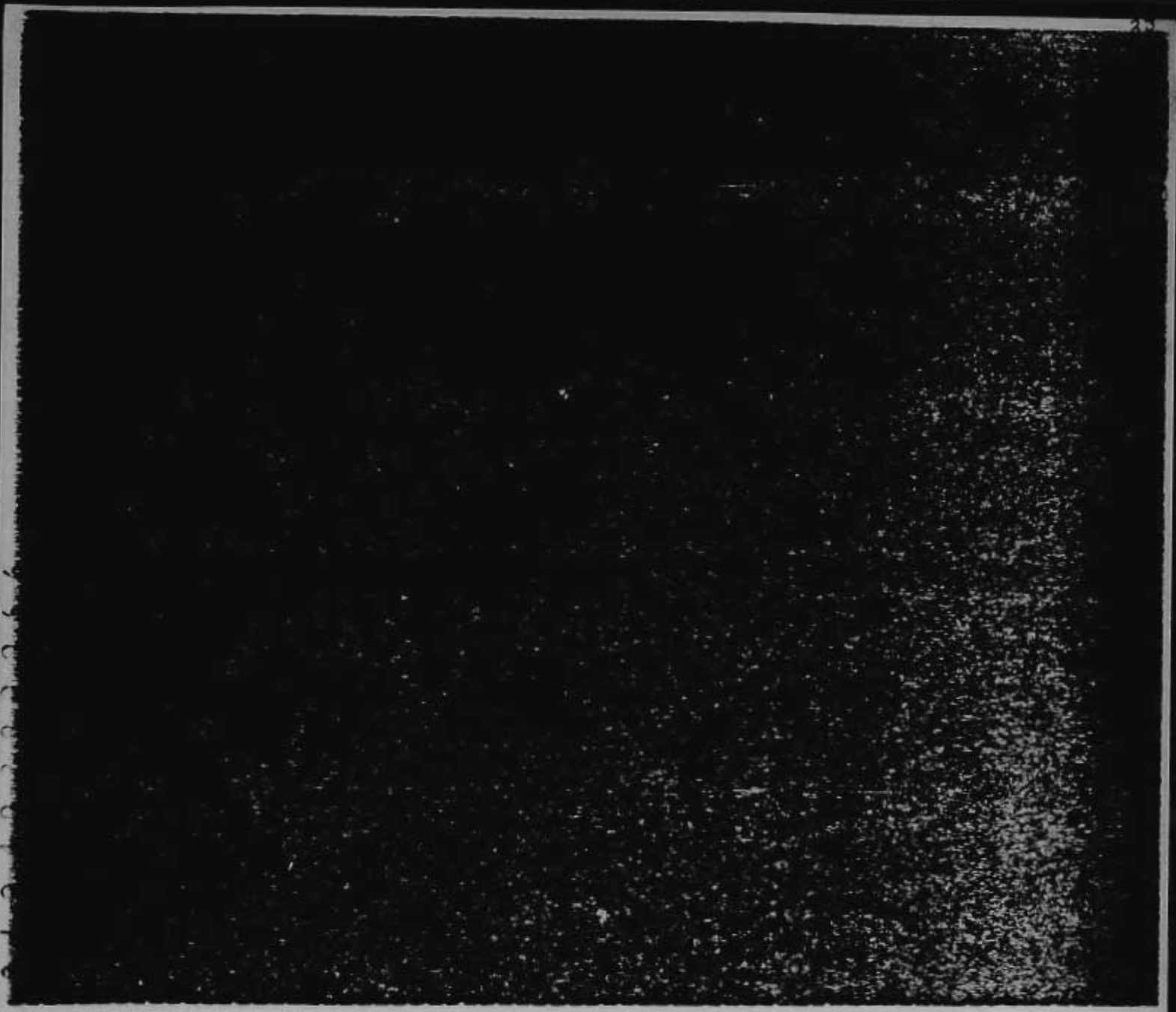
University of Illinois

- ☐ Abraham Lincoln School of Medicine Chicago
- ☐ Peoria School of Medicine
- ☐ Rockford School of Medicine
- ☐ School of Basic Medical Sciences at Urbana
- ☐ School of Basic Medical Sciences at the Medical Center
- ☐ Metropolitan Hospital Group

Postal regulations now require that you request annually the AMA Specialty Journal you wish to receive. Please designate below. (ONE ONLY)

- ☐ Amer. Journal of Diseases of Children
- ☐ Archives of Dermatology
- ☐ Archives of Environmental Health
- ☐ Archives of General Psychiatry
- ☐ Archives of Internal Medicine
- ☐ Archives of Surgery
- ☐ Archives of Neurology
- ☐ Archives of Ophthalmology
- ☐ Archives of Otolaryngology
- ☐ Archives of Pathology

(a) This item is a voluntary contribution and is not deductible for income tax purposes. The $15.00 supports a Political Action Committee family membership (Physician $25.00 - Spouse $20.00). A copy of AMPAC and AMPAC reports are filed with the appropriate supervisory officer and available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402.



ANNUAL DUES STATEMENT — 1977

DUES ARE PAYABLE NOW TO MAINTAIN YOUR MEMBERSHIP IN YOUR PROFESSIONAL SOCIETIES

Illinois State Medical Society
American Medical Association

THE ELEMENTS OF YOUR DUES ARE AS FOLLOWS

DETACH AND RETA
THIS PORTION
FOR YOUR RECORD

PLEASE MAKE
LOCAL SOCIETY
AND DE
RETURN
REMITTANCE

ILLINOIS STATE MEDICAL SOCIETY .....
AMERICAN MEDICAL ASSOCIATION .....

TOTAL DUES

THE HOUSE OF DELEGATES OF THE ILLINOIS STATE MEDICAL SOCIETY HAS ALSO AUTHORIZED THE FOLLOWING:

VOLUNTARY CONTRIBUTIONS

TOTAL DUES AND CONTRIBUTION

$

ILLINOIS STATE MEDICAL SOCIETY
AMERICAN MEDICAL ASSOCIATION

TOTAL DUES

THE HOUSE OF DELEGATES OF THE ILL MEDICAL SOCIETY HAS ALSO AUTH FOLLOWING:

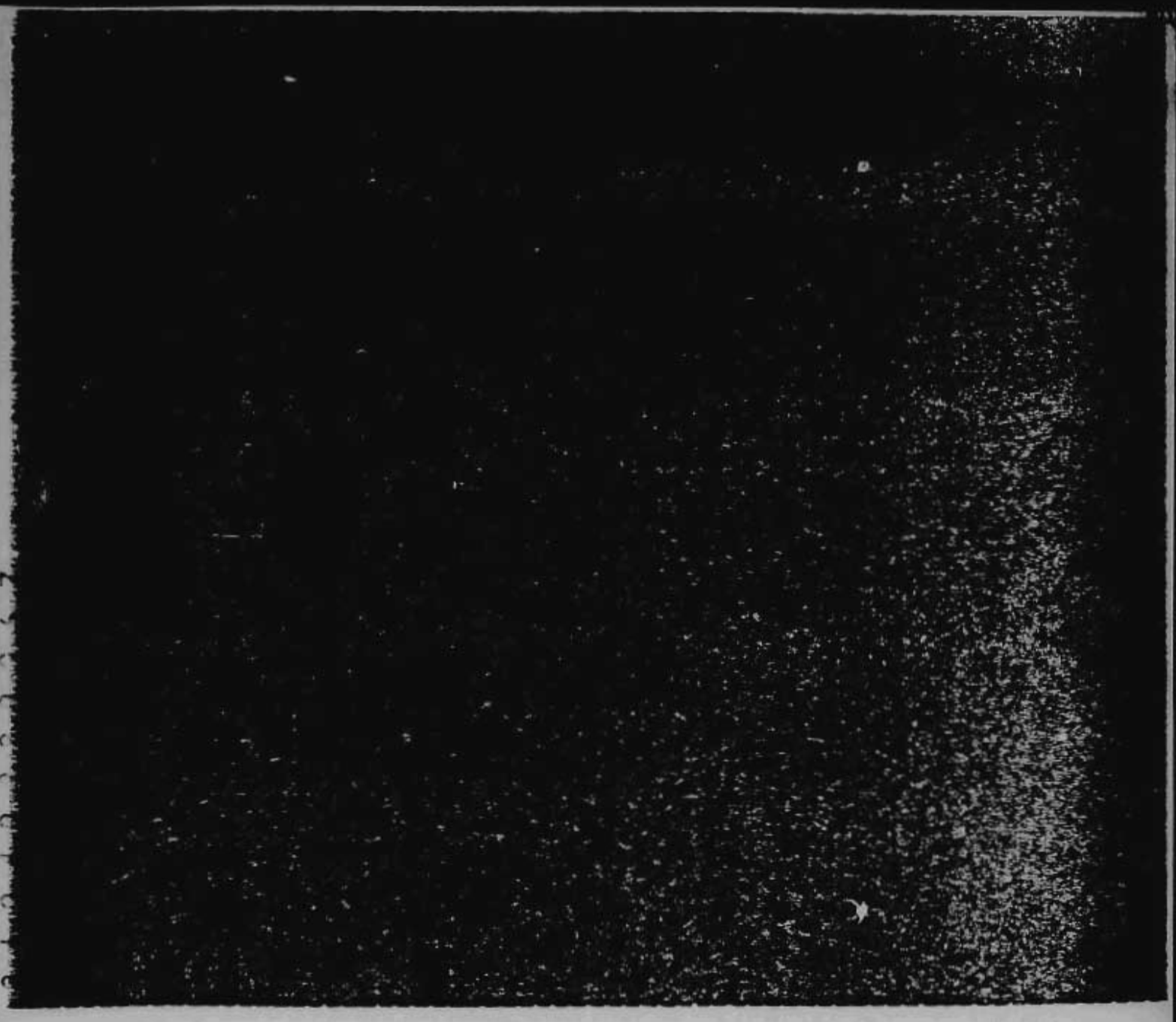
VOLUNTARY CONTRIBUTIONS

TOTAL DUES AND CONTRIBUTION

CHECK: NO

DATE AMOUNT

PLEASE READ AND FILL OUT IMPORTANT INFORMATION REQUESTED ON BACK OF THIS FORM



PLEASE COMPLETE THE FOLLOWING

My AMA-ERF Allocation is to be given to the following medical school - CIRCLE ONE CODE NUMBER

14 Chicago Medical School
15 Northwestern University Medical School
16 Loyola University-Stritch School of Medicine
17 University of Chicago-Pritzker School of Medicine
80 University of Illinois - College of Medicine-Chicago
84 University of Illinois-Metro East Campus
85 Rockford School of Medicine
89 Peoria School of Medicine
91 Southern Illinois University-Springfield
92 Rush Medical College
93 Southern Illinois University-Carbondale
95 University of Illinois-Abraham Lincoln Campus
97 University of Illinois-Champaign Campus
00 Other - Specify _____

For 1977, $10.00 of your AMA-ERF Allocation is given to the medical school of your choice and $10.00 is given to the Illinois Council on Continuing Medical Education.

ISMS Dues include a $1.00 assessment for Liaison with Students and Physicians in Training.

ISMS Dues include $4.00 for your subscription to the Illinois Medical Journal.

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

A NEW FORCE IN POLITICS

Election Results "IMPAC Batting Average"

State Senate

Total # of Races	Races with IMPAC Support	% of Races with IMPAC Support	# Won	# Lost	% Won
[illegible]	11	[illegible]	2	2	[illegible]

State House of Representatives

Total # of Races	Races with IMPAC Support	% of Races with IMPAC Support	# Won	# Lost	% Won
[illegible]	155	[illegible]	143	12	92

General – State Legislature

Total # of Races	Races with IMPAC Support	% of Races with IMPAC Support	# Won	# Lost	% Won
[illegible]	[illegible]	[illegible]	133	11	92

U.S. Congress

Total # of Open Seats	# of Open Seats with IMPAC Support	% of Open Seats with IMPAC Support	# Won	# Lost	% Won
[illegible]	[illegible]	[illegible]	16	2	89

The Medical profession of Illinois can be proud of its political accomplishments in 1976. IMPAC, the political arm of the physician, made an outstanding record.

Physicians played an important, and in many campaigns, a decisive role in the election of a large number of candidates in national and state elections.

Whatever Your Politics
Vote IMPAC ☒

IMPAC
55 E. Monroe Street
Chicago, Illinois 60603

Combined membership (IMPAC-AMPAC)

Sustaining	$99.00
Family	45.00
Regular	25.00
Auxiliary	20.00

What is IMPAC?
The Illinois Medical Political Action Committee is a voluntary, non-profit, unincorporated group whose membership consists of physicians and their wives who are interested in doing something to further good government through political action and education. IMPAC supports candidates for state office and for the U.S. Congress. It does not support candidates for local office.

What are the differences in the membership categories?
SUSTAINING MEMBERS who pay $99 annual dues are IMPAC supporters with an extra commitment to political action. They make an additional financial contribution in order to boost the overall effectiveness of PAC. REGULAR MEMBERS are physicians who pay $25 annual dues and AUXILIARY MEMBERS are medical spouses who pay $20 annual dues. A FAMILY MEMBERSHIP, with $45 annual dues, is a joint regular membership for a physician and a spouse.

What is AMPAC and how is it related to IMPAC?
The American Medical Political Action Committee operates throughout the nation in support of campaigns for U.S. Senators and Congressmen. A portion of your voluntary contribution is sent to AMPAC to be re-distributed across the U.S. in key races where medicine can elect outstanding men to government. Illinois frequently benefits from the return of AMPAC funds to target districts in this state. IMPAC was the first of 50 state political action committees now in existence.

Does IMPAC favor one political party over another?
Absolutely not. IMPAC does not support political parties. It supports individual candidates from both parties based upon their programs and principles — not party affiliation.

Who directs IMPAC's activities?
A 30 member council, responsive to your views on the selection of candidates for support, determines IMPAC policies. This council, elected from among the IMPAC membership at the annual meeting, is representative of the political structure of the Illinois medical profession both geographically and through its membership's views.

Do physicians belong in politics?
Federal and state governments spend billions of dollars annually on health care. Our patients as well as ourselves are deeply involved. We need to be concerned with the capabilities of those who determine the nature and extent of these programs. This requires a concern with the elective process which creates good government.

Why shouldn't I give directly to the candidate of my choice?
You should. But don't overlook the greater impact to be gained by pooling our resources for a concerted campaign effort in a key district. IMPAC provides this important mechanism for a well organized effective collective effort.

Without support ... this kind would be ... and I am totally ...

No one can win an election on their own. I realize this and I rest assured I shall never forget it nor shall I ever take anything for granted.

... challenging election yet and my victory as ... wouldn't have been possible without the ... to aid the work of our great campaign ... vital to our success and I will continue to ... confidence in me.

... for the support, dedication ... my sincere thanks ... for the State ... donation during my recent campaign ...

It means a great ... a candidate to know that I have friends who ... confidence in me.

The campaign was mainly successful because of the generous contribution of funds, ideas, and time from many people such as yourself. I assure you that I shall continue to work for the betterment of my community and in appreciate for the vote of confidence given me.

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

EXECUTIVE COMMITTEE

Mrs. Pam Taylor, Chairman, Danville
Herbert Sohn, M.D., Vice Chairman, Chicago
George T. Mitchell, M.D., Vice Chairman, Marshall
Paul Mahon, M.D., Secretary-Treasurer, Springfield
Alfred J. Faber, M.D., Glenview
Frank J. Jirka, Jr., M.D., River Forest

COUNCIL

Finley W. Brown, Jr., Chicago
Herschel Browns, M.D., Chicago
Louis Dondanville, M.D., Moline
Robert T. Fox, M.D., Glenview
Theodore Grevas, M.D., Rock Island
Don Hinderliter, M.D., Rochelle
J. M. Ingalls, M.D., Paris
E. J. Jacobs, M.D., Arlington Heights
Earl V. Klaren, M.D., Libertyville
Arthur Kunis, M.D., Chicago
James Laidlaw, M.D., Champaign
William M. Lees, M.D., Lincolnwood
[illegible] P. Nason, M.D., Northbrook
[illegible] Jr., M.D., Sycamore
[illegible] Partridge, M.D., Eldorado
Mrs. John Van Prohaska, Chicago
Edward F. Ragsdale, M.D., Godfrey
Albert W. Ray, Jr., M.D., Joliet
Willard C. Scrivner, M.D., Belleville
P. John Seward, M.D., Rockford
A. E. Steer, M.D., Springfield
Philip G. Thomsen, M.D., Dolton
Fred A. Tworoger, M.D., Chicago
George T. Wilkins, M.D., Granite City

Support IMPAC/AMPAC

followup letter - mailed summer, 1976

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1963

Dear Doctor:

Recently, when you paid your annual medical society dues, you did not include a contribution for IMPAC/AMPAC dues. I strongly urge you to reconsider your decision.

The malpractice crisis that currently threatens physicians throughout the nation is probably the single most persuasive argument in favor of a viable political action arm for medicine. For too long, Doctor, most physicians have been content to hold themselves above the "dirty" game of politics, while a small minority of your colleagues have carried the ball. But now, when government action critical to the orderly practice of medicine is needed, it is vital for every physician to do his or her part.

IMPAC on the state level and AMPAC on the national level contribute to Democrats and Republicans alike. Both organizations are scrupulously bi-partisan in their support of medicine's friends in politics, and never before has the need been so great.

We need your membership in IMPAC/AMPAC now. A sustaining membership is $99 and a family membership is $45 (single physician $25, spouse $20). All of the above dues are combined memberships in both IMPAC and AMPAC.

Write your personal check today, and make it as generous as possible. The enclosed self-addressed, postage paid envelope is for your convenience.

Looking forward to your membership, I remain,

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1963

October 5, 1976

In light of IMPAC's exceptionally heavy involvement in this year's election, I recently requested a review of our membership records to be certain that no longtime supporters were overlooked. That review is the reason for my letter today.

In checking our files, we found that you have not yet paid your 1976 sustaining membership. As a member of the Board of Trustees, or a member of the AMA Delegation, I am sure this was an oversight you will want to correct, since you, better than I, know how important IMPAC's work is.

We look forward to hearing from you.

Sincerely,

Pam Taylor

Mrs. Pam Taylor
Chairman

P.S. If you respond immediately, your dues will still be able to support candidates in the November 2nd election. Please make your check for $99 (or $74 if regular dues were paid) payable to IMPAC and mail it today in the enclosed envelope.

Ev 298

UNITED STATES HOUSE OF REPRESENTATIVES

Office of the Clerk
Washington, D.C.

REGISTRATION FORM AND STATEMENT OF ORGANIZATION FOR A COMMITTEE

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND ANTICIPATING CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF $1,000 IN ANY CALENDAR YEAR

REQUIREMENTS FOR REGISTRATION OF POLITICAL COMMITTEES

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE APPROPRIATE SUPERVISORY OFFICER'S MANUAL FOR ADDITIONAL REGULATIONS AND INSTRUCTIONS

A. The treasurer of each political committee which anticipates receiving contributions or making expenditures during the calendar year in an aggregate amount exceeding $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives shall file with the Clerk of the U.S. House of Representatives a Registration Form and Statement of Organization, within 10 days after its organization, or, if later, 10 days after the date on which it has information which causes the committee to anticipate it will receive contributions or make expenditures in excess of $1,000 any portion of which will be expended for the purpose of influencing the nomination or election of candidates for the U.S. House of Representatives. Each such committee in existence on April 7, 1972 shall file a Registration Form and Statement of Organization with the Clerk of the U.S. House of Representatives on or before April 17, 1972. Note: If the committee also supports a candidate for the U.S. Senate, a similar statement must be filed with the Secretary of the Senate, and if the committee supports a candidate for President or Vice President of the United States a similar statement must be filed with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the equivalent State officer) of the appropriate State.

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the Clerk of the U.S. House of Representatives within ten (10) days following the change or correction. Such amendments to the statement shall contain the date, identity of the committee, the changed or corrected information appropriately identified, and shall be verified by the oath or affirmation of the person filing such information, taken before any officer authorized to administer the oaths.

E. Any committee which, after having filed one or more Registration Form and Statement of Organization, disbands or determines it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000 shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the oath or affirmation of the person filing it, taken before any officer authorized to administer the oaths, and such notification shall include a statement as to the disposition of residual funds if the committee is disbanding.

1. Full name of committee: The Illinois Medical Political Action Committee

   Mailing address and ZIP code: 360 North Michigan Avenue - Chicago, Ill.60601

   Date of this registration: April 7, 1972

2. Affiliated or connected organizations:

Name of affiliated or connected organization	Mailing address and ZIP code	Relationship
Illinois State Medical Soc.	360 No. Michigan Ave. Suite 2010 Chicago, Ill.60601	Organizer

*Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate sheet(s).

3. Area, Scope and Jurisdiction of the Committee:
   (a) Will this committee operate in more than one State? No
   (b) Will it operate on a statewide basis in one State? Yes
   (c) Will it primarily support candidates seeking State or local office? Yes
   (d) Will it support a candidate for the U.S. House of Representatives in an aggregate amount in excess of $1,000 during the calendar year? Yes

7610310026303874?

The Illinois Medical Political Action Committee

(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
Varies as requests from Candidate support committees are received.			

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Varies as requests from Candidate support committees are received			

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Varies as requests from Candidate support committees are received.			

5. If this committee is supporting the entire ticket of a party, give name of party: None

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
A. E. Steer, M.D.	701 North Walnut Springfield, Illinois 62702	Secretary-Treasurer

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
* (See Attached)		

Submit additional information on separate continuation sheets appropriately labeled and attached to the Statement of Organization. Indicate in the appropriate box above when information is continued on separate page(s).

7861038238753

8. Does this committee plan to stay in existence beyond the current calendar year? ...Yes..... If so how long? Perpetual

9. In the event of dissolution, what disposition will be made of residual funds? Contributed to Candidate support committees at the discretion of the Board of Directors

10. List all banks or other repositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds: Springfield Marine Bank, Springfield, Illinois

Name of bank, repository, etc.	Mailing address and ZIP code
Springfield Marine Bank	114 South Sixth Street Springfield, Illinois 62701

11. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

Report title	Dates required to be filed	Name and position of recipient	Mailing address and ZIP code
None			

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate box above when information is continued on separate page(s).

State of Illinois

County of Sangamon ss.

I, A.E. Steer, M.D., (Full Name of Treasurer of Political Committee) being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

A.E. Steer
(Signature of Treasurer of Political Committee)

Subscribed and sworn to (affirmed) before me this 17th day of April, A.D. 1972.

Robert K. [illegible]
(Notary Public)

[SEAL] My commission expires March 1, 1976

Return completed form and attachments to:
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

FEC Form 1
July 1976
Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

Statement of Organization For a Political Committee

Supporting any candidate(s) for federal office and anticipating contributions or expenditures in excess of $1,000 in any calender year in support of such candidate(s).
(See Reverse Side For Instructions.)

Ex 248

RECEIVED
FEDERAL ELECTION COMMISSION

Note: *Committees authorized by a candidate to receive contributions and make expenditures in connection with more than one election must maintain separate records with respect to each election.*

76 SEP 30 PM 1:18

1(a) Name of Committee (in full) ☐ Check if name or address is changed	2 Identification Number
The Illinois Medical Political Action Com.	C00005488
(b) Address (number and street)	3 Date [redacted]
55 E. Monroe, Sw.3510,	September 27, 1976
(c) City, State and ZIP code	4 Is this an amended statement ☒ Yes ☐ No If "YES" FILL IN ONLY THOSE LINES ON WHICH THERE HAS BEEN A CHANGE
Chicago, Illinois 60603	

5 Check one:

☐ (a) This committee has been designated as the principal campaign committee for _____ (Name of Candidate)

a candidate for _____ (Federal office sought) in the _____ (Year of election) Election

to be held in the State of _____ (State in which election is held)

(THE PRINCIPAL CAMPAIGN COMMITTEE WILL FORWARD TO THE COMMISSION A COPY OF THE STATEMENT OF ORGANIZATION FOR EACH AFFILIATED COMMITTEE REQUIRED TO FILE WITH IT.)

☐ (b) This committee is supporting only one candidate, and is authorized by _____ (Name of Candidate)

to receive contributions and make expenditures with respect to the _____ (General, Primary, Runoff, etc) Election(s)

held in _____ (Year of election in State), and will file all reports and statements with the candidate's principal campaign committee, _____ (Full name of principal campaign committee)

(ATTACH A COPY OF CANDIDATE'S WRITTEN AUTHORIZATION.) (FEC FORM 2a)

☐ (c) This committee supports only one candidate _____ (Name of Candidate) but is not an authorized committee.

☐ (d) This committee supports more than one Federal candidate and is not a party committee.

☐ (e) This committee is a _____ (National, State, county, city) committee of the _____ (Democratic, Republican, etc.) Party.

6 Names of affiliated and/or connected organizations	Mailing address and ZIP code	Relationship
Illinois State Medical Society	55 E. Monroe, Sw. 3510 Chicago, Illinois 60603	Connected organization

If the registering political committee has identified a "connected organization" above, please indicate type of organization:
☐ Corporation ☐ Labor organization ☒ Membership organization ☐ Trade association ☐ Cooperative
☐ Corporation without capital stock ☐ Other (please specify)

Submit additional information on separate continuation sheets appropriately labeled and attached to this Statement of Organization. Indicate in the appropriate section above when information is continued on separate page(s).

FEC - 1 (7/76)

76030716

OFFICE OF ADMINISTRATION
Roger N. White, Executive Administrator
James R. Slawny, Assistant Executive Administrator
Richard D. Hengl, Business Manager
Jose D. Ner, Assistant Business Manager

55 east monroe street chicago, illinois 60603 phone (312) 782-1654

cc # 1338

4,299

'77 MAR 10 AM 10:11

ILLINOIS STATE MEDICAL SOCIETY

March 7, 1977

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

William Oldaker, General Counsel
Federal Election Commission
1325 K Street N.W.
Washington, D.C. 20463

770803

Dear Mr. Oldaker:

This is in response to your February 24, 1977 request (Re: MUR 369-76) for information on the Illinois State Medical Society (ISMS).

In answer to Questions No. 1 and 6, ISMS is a member of the American Medical Association as described in Article III of the AMA Constitution...and has provided administrative services to the Illinois Medical Political Action Committee since IMPAC's establishment in 1960, as permitted by federal law.

The information requested in items #2 through 5 is contained in the enclosed packet which includes:

* Copies of the Society's Constitution and Bylaws since Jan. 1, 1972 (Enclosure A)

* A list of all officers and trustees since Jan. 1, 1972 (Enclosure B)....and their duties as described in Chapters VI and VIII of the Bylaws (Enclosure C)

* The method used for selecting members to the AMA House of Delegates as provided for in Chapter V, Section 2 of the Bylaws (Enclosure D)...a list of all ISMS physicians who served in the AMA House of Delegates since Jan. 1, 1972 (Enclosure E)

* Yearly membership totals since Jan. 1, 1972 (Enclosure F) We believe your question regarding what percentage of ISMS members belong to AMA would be more appropriately answered by AMA.

If there is any other information needed, please contact me.

Sincerely,

James R. Slawny

James R. Slawny
Assistant Executive Administrator

Enclosure (1)

Fice: AMPA
Ext 301

June 29, 1976

Mrs. Alan Taylor
Chairman, IMPAC
1607 North Vermilion
Danville, Illinois 61832

Dear Mrs. Taylor:

The first year as a PAC Chairman is involved and busy for you, and the AMPAC Board of Directors would like to help you wherever possible. One of medical political action's priorities is candidate support activity at the congressional district level and we have available various tools to aid you.

Enclosed are several pamphlets pertinent to the training and information efforts concerning candidate support techniques and general campaign information. Also enclosed is a copy of AMPAC's "Handbook for Candidate Support Committees". This Handbook was written to include the Federal Election Campaign Act of 1971 regulations, but it does not include the newest regulations according to the 1974 and 1976 Amendments to that law. Thus, many sections are out of date. However, much of the book covers the ese activities and goals which remain the same. As a state PAC Chairman, you will automatically receive the updated version as soon as it is published.

AMPAC needs your help in order to best be able to serve you and IMPAC. We need the names of ese chairmen already functioning in your state, and the names of chairmen you recruit on a continuing basis. AMPAC will work with you. In addition to those services that IMPAC has planned, here is what AMPAC can do. First, AMPAC will keep the ese chairmen informed on how to comply with federal regulations concerning their activity. AMPAC will provide the "how to" in easy step-by-step procedures for ese efforts in a newsletter designed especially for medical ese's. All materials and services normally available from AMPAC will be at the disposal of the ese chairmen and you will get a copy of all of these materials.

Your cooperation is essential, not just for medical political action, but for our universal goal of providing for our patients the best medical care possible.

Sincerely,

James C. MacLaggan, M.D.
Chairman, AMPAC Board of Directors

FILE: AMPAC

AMERICAN | MEDICAL | POLITICAL | ACTION | COMMITTEE

Chairman
James C. MacLaren, M.D., San Diego, California
Secretary
Mrs. Jean M. Chapman, Decatur, Alabama
Edwin T. Bridgewood, Jr., M.D., Wilson, North Carolina
William R. Cowan, M.D. Washington, D.C.
Isaac J. Cunningham, M.D., Pawtucket, Rhode Island
Ben E. Kerper, M.D., Oklahoma City, Oklahoma
Michael P. Lewis, M.D., Pittsburgh, Pennsylvania
W. J. Lewis, M.D., Dayton, Ohio
Isaac M. Smith, Jr., M.D., San Antonio, Texas
Joseph C. Van Tuyen, M.D., Cocoa Beach, Florida
William L. Watson, Executive Director and Treasurer
Miss Lee Ann Elliott, Assistant Executive Director and Assistant Treasurer

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

MEMORANDUM

TO: State PAC Chairmen
State PAC Executives

FROM: Bill Watson

DATE: June 1, 1976

SUBJECT: Candidate Support Committee Chairmen

AMPAC urges you to recruit candidate support committee chairmen in all congressional districts, but especially in those districts where medical candidate support could make the difference between a winning and losing campaign. AMPAC has a candidate support committee newsletter and candidate support committee materials which could be used to enable CSC Chairmen to be more effective. Please send the names of candidate support committee chairmen to AMPAC, Post Office Box 4449, Chicago, Illinois 60680.

WLW:lwh
cc: State PAC Treasurers

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Ex 303

AMPAC

MERICAN MEDICAL POLITICAL ACTION COMMITTEE

Chairman
James C. MacLennan, M.D., San Bruno, California
Secretary
Mrs. Jean M. Cannon, Decatur, Alabama
Grant T. Bennington, Jr., M.D., Wilson, North Carolina
William H. Francis, M.D., Washington, D.C.
John J. Cunningham, M.D., Pawtucket, Rhode Island
Ira E. Elsmore, M.D., Oklahoma City, Oklahoma
Herbert P. Irvin, M.D., Pittsburgh, Pennsylvania
W. J. Lewis, M.D., Detroit, Ohio
John H. Smith, Jr., M.D., San Antonio, Texas
Joseph C. Von Thron, M.D., Cocoa Beach, Florida

William L. Walker, Executive Director and Treasurer
Mrs. Lee Ann Elliott, Associate Executive Director and Assistant Treasurer

ost Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

April 23, 1976

File

Merlin Karlock
103 North Dixie
Momence, Illinois 60954

Dear Mr. Karlock:

The American Medical Political Action Committee does support candidates for the U.S. House and Senate. These contributions respond to requests from state medical political action committees from the appropriate state.

May I suggest that you contact George T. Wilkins, M.D., Chairman of the Illinois Medical Political Action Committee, at 3165 Myrtle, Granite City, Illinois 62040.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE/chs

bcc: George T. Wilkins, M.D.
Don Udstuen

A copy of our report is filed with the Federal Election Commission and is available for purchase from the

EV 304

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1983

IMPAC Executive Committee
Meeting Minutes
July 7, 1976

PRESENT	ABSENT
Mrs. Pam Taylor, Chairman	Herbert Sohn, M.D., 1st Vice Chairman
George T. Mitchell, M.D. 2nd Vice Chair.	Alfred J. Faber, M.D.
Paul Mahon, M.D., Secretary-Treasurer	
Frank J. Jirka, Jr., M.D.	

I. Call to Order

The conference call was called to order at 2:35 p.m. by the Chairman, Mrs. Taylor.

II. Business

MOTION: To allocate funds in support of the following candidates in the amount mentioned. CARRIED.

Tom Corcoran for Congress (R-15th)	$2,500 from IMPAC, $2,500 from AMPAC
Sam Young for Congress (R-10th)	$500 from IMPAC, $500 from AMPAC

III. Adjournment

The conference call was adjourned at 3:15 p.m.

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 1020 S. Spring Street, Springfield, Illinois, 62704. Federal reports are filed with the Federal Election Commission 1325 "K" Street, N.W., Washington, D.C. 20463

Ex# 305

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
[illegible] Michigan Avenue
Chicago, Illinois 60601
312/[illegible]

IMPAC COUNCIL AGENDA
January 20, 1974

I. Call To Order -- Fred A. Tworoger, M.D., Chairman

II. Approval of Minutes
-- October 21, 1973

III. Secretary-Treasurer's Report -- A.E. Steer, M.D.
-- Financial Report
-- 1973 Membership Report (Att. A)

IV. Review of the March 19, 1974 Primary Election - (Att. B)

V. Miscellaneous
-- Annual IMPAC Meeting
-- AMA-AMPAC Workshop -- March 15-17, 1974

VI. Other Business

VII. Adjournment

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
360 N. Michigan Avenue
Chicago, Illinois 60601
312/332-1967

IMPAC COUNCIL MEETING MINUTES

January 20, 1974
New Conference Room
360 N. Michigan Avenue
Chicago, Illinois

Present	Absent
Herschel Browns, M.D.	Andrew J. Brislen, M.D.
Mrs. John Van Prohaska	G.T. Mitchell, M.D.
Theodore Greves, M.D.	Mrs. Fred C. Endres
Mrs. Alan Taylor	Charles Weigel, M.D.
George T. Wilkins, M.D.	Robert Pierce, M.D.
Earl Kloren, M.D.	Herbert Sohn, M.D.
J. Ernest Breed, M.D.	Maurice M. Hoeltgen, M.D.
John W. Ovitz, Jr., M.D.	Jerry Ingalls, M.D.
Philip G. Thomsen, M.D.	James H. Ryan, M.D.
James Laidlaw, M.D.	V.P. Siegel, M.D.
Alfred J. Faber, M.D.	A.E. Steer, M.D.
Raymond W. Nemecek, M.D.	W. Robert Maloney, M.D.
Fred A. Tworoger, M.D.	Mrs. Wendell Roller
Elliott Partridge, M.D.	William Lees, M.D.
	Frank J. Jirka, Jr., M.D.
	Willard C. Scrivner, M.D.

I. Call to Order

Dr. Tworeger, Chairman, called the meeting to order at 1:00 p.m.

II. Approval of Minutes

MOTION: (Drs. Wilkins and Klaren) to approve the minutes of the October 21, 1973 meeting. Carried.

III. Secretary-Treasurer's Report -- A.E. Steer, M.D.

Dr. Steer submitted the following written report:

> Per the authorization of the IMPAC Council on October 21, 1973, I have established a second bank account at the Bank of Springfield. Into this account will be deposited all IMPAC membership dues checks written on corporate accounts. This account will be used for Statehouse candidates, administrative and educational needs.
>
> Federal candidates will be supported out of the hard dollar - Marine Bank - account.
>
> The Federal Campaign Act report must be filed 8 times in 1974. Mrs. Cole is presently preparing the report due the end of January. The 1973 records have been turned over to the accounting firm (Mrs. Cole) for the annual audit. We are continuing to do everything possible to comply with the Federal Campaign Act.
>
> The total balance for both accounts when the deposits and disbursements are complete is $46,644.

MOTION: (Drs. Thomson and Wilkins) to obtain a legal opinion on possibilities of investing IMPAC funds. Carried.

MOTION: (Dr. Ovitz and Mrs. Taylor) to approve the Secretary-Treasurer's report as submitted. Carried.

Dr. Tworeger informally requested and obtained Council approval to mail the following letters:

1. Letter to '73 sustaining members thanking them and asking them to do so again in '74.

2. Letter to all ISMS Council and Committee Chairmen urging them to ask their members to become involved in IMPAC.

3. Letter to all Doctors who pay ISMS dues but not IMPAC dues.

MOTION: (Drs. Taylor and Partridge) to approve the membership report for 1973. Carried.

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IV. Review of the March 19, 1974 Primary Election

MOTION: (Dr. Thomsen and Mrs. Taylor) to allocate $250 in support of Congressman Hanrahan's Campaign Dinner (Ill. 3rd.) Carried.

MOTION: (Drs. Wilkins and Partridge) to endorse Henry Hyde in the 6th District GOP Congressional Primary, allocate up to $5000 in support, request 1/2 from AMPAC and put the Democratic Primary in the hands of the Executive Committee. Carried.

MOTION: (Drs. Thomsen and Breed) to endorse the re-election campaign of Congressman Madigan (Ill. 21st) and allocate up to $5000 with 1/2 coming from AMPAC. Carried.

MOTION: (Dr. Wilkins and Dr. Laidlaw) to endorse the re-election campaign of (Congressman Shipley (Ill,22nd)) Carried with one dissenting vote.

Dr. Tworoger will send a letter to Dr. McCormack,( )physician campaign manager.

MOTION: (Drs. Thomsen and Wilkins) to empower the Executive Committee of IMPAC to endorse candidates and allocate money when it is not possible for the full Council to meet. Carried.

MOTION: (Drs. Thomsen and Nemecek) to endorse the following state legislative candidates and allocate the stated funds. Carried.

V. Other Business

MOTION: (Drs. Groves and Partridge) to invite an AMA Washington lobbyist to the next IAMSE meeting. Carried.

VI. Adjournment

The meeting was adjourned by Dr. Tweroger at 3:15 p.m.

8104020233

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
630 N. Michigan Avenue
Chicago, Illinois 60601
312/787-1983

MEMORANDUM: January 15, 1974

TO: IMPAC Council

FROM: Fred A. Tworoger, M.D.
Chairman

Attached is a preliminary list of candidates who will appear on the ballott in the March 19, 1974 primary.

A final corrected copy will not be available until the State Board of Elections certifies the primary ballot. Please make every effort to review this list prior to the IMPAC Council meetingat noon, January 20, 1974 in the Chicago Office, new conference room.

Talk to area physicians to determine their viewpoint on candidates who have filed from your area.

FT/ef

8104280086

The following list contains the names and addresses of all candidates for U.S. Senator, State Treasurer, U.S. Representative, State Senator and State Representative. The names and addresses were taken from the official list released by the State Board of Elections. An asterisk (*) indicates the candidate is an incumbent. Political affiliation is provided as follows (D)-Democrat, (R) Republican. If an objection to the person's candidacy has been filed, it is noted as follows: (objection filed)

FOR UNITED STATES SENATOR

(D) Adlai E. Stevenson, 1510 North Dearborn St., Chicago *
(R) H. Dawin Williams, 87 Dewey Dr., Collinsville

(D) Orange M. Burditt, 540 S. Park Road, LaGrange
(R) Lar [illegible]orice Fleetwood Daly, 8115 S. Pulaski Road, Chicago

FOR REPRESENTATIVE IN CONGRESS

1st Congressional District

(D) Ralph H. Metcalfe, 4030 South Michigan Avenue, Chicago *

(R) Oscar H. Haynes, 7442 S. LaFayette Ave., Chicago

2nd Congressional District

(D) Morgan F. Murphy, 10416 South Bell Avenue, Chicago *
(D) Perry H. Hutchinson, 11015 So. Dr. Martin Luther King Jr., Dr., Chicago

3rd Congressional District

( ) Martin A. Russo, 1127 West 127th Place, Calumet Park

(R) Robert P. Hanrahan, 19230 Hart Drive, Homewood *
(R) Edward J. Surmacs, 10035 Alpine Dr., Alsip

4th Congressional District

(D) Ronald A. Podgor, 16719 Lakewood, Tinley Park
(D) Carles V. Lindsey, 15244 Parkside Drive, Markham

(R) Edward J. Derwinski, 2016 Polly Lane, Flossmoor *

5th Congressional District

(D) John C. Kluczynski, 2450 West 65th Street, Chicago *

(R) [illegible] H. G. Ford, 3400 South Dell, Chicago

6th Congressional District

(D) Robert A. Miller, 25 Thatcher Avenue, River Forest
(D) Edward V. Hanrahan, 1635 N. Hagle, Chicago

(R) Henry J. Hyde, 1201 South Knight, Park Ridge
(R) Roy C. Peghaus, 1841 South Harlem Avenue, Berwyn
(R) Clifford T. Osborn, 1023 Gunderson Ave., Oak Park
(R) Alex J. Zabrosky, 2113 Cuyler Ave., Berwyn
(R) Bengt E. Naslund, 9704 Addison St., Franklin Park
(R) Thomas Pietrantonio, 2512 S. Central Ave., Cicero

7th Congressional District

(D) Cardiss Collins, 1436 South Ridgeway Avenue, Chicago *

8th Congressional District

(D) Daniel D. Rostenkowski, 1372 West Evergreen Avenue, Chicago *

(R) Salvatore E. Cudo, 1722 North Newcastle Avenue, Chicago

9th Congressional District

(D) Sidney R. Yates, 3500 North Lake Shore Drive, Chicago *

(R) Robin Kidd Auld, 2652 North Racine, Chicago

10th Congressional District

(D) Abner J. Mikva, 1015 Sheridan Road, Evanston

(R) Samuel H. Young, 733 Raleigh Road, Glenview *

11th Congressional District

(D) Frank Annunzio, 5215 North Knox Avenue, Chicago *
(D) Aris F. Yambos, 5164 N. Magnet Ave., Chicago

(R) Mitchell G. Zadrozny, 4138 N. McVicker Ave., Chicago

12th Congressional District

(D) Patty C. Spence, 801 Westbourne Lane, Buffalo Grove

(R) Phillip M. Crane, 307 Man-Ake Trail, Mount Prospect *

13th Congressional District

(D) Stanley W. Buchman, 807 Leon Drive, Barrington
(D) Jerry A. Martin, 1710 Golf Road, Waukegan

(R) Robert McClory, 340 Prospect Avenue, Lake Bluff *
(R) Edward M. Reis, 420 Cavalier Court, West Dundee

14th Congressional District

(D) Robert H. Feuchter, 85 S. Third, Lombard
(D) William F. Lynn, 5010 Florence, Downers Grove
(D) Edward D. Fisher, 161 W. 6th Street, Wheaton

(R) John N. Erlenborn, 436 Raintree Court, Glen Ellyn *

15th Congressional District

(D) Wesley D. Smith, 1107 Schitly Lane, Dwight
(D) Tim L. Hall, 415 East Seminole, Dwight
(D) Ernest J. Slingsby R.R. #2, Ottawa

15th Congressional District (cont.)

( ) Clifford D. Carlson, 921 South Batavia Avenue, Aurora
Tom Corcoran, R.F.D. #2, Ottawa
( ) John A. "Jack" Cunningham, 215 LeBrandt Blvd., Aurora
(D) Walter L. "Bill" McCarthy, 655 S. Gladstone, Aurora
(D) Carl [illegible] Soderstrom, 1001 Riverside Ave., Streator

16th Congressional District

(D) Marshall Hungness, 1317 Marion Blvd., Rockford

(R) John E. Anderson, 2711 Highcrest, Rockford *

17th Congressional District

(D) Elwin T. Clark, 501 Cedar Avenue, Joliet
(D) John J. Houlihan, 210 Torrance, Park Forest

(R) George M. O'Brien, 125 Twin Oaks Drive, Joliet *

18th Congressional District

(D) Stephen L. Nordvall, 3615 N. Grand Blvd., Peoria (objection filed)
(D) Bobby G. Rhines, 509 East Moulton, East Peoria
(D) Warren F. Blythe, 410 Circle Dr., Galesburg (objection filed)

(R) Robert H. Michel, 1029 North Glenwood, Peoria *

19th Congressional District

(D) Jim Gouda, 3823-39th Street, Moline
John Crevier, London Mills

( ) Tom Railsback, 2800-12th Street, Moline *

20th Congressional District

(D) Allen Ford, R.R. #1, Jacksonville
(D) Peter F. Mack, 1624 South Grand West, Springfield
(D) David Robinson, 1303 Denison Drive, Springfield

(R) Paul Findley, 116 West Jefferson Street, Pittsfield *

21st Congressional District

(D) Ray Hamrock, 28 Montclair Road, Urbana
(D) Richard A. Small, R.R. #1, LeRoy

(R) Edward R. Madigan, 417 Broadway, Lincoln *

22nd Congressional District

(D) George E. Shipley, 105 South Sixth Street, Vandalia *

(R) Glen A. Olson, Lakeshore Drive, Cutler
(D) William A. Young, 9 Carriage Lane, Danville

23rd Congressional District

(D) [illegible]

(R) [illegible]

24th Congressional District

(D) [illegible]

(R) [illegible]

B10 [illegible] 0382

24th Congressional District (cont.)

(R) John F. Curtin, R.R. Box 55, Oakdale
(D) Robert L. Offner, 2 Sterling Hill Drive, Greenville
(R) Val Oehsi, 105 North Webster, Harrisburg

NOTES OF INTEREST

The following incumbents are not seeking reelection:

6th Congressional District

(R) Harold R. Collier, North Riverside

15th Congressional District

(R) Leslie C. Arends, Melvin

24th Congressional District

(D) Kenneth J. Gray, West Frankfort

The following are incumbent members of the Illinois Legislature who have filed for Congressional seats:

6th Congressional District

(R) Rep. Henry J. Hyde, Park Ridge

15th Congressional District

(D) Rep. Carl W. Soderstrom, Streator

Ex. # 306

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
[illegible]
Chicago, Illinois
[illegible]

IMPAC Executive Committee
Meeting Minutes
Feb. 20, 1974

PRESENT	ABSENT
Fred A. Tworoger, M.D., Chrm.	Alfred Faber, M.D.
Pam Taylor, 2nd V.Chrm.	George T. Mitchell, M.D., V. Chrm.
A. E. Steer, M.D., Sec-Treas	Frank J. Jirka, M.D., Special Consultant

I. Pursuant to the call of the Chairman, Dr. Fred Tworoger, an IMPAC conference call was held on Feb. 20, 1974. The following business was conducted:

MOTION: (Mrs. Taylor & Dr. Steer) To allocate $1000 in support of U. S. Senator Stevenson's campaign. Carried.

MOTION: To allocate $1000 in support of Congressman McClory's reelection campaign. Carried.

MOTION: To allocate $2000 each to the Simon for Congress Campaign and to the Corcoran for Congress Campaign. Request that IMPAC contribute ½ of each. Carried.

MOTION: To endorse the following State candidates and allocate the enumerated sums for each. Carried.

District	Name, City, Party	Amount

IMPAC COUNCIL
Meeting Minutes
May 12, 1976

PRESENT	ABSENT
Mrs. Alan Taylor, Chairman	Herschel Browns, M.D.
Robert T. Fox, M.D.	Fred Tworoger, M.D.
James Laidlaw, M.D.	Edward Ragsdale, M.D.
John W. Ovitz, Jr., M.D.	Mrs. John Van Prohaska
Earl V. Klaren, M.D.	George Wilkins, M,D.
William M. Lees, M.D.	Louis Dondanville, M.D.
P. F. Mahon, M.D.	Don Hinderliter, M.D.
Albert W. Ray, Jr., M.D.	J. M. Ingalls, M.D.
Willard C. Scrivner, M.D.	Arthur Kunis, M.D.
P. John Seward, M.D.	Herbert Sohn, M.D.
A. E. Steer, M.D.	Philip G. Thomsen, M.D.
Theodore Grevas, M.D.	Alfred Faber, M.D.
Tassos Massos, M.D.	E. J. Jacobs, M.D.
Findley Brown, M.D.	Frank J. Jirka, M.D.
George T. Mitchell, M.D.	Elliott Partridge, M.D.

GUESTS:

Mrs. Willard Scrivner
Mrs. John W. Ovitz
Thomas P. Meirink, M.D.
Mrs. Lee Ann Elliott

I. Call to Order

The meeting was called to order at 9:30 a.m., by the Chairman, Mrs. Alan Taylor.

II. Approval of Minutes of February 19, 1976 meeting.

MOTION: (Drs. Lees & Fox) that the minutes of the meeting of February 19, 1976, be approved as circulated. Carried.

III. Secretary-Treasurer's Report

Dr. Mahon gave his report indicating a balance of $31,196.44 in the state account and $77,760.54 in the federal account.

IV. Review of Executive Committee Actions

The Chairman advised the Council of all fund allocations made by the Executive Committee since the February 19 meeting.

MOTION: (Drs. Steer and Ray) that the Council approve the actions of the Executive Committee. Carried.

V. Federal Election Law - Lee Ann Elliott

Mrs. Elliott discussed the Federal Election Campaign Act and 1976 amendments. She covered provisions on appointment of the 6 FEC Commissioners, campaign contribution limits, multi-candidate committee regulations, corporate and union restrictions, etc.

Mrs. Elliott also reported that pac growth this year over 1975 is in the thousands.

VI. IMPAC Regional Workshops

The Council reviewed plans for IMPAC Regional Workshops which would cover a number of Congressional Districts in the State. It is hoped that the workshops will generate interest by local physicians and will assist in the development of support thru physician committees for congressional candidates.

VII. Fundraising Policy Discussion

A. Judicial Candidates

Council discussed the possibility of supporting judicial candidates by direct financial support and indirect support (individual physicians becoming involved in judicial campaigns in their area).

MOTION: (Drs. Ray and Brown) For indirect physician support. Carried.

B. Ford Illinois Committee

The above Committee has requested financial support from IMPAC. IMPAC has not in the past contributed to presidential candidates and a lengthy discussion was held on the pros and cons of changing this policy. Dr. Seward requested that the record show he is opposed to changing this policy. The following action was taken:

MOTION: (Drs.Scrivner & Mahon) For referral to the Executive Committee and the Executive Committee will also consider contributing to Reagan. Carried.

C. Dr. Horner Campaign

Dr. Horner, candidate for Congress from California, has requested support from IMPAC. Council members were reluctant to support out of state congressional candidates until FEC rules and regulations have been developed and more information available on the viability of the candidate.

MOTION: (Drs. Scrivner & Seward) To hold support in abeyance until FEC rules and regulation are finalized and legal opinion available and to also await the outcome of the California primary election. Carried.

The California pac will be notified of this decision.

VIII. National Nominating Conventions

The availability of hotel space for the Republican and Democratic Conventions is not yet known. Therefore, this item was postponed until the next meeting of the Council.

IX. Midwest Opinion Research

The above group was retained to prepare materials for candidates prior to the primary election. Several candidates have requested additional services and research in their districts.

MOTION: (Drs. Brown and Mitchell) For authorization to begin contracting with Midwest Opinion Research to provide research and services for various state candidates. Carried.

X. Public Opinion Polls

Deferred until researched by legal council.

XI. Other Business

The Council received a letter from George Wilkins, M.D., suggesting follow-up letters be mailed to all physicians that have not paid IMPAC dues for 1976. Dr. Wilkins recommends personal letters from members of the Council.

MOTION: (Drs. Mitchell & Steer) For IMPAC membership to be solicited as outlined in Dr. Wilkins' letter. Carried.

A request has been received for support of a fundraising dinner for the Cook County Democratic Committee and also the House Republican fundraising event to be held on June 2.

MOTION: (Drs. Scrivner & Mahon) To purchase one table for the Cook County Democratic Committee dinner and to contribute $2000 to the House Republican fundraising event. Carried.

Mrs. Taylor requested that a copy of the IMPAC Constitution and Bylaws be furnished to each member of the Council.

XII. Next Meeting

Council members requested that the next meeting be held in late July or August.

XIII. Adjournment

The meeting was adjourned at 11 a.m.

Attachment C

Executive Committee Actions

Statewide Candidates of Committees

Congressional Candidates

Martin Russo (3rd)	500
George O'Brien (17th)	1,000

State Legislative Candidates

attachment D

IMPAC Regional Workshops

LOCATION	CONGRESSIONAL DISTRICT
Dundee	13th, 14th
Joliet	15th, 17th
Rockford	16th
Bloomington	18th, 21st
Rock Island	19th
Springfield	20th, 22nd, 23rd, 24th

IMPAC Primary Allocations

Congressional Races

James R. Washburn	$3,000 ($1,500 IMPAC, $1,500 AMPAC)
Paul Findley	$3,000 ($1,500 IMPAC, $1,500 AMPAC)
George Shipley	$3,000 ($1,500 IMPAC, $1,500 AMPAC)
Melvin Price	$1,000

IMPAC COUNCIL
Meeting Minutes
January 22, 1978

PRESENT

Mrs. Pam Taylor, Chairman
Paul Mahon, M.D., Secretary-Treasurer
Herschel Browns, M.D.
Robert T. Fox, M.D.
Theodore Grevas, M.D.
Don Hinderliter, M.D.
Frank J. Jirka, Jr., M.D.
Earl V. Klaren, M.D.
Tassos Nassos, M.D.
Mrs. John Van Prohaska
Edward Ragsdale, M.D.
Albert Ray, M.D.

STAFF

Roger White
Don Udstuen
Jeff Holden
Betty Kararo

ABSENT

James Cavanaugh, M.D.
Alfred J. Faber, M.D.
Louis Dondanville, M.D.
J. M. Ingalls, M.D.
E. J. Jacobs, M.D.
Arthur Kunis, M.D.
James Laidlaw, M.D.
William M. Lees, M.D.
George T. Mitchell, M.D.
John W. Ovitz, Jr., M.D.
Elliott Partridge, M.D.
Willard C. Scrivner, M.D.
P. John Seward, M.D.
Herbert Sohn, M.D.
A. E. Steer, M.D.
Philip G. Thomsen, M.D.
Fred A. Tworoger, M.D.
George T. Wilkins, M.D.

I. Call to Order

The meeting was called to order at 10:10 A.M. by the Chairman, Mrs. Taylor.

II. Approval of Minutes of August 6, 1977

MOTION: (Drs. Grevas and Klaren) that the minutes of the August 6, 1977 meeting be approved as circulated. CARRIED.

III. Secretary-Treasurer's Report

The Council noted the final 1977 membership report. In addition, Mrs. Taylor reported that AMPAC has announced that IMPAC will receive four AMPAC membership awards: First Place, Total Contributions, Total Women Members, and Largest Increase Over Prior Year, Third Place, All Events.

Dr. Mahon reported that, as of January 22, 1978 the IMPAC bank balances totaled $107,000.

The Council then reviewed the membership activities accomplished over the past year. Particular attention was called to the efforts of the Chicago Medical Society and the clinics. Dr. Browns suggested that the Council concentrate its 1978 membership recruitment drive on the specialty societies. The Council asked

that a letter be sent to the president of each specialty society asking for time on the agenda of their next meetings to discuss IMPAC and political action.

IV. Review of Executive Committee Actions

MOTION: (Drs. Klaren and Grevas) that the actions taken by the Executive Committee since the last full Council meeting be endorsed. CARRIED.

V. Review of Primary Candidates List

The Council reviewed in detail the suggested IMPAC primary budget and candidates list. The following specific amendments were suggested and approved:

MOTION: (Drs. Ray and Hinderliter) that letters be sent to all candidates from other states seeking IMPAC funds indicating that IMPAC does not contribute to out-of-state candidates but that we are following their campaigns with interest. CARRIED.

MOTION: (Drs. Ragsdale and Mahon) that contributions to be limited to $5,000 and that any additional money be approved by a full Council meeting. CARRIED.

MOTION: (Drs. Ragsdale and Ray) that contributions to Senator Percy be limited to $2,500 with possible additional money approved at a later date. CARRIED.

MOTION: (Drs. Browns and Hinderliter) that AMPAC be requested to contribute $2,500 to the primary campaign for Dan Crane (R-22) and that IMPAC contribute the same amount to Roscoe Cunningham. CARRIED.

MOTION: (Drs. Grevas and Mahon) that IMPAC contribute $2,000 to Daniel Stack in the primary and that an additional $1,000 be set aside for the general if he wins the primary. CARRIED.

MOTION: (Drs. Klaren and Ragsdale) that $1,000 be allocated for the primary campaign of (R-31st). CARRIED.

MOTION: (Drs. Ragsdale and Klaren) that $1,000 be allocated for the primary campaign of CARRIED.

MOTION: (Drs. Ragsdale and Grevas) that $500 be allocated for the primary campaign of . CARRIED.

MOTION: (Mrs. Prohaska and Dr. Jirka) that up to $1,000 in addition be allocated to the primary campaign of CARRIED.

MOTION: (Drs. Kalren and Ray) that the contribution listed for the second Republican in the 31st district be given to and that the contribution listed for the general for be given instead in the primary. CARRIED.

MOTION: (Drs. Grevas and Ragsdale) that there be no primary contributions to and that $250 be given to (R-36th) CARRIED.

MOTION: (Drs. Ragsdale and Nassos) that no primary contribution be made to CARRIED.

MOTION: (Drs. Ragsdale and Ray) that $250 be allocated to the primary campaign of CARRIED.

MOTION: (Drs. Ragsdale and Mahon) that $500 be allocated to the primary campaign of CARRIED.

MOTION: (Drs. Klaren and Ray) that the list of primary allocations be approved as amended by the preceding motions. CARRIED.

VI. Selection of Nominating Committee

Mrs. Taylor announced that the 1978 nominating committee will be comprised as follows:

George Mitchell, M.D., Chairman
Herschel Browns, M.D.
Theodore Grevas, M.D.
Tassos Nassos, M.D.
George T. Wilkins, M.D.

NOTION: (Drs. Klaren and Jirka) that the nominating committee be approved as announced. CARRIED.

VII. Discussion of Activities at Annual Meeting

The Council was informed that IMPAC will host a joint IMPAC/AMPAC regional workshop from 9:00 to 11:00 A.M. on Tuesday, April 4, 1978 during the ISMS annual meeting. Speakers will be Susan Bryant of the Washington public affairs consulting firm of Bishop and Bryant and Congressman George O'Brien. In addition, the highly successful IMPAC sustaining reception will be repeated.

The Council suggested that staff explore the idea of a new kind of ribbon or badge for IMPAC sustaining members at the annual meeting, to replace the traditional red IMPAC ribbons.

VIII. Other Business

Staff was requested to prepare a set of issue cue cards for the use of Council members in their efforts to promote IMPAC membership.

Staff announced that an IMPAC newsletter will be mailed shortly.

The Council requested that they be sent lists of non-IMPAC members from their area.

IX. Next Meeting

The next meeting will be at the call of the Chairman.

X. Adjournment.

The meeting was adjourned at 1:15 P.M.

2

IMPAC 1978 BUDGET

TENTATIVE

8112120221

STATEWIDE CANDIDATES

RACE	PRIMARY	GENERAL	LETTER
G			
			?

CANDIDATES FOR UNITED STATES CONGRESS

RACE	PRIMARY IMPAC	PRIMARY AMPAC	GENERAL IMPAC	GENERAL AMPAC	LETTER
SENATOR					
Charles H. Percy (R)			$2,500	$2,500	
REPRESENTATIVES					
Ralph H. Metcalfe (D-1)			$1,000	$1,500	
Martin A. Russo (D-3)			2,500	2,500	
Edward J. Derwinski (R-4)				5,000	
John G. Fary (D-5)			500	500	
Henry J. Hyde (R-6)			1,000	4,000	
Dan Rostenkowski (D-8)				5,000	
Sidney R. Yates (D-9)				1,000	
John Edward Porter (R-10)		$5,000			
Frank Annunzio (D-11)				2,500	
13th Congressional District			2,000	3,000	
Tom Corcoran (R-15)				5,000	
John B. Anderson (R-16)	$1,000	4,000			
George M. O'Brien			2,000	3,000	
Tom Railsback (R-19)				500	
Paul Findley (R-20)			1,000	4,000	

RACE	PRIMARY IMPAC	PRIMARY AMPAC	GENERAL IMPAC	GENERAL AMPAC	LETTER
REPRESENTATIVES (CONTINUED)					
Terry L. Bruce (D-22)	$1,000				
Daniel B. Crane or Roscoe D. Cunningham (R-22)		$2,500	$2,500	$2,500	
Melvin Price (D-23)			1,000		
Daniel Stack (R-23)	?	$1,000 1,000. ?			
Paul Simon (D-24)			1,500	1,500	

CANDIDATES FOR STATE SENATORS

CANDIDATE	PRIMARY	GENERAL	LETTER

CANDIDATE	PRIMARY	GENERAL	LETTER

CANDIDATES FOR STATE HOUSE OF REPRESENTATIVES

CANDIDATE	PRIMARY	GENERAL	LETTER

8112122901101

CANDIDATE	PRIMARY	GENERAL	LETTER

8112122301

CANDIDATE PRIMARY GENERAL LETTER

3 1 0 4 0 2 9 0 1 1 2 1

CANDIDATE	PRIMARY	GENERAL	LETTER
1			

9112122821133 1

CANDIDATE	PRIMARY	GENERAL	LETTER

9117102801144

CANDIDATE	PRIMARY	GENERAL	LETTER

CANDIDATE	PRIMARY	GENERAL	LETTER

SUMMARY

	CONGRESS	
IMPAC	AMPAC	TOTAL
$ 3,000	$11,500	$14,500
17,500	39,000	56,500
20,500	50,500	71,000
		$71,000

91122301117

Ev 309A

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1983

June 22, 1976

James MacLaggan, M.D., Chairman
AMPAC Board of Directors
P. O. Box 4449
Chicago, Illinois 60680

Dear Doctor MacLaggan:

Pursuant to the request of the IMPAC Executive Committee, the Illinois Medical Political Action Committee requests favorable consideration of a request for AMPAC funds in the amount of $3,000, in support of a congressional district survey by Congressman George O'Brien (R-17th).

Sincerely,

Pam Taylor

Mrs. Pam Taylor
Chairman

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 1020 S. Spring Street, Springfield, Illinois, 62704. Federal reports are filed with the Federal Election Commission, 1325 "K" Street, N.W., Washington, D.C. 20463.

Ex 309B

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1963

July 7, 1976

James A. MacLaggan, M.D.
Chairman, AMPAC Board of Directors
P. O. Box 4449
Chicago, Illinois 60680

Dear Doctor MacLaggan:

Pursuant to the request of the IMPAC Executive Committee, the Illinois Medical Political Action Committee requests favorable consideration of a request for AMPAC funds in the amount of $2,500 in support of Tom Corcoran, Republican candidate for Congress in the 15th District, and $500 in support of Sam Young, Republican candidate for Congress in the 10th District.

Sincerely

Pam Taylor

Pam Taylor
Chairman

NONPARTISAN

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 1020 S. Spring Street, Springfield, Illinois, 62704. Federal reports are filed with the Federal Election Commission 1325 "K" Street, N.W., Washington, D.C. 20463.

Ex 309C

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1953

September 30, 1976

James C. MacLaggan, M.D.
Chairman, AMPAC Board of Directors
P.O. Box 4449
Chicago, Illinois 60690

Dear Doctor MacLaggan:

On behalf of the IMPAC Executive Committee, I would like to request approval of a contribution to Ralph Metcalfe (D-Il. 2nd) in the amount of $2,500.

Thank you for your consideration in this matter.

Sincerely,

Pam Taylor

Mrs. Pam Taylor
Chairman

COMPARISON
3121223012

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 1020 S. Spring Street, Springfield, Illinois, 62704. Federal reports are filed with the Federal Election Commission 1325 "K" Street, N.W., Washington, D.C. 20463.

Ex 309 D

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/732-1963

October 20, 1976

James A. MacLaggan, M.D., Chairman
AMPAC Board of Directors
P. O. Box 4449
Chicago, Illinois 60690

Dear Doctor MacLaggan:

At its most recent meeting, the IMPAC Council approved the following requests for AMPAC contributions to Illinois candidates:

Ron Buikema (R-3rd)	$5,000
Ed Derwinski (R-4th)	$5,000
Sam Young (R-10th)	$2,500

I would appreciate it if these items could be brought before the AMPAC Board at your earliest convenience.

Sincerely,

Pam Taylor

Mrs. Pam Taylor
IMPAC Chairman

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 1020 S. Spring Street.

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

March 3, 1976

George T. Wilkins, M.D.
Chairman
Illinois Medical Political
Action Committee
55 East Monroe Street
Chicago, Illinois 60603

Dear Doctor Wilkins:

At its most recent meeting by conference call, the AMPAC Congressional Review Committee reviewed your request for support in four congressional districts in Illinois. The following was approved:

James R. Washburn (R) 15th C.D.	$1,500
Paul Findley (R) 20th C.D.	1,500
George Shipley (D) 22nd C.D.	1,500
George O'Brien (R) 17th C.D.	1,000

A check for each of these campaigns is enclosed.

Federal Law requires that these checks must be delivered, or the campaign treasurer notified that they are available, within five days.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

M 309 F

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

April 2, 1976

George T. Wilkins, Jr., M.D.
Chairman
IMPAC
3165 Myrtle
Granite City, Illinois 62040

Dear Doctor Wilkins:

At its most recent meeting by conference call the AMPAC Congressional Review Committee approved your request for $500 to be used to support a fund raising reception honoring Martin Russo in the 3rd congressional district of Illinois. A check in this amount payable to the Russo for Congress Committee is enclosed.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

Ex #3096

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 E. Monroe–Suite 3510
Chicago, Illinois 60603
312-782-1654

IMPAC EXECUTIVE COMMITTEE
MEETING MINUTES
Thursday, November 6, 1975

PRESENT

George T. Wilkins, M.D., Chrm.
Robert T. Fox, M.D., 1st V. Chrm.
Paul Mahon, M.D., Secretary-Treas.
Alfred J. Faber, M.D.
Frank J. Jirka, M.D.

ABSENT

Mrs. Pam Taylor, 2nd V. Chrm.

Pursuant to the call of the Chairman, the IMPAC Executive Committee was polled to consider the following business:

MOTION: To allocate support in the amount listed below. Carried.

Congressman Bob McClory Finance Committee (13th Dist.) $325.00
(and request $325 contribution from AMPAC)

NONPARTISAN
81223

Cv 310

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/[illegible]-1053

August 13, 1976

James A. MacLaggan, M.D.
Chairman, AMPAC Board of Directors
P. O. Box 4410
Chicago, Illinois 60680

Dear Doctor MacLaggan:

The Executive Committee of the Illinois Medical Political Action Committee would greatly appreciate an opportunity to meet with you at your earliest convenience. This request is made on behalf of the IMPAC Council, and comes as a result of a recent discussion by the Council on the relationship between IMPAC and AMPAC.

We are particularly concerned that AMPAC's role must necessarily change because of the increasing restrictions made by federal campaign laws. And when that change comes, it will inevitably mean that the structure of contributions to candidates by both AMPAC and state PACs must also change. IMPAC has already begun to make those changes. And while we recognize the effective use which has been made of PAC contributions in the past, we wonder if this might not be the time to think about possible changes in the bylaws relative to membership, since AMPAC cannot continue to contribute in the way that it has in the past.

Finally, Dr. MacLaggan, we feel that we must be able to explain to our members the use to which our contributions have been put, since only 22% of the total contribution for the last 4 years has actually been returned in campaign contributions to Illinois candidates. And we feel that the only way in which we will be able to make such an accounting is through a personal meeting with you, since we no longer have a member on the AMPAC Board.

The IMPAC Council will hold its endorsement meeting in September, and has directed the Executive Committee to report at that time. We will be ready to meet at your convenience and would suggest a date in late August or early September.

Thank you for your consideration in this matter.

Sincerely,

Pam Taylor

Mrs. Pam Taylor
Chairman

IMPAC-AMPAC

Membership/Contribution Record

Year	IMPAC Contribution to AMPAC	AMPAC Contributions to Illinois Candidat
1973	$44,807.50	$7,750
1974	$83,470	$42,750
1975	$91,490	$2,900
1976 (to date)	$91,810	~~$11,975~~

EX 311

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

320 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

September 12, 1974

Fred A. Tworoger, M.D.
Chairman
Illinois Medical Political
Action Committee
360 North Michigan Avenue
Chicago, Illinois 60601

Dear Doctor Tworoger:

As previously reported to you we are forwarding funds for congressional campaigns in Illinois that had been promised earlier but were waiting for transmittal until delivery could be arranged.

A check in the amount of $7,000 payable to the Illinois Medical Political Action Committee has been sent with a copy of this letter to the Springfield office. This check is earmarked for the following candidates:

12th C.D. Philip M. Crane -	$1,000
16th C.D. John Anderson -	1,000
17th C.D. George O'Brien -	2,500
19th C.D. Tom Railsback -	500
22nd C.D. George Shipley -	2,000

Also with the check are forms to amend your Statement of Organization to show support for these candidates. AMPAC will amend its Statement of Organization within the allowable ten days to show AMPAC's support.

Federal Law requires that these funds must be delivered, or the treasurer of the candidate's campaign be informed that these funds are available, within five days after they are received.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:tms
cc: Mrs. Betty Kararo
Don Udstuen
Al Lerner

A copy of our report, filed with the appropriate supervisory officer as required by law, is available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402.

Ex 312

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
360 N. Michigan Avenue
Chicago, Illinois 60601
312/782-1063

October 7, 1974

Honorable Daniel Rostenkowski
c/o Rostenkowski for Congress Committee
1349 North Noble
Chicago, Illinois 60622

Dear Congressman Rostenkowski:

Attached you will find a check in the amount of $5,000.00 as a contribution to your campaign for Congress from the 8th Congressional District in Illinois.

Pursuant to the appropriate sections of the Federal Campaign Law, we want to formally advise you that this is a joint contribution from the Illinois Medical Political Action Committee and the American Medical Political Action Committee to help defray the expenses of your election committee. This contribution will be reported in accordance with requirements of the law.

PLEASE NOTE: Your records should show that this check for $5,000 includes $2,500 which has been sent to IMPAC by the American Medical Political Action Committee, a political committee, 520 North Michigan Avenue, Chicago, Illinois 60611, earmarked for your campaign.

Sincerely yours,

Fred A Tworoger MD

Fred A. Tworoger, M. D.
Chairman

cc: Frank J. Jirka, M. D.

Ex 313

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Chairman
James C. MacLaughlin, M.D. San Diego, California
Secretary
Mrs. James M. Cromwell, Decatur, Alabama
Edna T. Bennett, M.D. Winston-Salem, North Carolina
William H. Cornog, M.D. Washington, D.C.
John J. Cummiskey, M.D. Providence, Rhode Island
Ray E. Eppinger, M.D. Oklahoma City, Oklahoma
Michael P. Lewis, M.D. Pittsburgh, Pennsylvania
W. J. Lewis, M.D. Peoria, Ohio
John M. Sharp, Jr., M.D. San Antonio, Texas
Joseph C. Von Eaton, M.D. Cocoa Beach, Florida
William L. Walton, Executive Director and Treasurer
Mrs. Lee Ann Elliott, Associate Executive Director and Assistant Treasurer

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

September 21, 1976

Frank J. Jirka, Jr., M.D.
6846 W. Cermak Road
Berwyn, Illinois 60402

Re: Illinois 8th C.D.- Daniel Rostenkowski

Dear Doctor Jirka:

At a recent meeting, the AMPAC Congressional Review Committee approved a contribution to a candidate in your state. The candidate's name and address is on the enclosed check.

We would be very pleased if you, as a member of AMPAC, would present this check to the candidate.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days after it is received.

If you have any questions, please call me.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

CX 314

IMPAC

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE
55 East Monroe Street
Chicago, Illinois 60603
312/782-1953

MEMORANDUM: June 22, 1976

TO: Lee Ann Elliott

FROM: Don Udstuen

RE: O'Brien Check

Lee Ann, for your records, the check should be made out to "O'Brien for Congress Committee" at 57 N. Ottawa, Joliet, 60431, and mailed to Mr. Ron Bryant, Will Grundy County Medical Society, 3033 W. Jefferson, Joliet, 50431.

Thanks for your help.

American Medical Political Action Committee

Mailing Address PO Box 4449
Chicago Illinois 60680

Telephone
312 644 1585

Offices Located at
535 North Dearborn Street

Ex 315

AMPAC

July 6, 1977

Philip Thomsen, M.D.
13826 Lincoln
Dolton, Illinois 60419

Re: Martin Russo (D)
3rd C.D. Illinois

Dear Doctor Thomsen:

At a recent meeting, the AMPAC Congressional Review Committee approved a contribution to a candidate in your state. The candidate's name and address is on the enclosed check.

We would be very pleased if you, as a member of AMPAC, would present this check to the candidate.

This check should be delivered, or the campaign treasurer notified that it is available, within five days after it is received.

If you have any questions, please call me.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

Board of Trustees
Executive Committee
Advisory Committee

8107047118

ERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

JUL 6 1977

5343

2-77
710

PAY

TO THE ORDER OF
* Russo for Congress Committee
134 Pulaski
Calumet City, Illinois 60409

DATE 7-6-77

AMOUNT $500.00

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
Michael P. Lewis M.D.

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

NOT NEGOTIABLE

AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

WE HEREBY CERTIFY RECEIPT OF THE ABOVE AMOUNT FOR THE PURPOSE INDICATED

7-6-77	Political Action for: Martin Russo (D) 3rd C.D. Illinois - 1976 Deficit	$524	$500.00	$500.00
	This check is composed of $10.00 contributions from 50 physicians			

PLEASE SIGN AND RETURN

GX 316

91 12 22 30 133

REPORT

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

DECEMBER 31, 1973

DAVIS, BROWN, KOEHLER, FANGMAN & MOSS
ATTORNEYS AT LAW
DES MOINES, IOWA

31223013134

REPORT

ILLINOIS MEDICAL POLITICAL ACTION COMMITTEE

DECEMBER 31, 1973

CERTIFIED PUBLIC ACCOUNTANTS
SPRINGFIELD, ILLINOIS

MEMBERS
ILLINOIS SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

March 27, 1974

Illinois Medical Political Action Committee
360 N. Michigan
Chicago, Illinois

We have examined the statement of cash receipts and disbursements of the Illinois Medical Political Action Committee for the year ended December 31, 1973. Our examination was made in accordance with generally accepted auditing standards and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, except as noted in the following paragraph.

Our examination of cash receipts was limited to test comparisons of bank deposits with receipts journals as submitted by Illinois State Bank, Chicago.

In our opinion, with the exception noted above, the aforementioned statement presents fairly the cash balance of Illinois Medical Political Action Committee at December 31, 1973 and cash transactions for the year then ended on a basis consistent with that of the preceding year.

Respectfully submitted,

Certified Public Accountants

Illinois Medical Political Action Committee
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
January 1, 1973 to December 31, 1973

	Hard Dollar Account (Note 1)	Soft Dollar Account (Note 1)	Total
RECEIPTS			
Dues and contributions	$110,280.50	$ 74.00	$110,354.50
Less: Dues share to A.M.P.A.C.	44,807.50	-	44,807.50
	$ 65,473.00	$ 74.00	$ 65,547.00
Earmarked contributions - A.M.P.A.C. (Note 2)	7,750.00	2,000.00	9,750.00
Total receipts	$ 73,223.00	$ 2,074.00	$ 75,297.00
DISBURSEMENTS			
Administrative Expense:			
Accounting	$ 300.00	$ -	$ 300.00
Bank charges	9.80	8.07	17.87
Outside services	1,950.00	-	1,950.00
Contributions to legislators, related committees and political events for:			
State candidates	14,217.19	-	14,217.19
Federal candidates	22,585.00	-	22,585.00
Total disbursements	$ 39,061.99	$ 8.07	$ 39,070.06
NET CASH RECEIPTS	$ 34,161.01	$ 2,065.93	$ 36,226.94
ADD CASH BALANCE - JANUARY 1, 1973	1,431.61	-	1,431.61
CASH BALANCE - DECEMBER 31, 1973	$ 35,592.62	$ 2,065.93	$ 37,658.55

REPRESENTED BY

Cash in Springfield Marine Bank, Springfield, Illinois	$ 35,592.62
Cash in Bank of Springfield, Springfield, Illinois	2,065.93
TOTAL	$ 37,658.55

3L10230135

Illinois Medical Political Action Committee
NOTES TO FINANCIAL STATEMENT
December 31, 1973

The books are maintained on a cash basis. All dues received in December 1973 for 1974 were held by the Illinois State Medical Society and remitted to I.M.P.A.C. on January 4, 1974 and are not included in this report.

RECEIPTS

Dues receipts which include contributions for I.M.P.A.C. are received in several ways. The majority of dues are sent directly to a lock box in Illinois State Bank, Chicago, Illinois, where they are divided among County, State and National dues, and contribution for I.M.P.A.C., if so designated. Automatic totals indicate I.M.P.A.C./A.M.P.A.C. share and checks are issued to I.M.P.A.C. and A.M.P.A.C.

Some Counties collect for all dues and remit in total with a transmittal form to I.S.M.S., Chicago, Illinois, which in turn sends them to Illinois State Bank for incorporation with those sent directly to the lock box. In a few isolated instances, contributions for I.M.P.A.C. are sent directly to the Springfield I.M.P.A.C. office.

NOTE 1 - SOFT DOLLAR/HARD DOLLAR ACCOUNTS

On December 12, 1973, a restricted account was established at the Bank of Springfield, Springfield, Illinois, known as the "soft dollar" account. All money received from corporate funds will be placed in this account. Contributions for State candidates and related expenses and other administrative costs may be paid from this account.

Non-corporate dollars will be placed in a non-restricted account, known as the "hard dollar" account. Both State and Federal campaign expenses may be paid from this fund. In addition, A.M.P.A.C. dues share from all contributors (corporate and non-corporate) will be paid from this account.

NOTE 2 - EARMARKED CONTRIBUTIONS

Contributions from A.M.P.A.C. to the "hard dollar" account were earmarked for certain Federal candidates and were matched equally by I.M.P.A.C. These funds were all disbursed in 1973.

Contribution from A.M.P.A.C. to the"soft dollar" account in the amount of $21,000.00 was earmarked for expected costs of data processing.

9100220137

24#318

AMPAC
MEDICAL POLITICAL ACTION COMMITTEE

ost Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearbor

June 11, 1975

Mr. Harry N. Peterson
1333 Clyde Drive
Naperville, Illinois 60540

Dear Harry:

We wish to acknowledge and thank you for your check in the amount of $100.00 made payable to AMPAC. We are forwarding a check in the amount of $50.00 to the Illinois Medical Political Action Committee for your 1975 sustaining membership dues in IMPAC. The remaining $50.00 will make you a sustaining member of AMPAC for 1975.

We are most appreciative of your contribution. The support given the PAC movement by medical leaders has been an important factor in the phenomenal growth of AMPAC.

Thank you for your generous support.

Sincerely,

William L. Watson
Executive Director

WLW:rms

cc: Paul Mahon, M.D.
George T. Wilkins, M.D.
Don Udstuen
Barry Weise
Mrs. Betty Kararo

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

EHH 319

AMERICAN | MEDICAL | POLITICAL | ACTION | COMMITTEE

520 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

FEB 2

File: IMPAC

February 1, 1973

A. E. Steer, M. D.
Secretary/Treasurer, IMPAC
701 North Walnut
Springfield, Illinois 62702

Dear Doctor Steer:

Enclosed please find a check in the amount of $50.00 made out to the Illinois Medical Political Action Committee for 1973 sustaining membership in IMPAC for the following individual:

Mrs. Willard C. Scrivner
20 Kingston Drive
East St. Louis, Illinois 62203

Also enclosed is a copy of a letter to Mrs. Scrivner acknowledging this contribution.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:sp
Enclosures
cc: Mr. Bernie Robinson

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

20 [illegible] Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

Ex # 33

Filed 8 A-6

February 5, 1973

A. E. Steer, M. D.
Secretary/Treasurer, IMPAC
701 North Walnut
Springfield, Illinois 62702

Dear Doctor Steer:

Enclosed please find a check in the amount of $50.00 made out to the Illinois Medical Political Action Committee for 1973 sustaining membership in IMPAC for the following individual:

Richard S. Wilbur, M. D.
6304 Stoneham Lane
McLean, Virginia 22101

Also enclosed is a copy of a letter to Doctor Wilbur acknowledging this contribution.

Sincerely,

Bill Watson

William L. Watson
Executive Director

WLW:dmp
Enclosed
cc: J. Bernard Robinson

8122220110

American Medical
Political Action Committee

Mailing Address PO Box 4449
Chicago Illinois 60680

Telephone
312 644 1585

Offices Located at
535 North Dearborn Street

EXH 321

AMPAC

M E M O R A N D U M

TO: PAC Chairmen, PAC Execs, PAC Treasurers

FROM: Bill Watson Bill

DATE: October 13, 1977

SUBJECT: AMPAC Membership and Joint Billing Solicitations

AMPAC MEMBERSHIP CUT-OFF DATE

AMPAC has established December 16, 1977 as the cut-off date for 1977 membership. In order for AMPAC members to be processed and included in the 1977 membership year, membership transmittals must be postmarked on or before December 16, 1977. All membership postmarked after that date will be included in the 1978 membership.

It is important that all State PACs note this date. No exceptions can be made for membership received after this date. Auditing procedures and federal law compliance make it imperative that AMPAC establish a mid December cut-off date and adhere strictly to the date.

JOINT MEMBERSHIP SOLICITATIONS

Many political action committees are in the process of printing their membership solicitations for 1978. AMPAC has contacted political action committees that solicit funds jointly concerning the recommended language which should appear on joint membership solicitations. However, it appears

continued -

Rex E Kenyon MD
Chairman
Oklahoma City Oklahoma
Michael P Lewis MD
Secretary
Pittsburgh Pennsylvania
William L Watson
Executive Director and
Treasurer
Mrs. Lee Ann Elliott
Associate Executive Director and
Assistant Treasurer

Edgar T Beddingfield Jr MD
Wilson North Carolina
Mrs. John M Chenault
Decatur Alabama
William H Cooper MD
Washington DC
W J Lewis MD
Dayton Ohio

James C MacLaggan MD
San Diego California
John M Smith Jr MD
San Antonio Texas
Joseph C Von Thron MD
Cocoa Beach Florida
George T Wilkins MD
Granite City Illinois

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission Washington DC

AMPAC

that some joint solicitations are still being printed which do not contain the recommended language. Since AMPAC and your state PAC solicit funds jointly, it is imperative that we work together in the preparation of membership solicitations. We share a joint responsibility to make sure that the appropriate notices required by the Federal Election Campaign Act of 1971 and its Amendments plus the FEC regulations appear on the solicitation.

Attached for your information is Opinion of Counsel on this subject dated September 9, 1976. Since the proposed regulations referenced in that opinion were adopted by the FEC, we urge you to incorporate the suggested notices into the PAC billing form along with whatever notices are necessary to comply with your state law.

Since we share a joint responsibility in seeing that the correct notices appear every time funds are solicited, we think it would be mutually advantageous for PACs participating in a joint solicitation to agree on the billing form and have your approved copy in our files and our approved copy in your files. Please do not hesitate to contact AMPAC for help in preparing your joint billing solicitation notice.

We are also enclosing a printing form which will give you an idea of the amount of space the suggested notices require.

WLW:hc

9112172801 12

FILE: AMPAC

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

OFFICE OF THE GENERAL COUNSEL

BERNARD D. HIRSH
General Counsel

BETTY JANE ANDERSON
Assistant General Counsel

HEALTH LAW DEPARTMENT

DONALD P. WILCOX
Director
751-6178

WILLIAM P. ISELE
Staff Attorney
751-6714

DAVID K. WAUGH, JR.
Staff Attorney
751-6185

September 9, 1976

Mr. William L. Watson
AMPAC
Post Office Box 4449
Chicago, Illinois 60680

Re: Solicitation of Joint Membership Contributions

Dear Bill:

The Federal Election Campaign Act of 1971 and its 1974 and 1976 amendments, and the Federal Election Commission's regulations which it sent to Congress on August 4, outline the requirements which must be adhered to when AMPAC solicits contributions.

The Act requires that each political committee include on the face or front page of all literature and advertisements soliciting contributions the following notice (2 USC 435).

> "A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C."

Also, in 2 USC 441b(b)(3)(B) and (C) the Act provides that

> "(3) It shall be unlawful...
> (B) For any person soliciting an employee for a contribution to such a fund to fail to inform such employee of the political purposes of such fund at the time of such solicitation; and
> (C) For any person soliciting an employee for a contribution to such a fund to fail to inform such employee, at the time of such solicitation, of his right to refuse to so contribute without any reprisal."

Since there are prohibitions against corporate contributions to all federal candidates and, in some states, to state candidates, I suggest that all joint membership solicitations include the words "If your practice is incorporated, _PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK," or the equivalent. Of course, in those states where state PACs may lawfully receive and utilize corporate contributions, only AMPAC needs to be included in this sentence.

To assist AMPAC in complying with the requirements of this law, I have developed the following statement for use by AMPAC when solicitations (including joint solicitations) are made.

> If your practice is incorporated, _PAC and AMPAC voluntary political contributions should be written on a personal check. A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Further, Section 114.5(a) of the FEC regulations contains additional requirements concerning the solicitation of funds by PACs. These requirements include the following.

> "(2) A guideline for contributions may be suggested by a corporation...or a separate segregated fund of either, provided that the person soliciting or the solicitation informs the person being solicited--
>
> (i) that the guidelines are merely suggestions; and
>
> (ii) that the individual is free to contribute more or less than the guidelines suggested and the corporation...will not favor or disadvantage anyone by reason of the amount of their contribution or their decision not to contribute.
>
> A corporation...or separate segregated fund... may not enforce any guideline for contributions.
>
> (3) Any person soliciting...a member for a contribution to the separate segregated fund must inform such...member of the political purposes of the fund at the time of the solicitation.
>
> (4) Any persons soliciting...a member for a contribution to a separate segregated fund must inform the...member at the time of such solicitation, of his or her right to refuse to so contribute without any reprisal.

> (5) Any written solicitation for a contribution to a separate segregated fund which is addressed to...a member must contain statements which comply with the requirements of subsections 3 & 4, and if a guideline is suggested, statements which comply with the requirements of subsection 2."

Section 114.5(c)(1) of the FEC regulations provides in part the following.

> "(1) A separate segregated fund established by a...membership organization... may provide that persons who contribute a certain amount to its separate segregated fund will become 'members' of its separate segregated fund, so long as
> (i) the fund accepts contributions of all amounts...."

These regulations prohibit a PAC from refusing to accept less than a certain amount from those who wish to contribute. However, PACs may still issue PAC memberships based upon the receipt of a minimum contribution since the prohibition on discriminatory practices is directed against membership organizations (e.g. AMA), not against the PACs.

To meet the requirements of this subsection, the following statement, or one similar to it, should be included on all joint solicitations.

> "Contributions are not limited to the suggested amount. Neither the AMA nor the (_____ Society) will favor or disadvantage anyone based upon the amount of or failure to make a PAC contribution.

I recommend that the words "political contribution" or their equivalent and the word "voluntary" or its equilavent be included in all solicitations to meet the requirements of subsections (3), (4) and (5). Also, I recommend that all joint solicitations show the committees for which they are intended. No PAC should solicit AMPAC memberships without informing the potential AMPAC members that the solicitation is for AMPAC.

Also, Section 102.6 provides in part as follows:

"(a)(2) Any political committee which has solicited or received contributions for or on behalf of, or made expenditures or transfers to or on behalf of, any candidate for Federal office shall either--

(i) Establish a separate Federal campaign committee which shall register as a political committee. The Federal campaign committee shall establish a segregated Federal account in either a National or State bank; or

(ii) Establish a single committee with a single account to make contributions to Federal and non-Federal candidates, but only if all contributions received are permissible under the Act, and all contributions are informed that all contributions are subject to the limitations of Sections 110.1, 110.2 and 110.5.

(b) The accounts and committees in (a)(2)(i) and (ii) above--may not receive contributions other than contributions designed for the Federal committee or account, contributions received as a result of a solicitation which expressly states that the contribution will be used for Federal elections, or contributions from contributors who are informed that all contributions are subject to the limitations of Section 110.1, 110.2 and 110.5...."

To meet the requirements of this Section, the following statement, or one similar to it, should be included in all solicitations.

Contributions subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5.

A suggested paragraph which incorporates all the above recommendations follows.

If your practice is incorporated, _PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the

(_____ Society) will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Copies of _PAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice).

As discussed in the second paragraph of this letter, only the sentence relating to the filing of PAC reports must be placed on the face or front page of a solicitation (2 USC 435). All other required information may be communicated in other ways (e.g. back side of solicitation).

These recommendations are based on the regulations issued by the FEC which were sent to Congress on August 3. Under the law Congress has 30 legislative days to review and, if either house so votes, disapprove these regulations. It these provisions are not disapproved within this 30 day period, they become effective and are enforceable by the FEC. AMPAC must insist that the law and regulations, if they go into effect, be adhered to when AMPAC conducts joint fund raising efforts with others.

Sincerely,

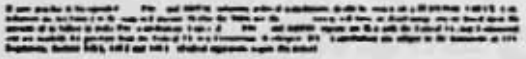
Donald P. Wilcox

DPW:mt

3 1 7 1 2 2 3 0 1 1 7

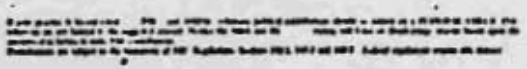
If your practice is incorporated, PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the society will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Copies of PAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice).

Reduced



If your practice is incorporated, PAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the society will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions.
Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2 and 110.5. (Federal regulations require this notice).

Reduced



Copies of PAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, D.C.

Reduced

After filling in the blank spaces as they apply to your group, your local printer can reduce the original to 30% of this size to be reproduced on any literature soliciting contributions. Sample reduced to 30%. Fill in Blanks with pica or elite type.

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

Ex. #322

FEDERAL ELECTION COMMISSION

'76 APR 13 AM 1:43

April 12, 1977

William C. Oldaker, General Counsel
Federal Election Commission
1325 K Street, N.W.
Washington, D.C. 20463

771244

Dear Mr. Oldaker:

Pursuant to your request for information regarding the California Medical Political Action Committee, we submit the following:

1. (a) CALPAC was founded on April 29, 1961.

   (b) A copy of CALPAC's Constitution and Bylaws is enclosed.

2. See enclosed list. Duties are set forth in the Constitution and Bylaws.

3. Solicitation materials are enclosed.

4. The CALPAC Chairman appoints, from Board members, a Federal Candidate Selection Committee. This committee meets as needed to review federal races and candidates. Their recommendations for financial support are transmitted to CALPAC's Executive Committee for approval. Once approved, CALPAC's check is drafted and mailed.

   (a) All members of the CALPAC Board may be involved in this process.

   (b) See Section V of the Constitution.

5. CALPAC does not conduct fundraising events. Memberships in CALPAC and AMPAC are solicited annually in conjunction with CMA annual dues billings. See sample 1976 and 1977 dues statements enclosed. Monies received on behalf of AMPAC are held in trust until forwarded to AMPAC.

-more-

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

9112132112

We note that regulations under 2 U.S.C. 441a(a)(5) and 2 U.S.C. 441a(a)(2) became effective in 1976; however, we are voluntarily furnishing information from 1972, as requested.

Sincerely,

Sidney E. Foster, M.D.
Treasurer

8102220150

QUESTION # 2

CA[illegible]C BOARD OF DIRECTORS - 1971 - [illegible]7

Officers:

1971-1972

James MacLaggan, MD.....Chairman
Edward Kelley, MD.....Vice-Chairman
Frank Rogers, MD.....Secretary
Merlin Hendrickson, MD.....Treasurer
Dwight Murray, Sr, MD.....Honorary Chairman

1972-1973

James MacLaggan, MD.....Chairman
Frederick Ackerman, MD.....Vice-Chairman
Frank Rogers, MD.....Secretary
Merlin Hendrickson, MD.....Treasurer
Dwight Murray, Sr, MD.....Honorary Chairman

1973-1974

James MacLaggan, MD.....Chairman
Harold Wilkins, MD.....Vice-Chairman
Frank Rogers, MD.....Secretary
Merlin Hendrickson, MD.....Treasurer
Dwight Murray, Sr, MD.....Honorary Chairman

1974-1975

James MacLaggan, MD.....Chairman
Harold Wilkins, MD.....Vice-Chairman
Theodore Steinberg, MD.....Secretary
Sidney Foster, MD.....Treasurer
Dwight Murray, Sr, MD.....Honorary Chairman

1975-1976

E. Kash Rose, MD.....Chairman
Jokichi Takamine, MD.....Vice-Chairman
Theodore Steinberg, MD.....Secretary
Sidney Foster, MD.....Treasurer
James MacLaggan, MD.....Honorary Chairman

1976-1977

Jokichi Takamine, MD.....Chairman
David Horner, MD.....Vice-Chairman
Theodore Steinberg, MD.....Secretary
Sidney Foster, MD.....Treasurer
James MacLaggan, MD.....Honorary Chairman

Board of Directors
1971-1977

Donald Cortum, MD
J. E. Vaughan, MD
Frank Rogers, MD
Tirso del Junco, MD
L. L. Holloman, MD
Harold Wilkins, MD
Meyer,Blatt, MD
Wilson Mizener, MD
David Olch, MD
Jack McCleary, MD
Jokichi Takamine, MD
Jack Baker, MD
Ralph Milliken, MD
David Horner, MD
George Evashwick, MD
N. R. Cordon, MD
Dale Ritter, MD
James Farley, MD
John Miller, MD
Edward Kelley, MD
Johan Hultin, MD
Thomas Nickels, MD
Herbert Holden, MD
Leon Fox, MD
Lawrence DeBusk, MD
Ward Hart, MD

Douglas Liddicoat, MD
Bruce Balding, MD
Frederick Ackerman, MD
Genest De L'Arbre, MD
Theodore Steinberg, MD
Merlin Hendrickson, MD
Marshall Stonestreet, MD
Vincent Carroll, MD
James MacLaggan, MD
Milton Evangelou, MD
Robert Zweig, MD
Dwight Murray, MD
Mr. E. J. Bannister
Mr. William Scheuber
Mrs. George Bower
Mrs. Robert Douds
Mrs. William Flood
Mrs. James Goettle
Mrs. Salvadore Lask
Mrs. James MacLaggan
Ralph Burnett, MD
Jean Crum, MD
Roberta Fenlon, MD
Mrs. John Gallagher
John T. Saidy, MD
William Quinn, MD

Richard Wallrich, MD
Charles French, MD
Sidney Foster, MD
Martin Kohn, MD
Ernest Simard, MD
Kenneth McNiece, MD
Ross Miller, Jr, MD
Emile Meine, Jr, MD
Walter Buerger, MD
Charles Carmack, MD
Burton Ketcham, Jr, MD
Franklin Glanz, MD
Gaylord Parkinson, MD
Robert Zweig, MD
Mr. Edgar Colvin
Mrs. Harry Alton
Mrs. Ward Hart
Mrs. Orrin Cook
Thomas Elmendorf, MD
Joseph Boyle, MD
Henry Eastman, MD
Helen Weyrauch, MD
Frederick Schlichting, MD
Mrs. Burke Schoensee
Mrs. Thomas Gibson
Mrs. Dean F. Winn

Stanley Moore, MD
Andrew Hazen, MD
W. Harry Thornton, MD
John Sewak, MD
E. Vincent Moore, MD
Mrs. Harry Dvorsky
Joseph Clendenin, MD
William Clark, MD
Charles Cogar, MD
Raymond N.F. Killeen, MD
William Wilson, MD
Jerome Taurek, MD
Mrs. Kay Marsh
Mrs. Jacques Couacaud, Jr
Richard Rihn, MD
Irwin Barg, MD
Robert Kaiser, MD
Jerome Unatin, MD
Stephen Proffitt, MD
Mr. Gene Scott
Mrs. De Lois Basnett
Mrs. Robert Gelderman
Carl Goetsch, MD
Dan Clark, MD
Brad Cohn, MD

Rush Blodget, Jr, MD
R. Hewlett,Lee, MD
Donald Huene, MD
Robert Helton, MD
Mrs. Thomas Nesper
Robert Karns, MD
Lawrence Wanetick, MD
Ralph Kirk, MD
Bert Cotton, MD
William Basque, MD
Harrison Silver, MD
Mrs. William Dochterman
Mrs. Lyle Murphy
Captane Thomson, MD
Eric Ostrom, MD
Richard Pettit, MD
Norman Rudy, MD
William Hyman, MD
Elmer Werner, MD
Mr. Robert Bernstein
Mrs. William Anthony
Mrs. Frank Kendrick
Albert Clark, MD
Sanford Feldman, MD

UPDATED - April, 1975

CONSTITUTION AND BYLAWS

of

CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE

ARTICLE I

Name and Definition

The name of this Committee is CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, hereinafter referred to as the Committee, or CALPAC. It is a voluntary, nonprofit, unincorporated Committee of individual physicians and others, and is not affiliated with any political party. The Committee is an independent, autonomous organization, and is not a branch or subsidiary of any national or other political action committee.

ARTICLE II

Purposes

The purposes of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the purposes stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1 -- Members

Active and Sustaining memberships shall be available to any Doctor of Medicine, his spouse, members of his immediate family and others. The Board of Directors is authorized to establish additional categories of membership.

Section 2 -- Candidates for Membership

Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 3 -- Dues

CALPAC's dues shall be:

Active Membership	$ 35.00	-	$ 99.00
Woman's Auxiliary	20.00	-	99.00
Student & House Staff	10.00	-	99.00
Sustaining Membership	100.00	-	5,000.00

ARTICLE IV

Board of Directors and Executive Committee

Section 1 -- Duties

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee, and shall establish and carry out all policies and activities of the Committee. The members shall serve without compensation.

The Executive Committee shall act on behalf of the Committee between meetings of the Board of Directors, and shall have the powers of the Board during such intervals.

In Congressional districts having more than one county medical society, the Board Member shall encourage the establishment of a liaison committee to advance the purposes of the Committee as defined in Article II.

Section 2 -- Board of Directors - Composition

The Board of Directors shall consist of not more than fifty-six (56) members, forty-five of whom shall be Doctors of Medicine, six members of the Woman's Auxiliary to the California Medical Association, two executive employees of component societies of the California Medical Association, a CMA House Staff member representative of a hospital accredited by the California Medical Association, a representative attending a medical school in California, and the President of the American Association of Medical Assistants, State of California, Inc.

The President, President-Elect and CALPAC Chairman of the Womans' Auxiliary to the California Medical Association shall be ex officio members of the CALPAC Board.

Section 3 -- Board of Directors - Selection and Terms

The members of the Board of Directors shall be appointed by the Council of the California Medical Association, for a term of one year. No members shall serve for more than ten (10) years.

Section 4 -- Executive Committee - Composition, Selection and Terms

The Executive Committee will include the Chairman, Vice-Chairman, Secretary, Treasurer, the Chairmen of the Federal and State Candidate Selection Committees and, in addition, three members (to include at least one member of the Woman's Auxiliary) to be elected from the Board. If one of the Chairmen of the Federal or State Candidate Selection Committees is already a member of the Executive Committee, an additional member(s) will be elected at large.

Section 5 -- Standing Committees

The standing committees of the Board of Directors shall be the Federal Candidate Selection Committee, State Candidate Selection Committee, Membership Committee, Political Education Committee and Communications Committee.

ARTICLE V

Officers

Section 1 -- Designations, Election, Terms

The general officers of the Committee shall be a Chairman, Vice-Chairman, Secretary and Treasurer who shall be selected by the California Medical Association's Committee on Nominations and approved by the California Medical Association's Council. The CALPAC Board of Directors shall submit names for each of these offices for consideration by the Committee on Nominations.

Section 2 -- Chairman

The Chairman shall be the chief executive officer of the Committee and shall be an ex officio member of all committees. He shall preside at meetings of the Board of Directors. He shall appoint all chairmen and members of committees, subject to the approval of the Board.

Section 3 -- The Vice-Chairman

The Vice-Chairman shall act in place of the Chairman in his absence and shall also be an ex officio member of all CALPAC Board committees.

Section 4 -- The Secretary

The Secretary shall perform such duties as are customarily performed by the secretary of a committee, or shall be prescribed by the Board of Directors.

Section 5 -- The Treasurer

The Treasurer shall perform such duties as are customarily performed by the treasurer of a committee, or shall be prescribed by the Board of Directors. The Treasurer shall be the custodian of the funds of the Committee. He shall collect all dues and other funds of the organization. He shall disburse all monies of the Committee in accordance with the instructions of the Board of Directors. He shall keep full and accurate accounts, shall present financial statements, shall prepare, sign and file all reports to governmental authorities required by law or directed to be filed by the Board of Directors. The Treasurer shall give bond in such sum as may be fixed by the Board of Directors, the premium of such bond to be paid by the Committee.

ARTICLE VI

Meetings

Section 1 -- Annual Meetings

The annual meeting of the Board of Directors shall be held on call of the Chairman, but not later than the close of the Annual Session of the California Medical Association.

Section 2 -- Special Meetings

Special meetings of the Board of Directors shall be called by the Chairman on his own initiative or upon the written request of three of the members of the Board.

ARTICLE VII

CALPAC shall have such committees as the Board of Directors determines are necessary and desirable for carrying out its purposes and objectives. The Chairman and members of such committees shall be appointed by the Chairman, subject to the approval of the Board of Directors.

ARTICLE VIII

Books, Records and Finances

Section 1 -- Books and Records

The Committee shall keep correct and complete books and records of account. The Committee's books of account shall be audited at least once a year. The auditor shall be named by the Chairman, with the approval of the Board of Directors.

Section 2 -- Deposits

The funds of the Committee shall be deposited to the credit of the Committee in such banks or other depositories as the Board of Directors may select.

ARTICLE IX

Amendments to Constitution and Bylaws

This Constitution and Bylaws may be altered, amended or repealed and a new Constitution and Bylaws may be adopted by a majority of the members of the Board of Directors; provided that at least thirty (30) days written notice is given of the intention to alter, amend, or repeal or to adopt a new Constitution and Bylaws at such meetings.

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

July 2, 1976

Dear Colleague:

Face it-- acceptable legislative action to reduce your profesional liability insurance premiums is not likely this year. The lawyer-dominated legislature is not going to support sweeping tort reform proposals.

But there is something positive you can do today--join CALPAC, your profession's political action arm.

If we can't change the laws, help us replace some of the lawmakers. How successful have we been? In the June 8 primary, CALPAC contributed to 40 candidates - Democrats and Republicans - in contested races. Twenty-seven, better than two-thirds, won. Not bad, but we can do better if we have your membership support now.

We are locked in a political struggle with the trial lawyers and other groups who don't care about your outrageous insurance premiums. Help us compete effectively for you in the November elections. Please send your $35 check made out to CALPAC in the enclosed envelope.

Sincerely,

Jo Takamine M.D.

Jokichi Takamine, MD
Chairman

Enclosures

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

August, 1976

Dear Doctor:

Forty-one key races.

That is how many political contests you can directly influence in the November 2 election.

Please review the enclosed information on these 41 contests for state and federal office. Although there may not be a key race in your area, every friend we gain in the legislature is one more vote for restructuring our tort system, for getting government bureaucrats off our backs and for opposing health insurance schemes which would place the government squarely between us and our patients.

In the June primary, CALPAC contributed more money than ever before--over $55,000 in 40 contested primaries. Twenty-seven of these candidates, better than two-thirds, secured their party's nomination with CALPAC's help.

CALPAC has not yet given a contribution in any of the races for the November election. We need and want your views and suggestions. Please take the time now to let me know how you feel about any of these 41 election contests or any candidates seeking office in your area.

Remember, as we know from the passage of AB 1xx, initiating tort liability reform, one vote can make a difference in a legislative committee, a caucus or on the floor of the legislature. One membership in CALPAC strengthens our chances to elect a few more friends who share our views about the private practice of medicine.

To play a decisive role in the upcoming elections, our treasury must be replenished. So how about joining CALPAC? The General Election is only 84 days away. Send me your views and $35 check made out to CALPAC as soon as possible. Our work is cut out for us.

Sincerely,

Jo Takamine

Jokichi Takamine, MD
Chairman

Enclosures

A copy of our report filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

California Medical Politic[illegible]tion Committee 731 Market Street San Franc[illegible] California 94103 415/777-2000

August 31, 1976

_____
_____
_____, California ____

Dear _____:

With less than ten weeks before the November 2nd General Election, CALPAC is on the move gearing up for our participation in selected key state and federal campaigns.

- *CALPAC-supported candidates - 27 of 40 - won their contested races in the June 8th Primary. $55,000 of your dues dollars aided these men and women in winning their party's nomination.
- *CALPAC has mailed a membership solicitation letter on August 13 to 17,000 CMA members inviting their 1976 CALPAC membership participation.
- *CALPAC, together with AMPAC, sponsored a 400 respondent telephone survey for Congressman Don Clausen in the Sonoma - Mendocino - North Coast area on June 26 - 28th. Results were presented at a recent all-day meeting with the Congressman's "kitchen cabinet" and CALPAC Board representative.
- *CALPAC's Executive Committee met on July 21st with U.S. Senate Republican nominee, S. I. Hayakawa, and his campaign director. The committee voted a unanimous endorsement for Dr. Hayakawa, and at his request, will establish an advisory committee to acquaint him with medicine's positions on the major health issues.
- *On August 13th, with CALPAC Executive Committee's approval, CALPAC leaders attended a fund-raising dinner of the Senate Democrat Caucus.
- *In conjunction with the Republican National Convention in Kansas City, CALPAC's Executive Secretary made a presentation to corporate leaders from around the country entitled "Making Your PAC Work".
- *Following local recommendations and review by CALPAC's Federal and State Candidate Selection Committees on August 11th of Key Assembly/State Senate and Congressional Districts, CALPAC's Executive Committee voted support for 46 candidates.

These are a few of the highlights and activities in which CALPAC is engaged as we prepare for Election Day.

In order to attain these objectives and provide maximum support to deserving candidates, please join your many colleagues and renew your 1976 CALPAC sustaining membership. We're all in this political battle together. Please send your check for $__.00 in the enclosed envelope today.

Sincerely,

Jokichi Takamine, M.D.
Chairman

P.S. Our record 1975 sustaining membership was 132. To date we have 104 members.

A copy of this report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Encl [illegible]

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

September 1, 1976

_____
_____
_____, California ____

Dear _____:

With less than ten weeks before the November 2nd General Election, CALPAC is on the move gearing up for our participation in selected key state and federal campaigns.

- *CALPAC-supported candidates - 27 of 40 - won their contested races in the June 8th Primary. $55,000 of your dues dollars aided these men and women in winning their party's nomination.
- *CALPAC has mailed a membership solicitation letter on August 13 to 17,000 CMA members inviting their 1976 CALPAC membership participation.
- *CALPAC, together with AMPAC, sponsored a 400 respondent telephone survey for Congressman Don Clausen in the Sonoma - Mendocino - North Coast area on June 26 - 28th. Results were presented at a recent all-day meeting with the Congressman's "kitchen cabinet" and CALPAC Board representative.
- *CALPAC's Executive Committee met on July 21st with U.S. Senate Republican nominee, S. I. Hayakawa, and his campaign director. The committee voted a unanimous endorsement for Dr. Hayakawa, and at his request, will establish an advisory committee to acquaint him with medicine's positions on the major health issues.
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These are a few of the highlights and activities in which CALPAC is engaged as we prepare for Election Day.

In order to attain these objectives and provide maximum support to deserving candidates, please join your many colleagues by becoming a 1976 CALPAC sustaining member. We're all in this political battle together. Please send your check for $__.99 in the enclosed envelope today.

Sincerely,

Jokichi Takamine, M.D.
Chairman

Enclosures (2)

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

September 10, 1976

_____
_____
_____

Dear Doctor _____:

I welcome this opportunity to introduce the California Medical Political Action Committee (CALPAC) to you. As your political action arm of organized medicine in California, CALPAC is comprised of physicians and their spouses who support candidates while furthering their own knowledge of the political process and shaping the future practice of medicine.

Among the questions often asked are:

- How is CALPAC Organized?

A Board of Directors guides CALPAC activities. The Board is represented by a physician from each one of our 43 Congressional Districts, six members from the Auxiliary, two county medical society executives, representatives from the House staff and medical assistants association, and a medical student. These members are nominated by their county and district medical societies and appointed by California Medical Association's Committee on Nominations.

- How does CALPAC function?

CALPAC spearheads the political education of member physicians and their spouses with emphasis on local political participation. Effective candidate support requires politically knowledgeable citizens who keep up-to-date on the issues, candidates and campaign techniques. CALPAC plays a vital role in accomplishing these goals and in helping to assure that its members and their legislators are well informed.

- How does CALPAC utilize member dues?

1) CALPAC plans political education programs for members and their spouses; 2) contributes to candidate support committees on the recommendation of doctors at the local level; 3) pays travel expenses for members of Congress to address local physicians in non-election years; 4) organizes local candidate support committees upon request; 5) informs physicians and medical society staffs of the new methods of effective campaigning; 6) maintains liaison with Congress and state legislators; 7) publishes state and federal medical legislative and election news.

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Today, when urgent legislation like professional liability is being debated it is critical that trusted local physicians be able to tell their representatives the patient/physician side of things believably on behalf of the fullest cross-section of practicing physicians in California.

Every physician has a vested interest in his government. With the increasing emphasis on political involvement among many competing voices, we must participate effectively in the political arena. We can continue to accomplish our objectives by supporting federal and state legislators and candidates who share our viewpoints and concerns.

By joining over 9,100 CALPAC members, your annual $35 dues entitles you to membership in the largest state medical political organization in the nation. Please join us by writing a check for $35 to CALPAC and returning it in the enclosed envelope. Through your membership, you will help assure that the political action arm of your profession remains strong and effective.

Sincerely,

Charles Cogar, M.D.
10th Congressional District
Member, Federal Candidate Selection Committee

Enclosure

kmm:wpc

9 1 0 1 2 2 2 5 2

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

October 20, 1976

_____, M.D.
Palo Alto Medical Clinic
300 Homer Avenue
Palo Alto, California 94301

Dear _____:

Those of us in group practice can no longer afford the luxury of isolation of government intrusion in our future, and as a group practice physician and a CALPAC Board member, I would like to further acquaint you with CALPAC.

With less than nine weeks before the November 2nd General Election, CALPAC is on the move gearing up for our participation in selected key state and federal campaigns.

*CALPAC-supported candidates--27 of 40--won their contested races in the June 8th Primary. $55,000 of members' dues aided these men and women in winning their party's nomination.

*CALPAC has mailed a membership solicitation letter on August 13 to 17,000 CMA members inviting their 1976 CALPAC membership participation.

*CALPAC, together with AMPAC, sponsored a 400 respondent telephone survey for Congressman Don Clausen in the Sonoma - Mendocino - North Coast area on June 26 - 28th. Results were presented at a recent all-day meeting with the Congressman's "kitchen cabinet" and CALPAC Board representative.

*CALPAC's Executive Committee met on July 21st with U. S. Senate Republican nominee, S. I. Hayakawa, and his campaign director. The committee voted a unanimous endorsement for Dr. Hayakawa, and at his request, will establish an advisory committee to acquaint him with medicine's positions on the major health issues.

*On August 13th, with CALPAC Executive Committee's approval, CALPAC leaders attended a fund-raising dinner of the Senate Democrat Caucus.

*In conjunction with the Republican National Convention in Kansas City, CALPAC's Executive Secretary made a presentation to corporate leaders from around the country entitled "Making Your PAC Work".

*Following local recommendations and review by CALPAC's Federal and State Candidate Selection Committees on August 11th of Key Assembly/State Senate and Congressional Districts, CALPAC's Executive Committee voted support for 46 candidates.

These are a few of the highlights and activities in which CALPAC is engaged as we prepare for Election Day.

In order to attain these objectives and provide maximum support to deserving candidates, please join your colleagues by becoming a 1976 CALPAC member. We're all in this political battle together. Please send your check for $35.00 in the enclosed envelope today.

Sincerely,

R. Hewlett Lee, M.D.
Vice Executive Director, Palo Alto Medical Clinic
CALPAC Board member, 12th Congressional District

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

October 29, 1976

Dear

With the General Election just a few days away, I want to thank you for your participation as a 1975 CALPAC Sustaining Member.

Judging by our current CALPAC membership of 8,213 physicians I am sure you know why CALPAC is the #1 political action committee in California.

On behalf of CALPAC I encourage you to renew your sustaining membership by sending your check for $64.99 to CALPAC in the enclosed envelope. In doing so, you will join 137 other medical leaders who have made this major commitment to medical political action during 1976.

Thank you for your continuing interest, participation and support of CALPAC.

Sincerely,

Jokichi Takamine, MD
Chairman

JT:mef

Enclosures (2)

Note: This report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

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DETACH AND RETURN WITH

1977 DUES STATEMENT

ALL ITEMS PAYABLE JANUARY 1, 1977

Please make check payable to the County Medical Society

Component Medical Society	$
California Medical Association	165.00
American Medical Association (Voluntary - Recommended)	250.00
CALPAC-AMPAC (Recommended)*	35.00
_____	
_____	
_____	
TOTAL	$

The Bylaws of the California Medical Association state that dues must be paid to the County Society and CMA in order to be an active member of either organization.

*CALPAC and AMPAC are voluntary political organizations. Failure to contribute will not preclude a member from membership in CMA or AMA. Contributions are not limited to the suggested amounts. Copies of CALPAC and AMPAC reports are filed with the Federal Election Commission, Washington, DC. Contributions are subject to limits set by federal law. Information available for purchase from the Federal Elections Commission, Washington, DC.

#5

DETACH AND RETURN WITH YOUR REMITTANCE

Retain this portion for your records

DUES STATEMENT — 1976

San Bernardino County Medical Society	$
California Medical Association	165.00
American Medical Association	250.00
*Political Action Committee FAMILY-PAC (Physician and Spouse)	50.00
_____	
_____	
_____	
TOTAL	$

*Recommended – voluntary. Individual CALPAC membership is $35.

ALL ITEMS PAYABLE JANUARY 1, 1976

Please make check payable to the County Medical Society

The Bylaws of the California Medical Association state that dues must be paid to the County Society, CMA and AMA in order to be an active member of any one organization.

Information available for purchase from the Federal Election Commission, Washington, DC 20463

With the support of local physicians and CALPAC, these eight* won contested primary battles and will be seeking election to state or federal offices this November.

CALPAC contributed to 40 candidates who were opposed in their primaries; of these, 27 -- better than two-thirds -- won. We'll never win them all -- but with your help we can improve our record this November.

How does CALPAC use its financial resources effectively?

- Contributes to candidates on the recommendation of doctors at the local level
- Organizes local physician candidate support committees
- Informs physicians and medical society staffs of new methods of effective campaigning
- Plans political education programs for members and their spouses
- Publishes state and federal medical legislative and election news
- Maintains liaison with federal and state legislators

How does CALPAC function?

CALPAC supports candidates on the basis of local physician participation in support of candidates. At the request of doctors at the *local* level, CALPAC's candidate selection committees consider the candidate, his views, his voting record, and his need for financial support before allocating funds. No money is ever given without the knowledge and consent of local medical leadership.

Why join CALPAC?

The answer is clear. Together physicians can do more to effectively promote the election of candidates who are friendly to medicine. Only with concerned knowledgable legislators supported by CALPAC can we hope to bring about the necessary legislative changes to resolve our professional liability problem. So join today by making your check payable to CALPAC and mailing it in the envelope provided.

JOIN CALPAC

* *See back panel.*

INVOLVEMENT '76

Becoming:
Tell a friend that involvement requires more than voting.





WINNING CANDIDATES
Top to bottom — left to right:

Paul B. Carpenter
D - Garden Grove, 37th Senate District

Bob Badham
R - Newport Beach, 40th Congressional District

Frank Lanterman
R - La Canada, 43rd Assembly District

Suzanne Schiller
D - [illegible] 6th Senate District

Bob Wendelsonn
R - [illegible] Senate District

Teresa Hughes
D - [illegible] 59th Assembly District

Juan Statham
R - [illegible] District

Bill Jones
R - Fresno, 31st Assembly District

What do these winning candidates have in common?





A [illegible] of the Federal Election Commission and a [illegible] of the Federal Election Commission, Washington, D.C.

MCC #257 E* 323

CALIFORNIA MEDICAL ASSOCIATION

731 Market Street / San Francisco, California 94103 / 415·777-2000

April 12, 1977

William Oldaker, General Counsel
Federal Elections Commission
1325 K Street, N.W.
Washington, D.C. 20463

Re: MUR 369 (76) 771245

Dear Mr. Oldaker:

Pursuant to your request for information, we herewith provide the following:

1) Yes, CMA is currently a member of the federation of the American Medical Association.

2) A copy of the CMA Constitution and Bylaws is enclosed.

3) A list of all CMA officers and directors since January, 1972, is enclosed. Their duties are set forth in Article III, Section 13 and Article VI of the Constitution and in Chapter VI, Sections 6 and 8 of the Bylaws.

4) Sections 3.2 to 3.5 of Chapter VIII of the Bylaws describe the method for selecting members to serve in the AMA House of Delegates. Lists of delegates by year are attached.

5) Yearly membership totals:

	CMA	AMA Membership Percentage
1972	24,362	100%
1973	24,573	100%
1974	25,031	100%
1975	25,505	100%
1976	23,607	100%
1977	8,481	67.3%

-more-

Pursuant to a decision by the CMA House of Delegates, AMA membership became optional in 1977. The figure shown (8,481) reflects confirmed membership as of April 4, 1977. CMA is currently in the process of receiving dues for 1977.

6) The California Medical Political Action Committee.

We note the regulations under 2 U.S. C. 441a(a)(5) and 2 U.S. C. 441a(a)(2) became effective in 1976; however, we are voluntarily furnishing information from 1972, as requested.

Sincerely,

E. Kash Rose

E. Kash Rose, M.D.
President

21010231569

CMA OFFICERS - 1971 - 1977

RECEIVED
FEDERAL ELECTION
COMMISSION

'76 APR 18 PM 1:47

1971-1972

Roberta Fenlon, MD - President
Jean F. Crum, MD - President-Elect
Ralph W. Burnett, MD - Immediate Past President
William F. Quinn, MD - Speaker of the House of Delegates
Joseph F. Boyle, MD - Vice Speaker
John T. Saidy, MD - Chairman of the Council
E. Kash Rose, MD - Vice-Chairman
Helen B. Weyrauch, MD - Secretary

1972 - 1973

Jean F. Crum, MD - President
Thomas Elmendorf, M.D. - President-Elect
Roberta Fenlon, MD - Immediate Past President
Joseph F. Boyle, MD - Speaker of the House of Delegates
Henry V. Eastman, MD - Vice-Speaker
John T. Saidy, MD - Chairman of the Council
E. Kash Rose, MD - Vice-Chairman
Helen B Weyrauch, MD - Secretary

1973 - 1974

Thomas Elmendorf, MD - President
Stanley A. Moore, MD - President-Elect
Jean F. Crum, MD - Immediate Past President
Joseph F. Boyle, MD - Speaker of the House of Delegates
Henry V. Eastman, MD - Vice-Speaker
E. Kash Rose, MD - Chairman of the Council
Frederick W. Ackerman, MD - Vice-Chairman
Helen B. Weyrauch, MD - Secretary

1974 - 1975

Stanley A. Moore, MD - President
Carl Goetsch, MD - President - Elect
Thomas Elmendorf, MD - Immediate Past President
Joseph F. Boyle, MD - Speaker of the House of Delegates
Henry V. Eastman, MD - Vice-Speaker
E. Kash Rose, MD - Chairman of the Council
Frederick W. Ackerman, MD - Vice-Chairman
Albert G. Clark, MD - Secretary

1975 - 1976

Carl Goetsch, MD - President
Ralph M. Milliken, MD - President-Elect
Stanley A. Moore, MD - Immediate Past President
Joseph F. Boyle, MD - Speaker of the House of Delegates
Henry V. Eastman, MD - Vice-Speaker
Frederick W. Ackerman, MD - Chairman of the Council
Dan W. Clark, MD - Vice-Chairman
Sanford E. Feldman, MD - Secretary

1976 - 1977

Ralph M. Milliken, MD - President
E. Kash Rose, MD - President Elect
Carl Goetsch, MD - Immediate Past President
Joseph F. Boyle, MD - Speaker of the House of Delegates
Henry V. Eastman, MD - Vice Speaker of the House of Delegates
Frederick Ackerman, MD - Chairman of the Council
Brad Cohn, MD - Vice - Chairman of the Council
Sanford E. Feldman, MD - Secretary

CMA COUNCILORS - 1971 - 1977

Fred Ackerman, MD
George C. Andersen, MD
William Bittner, MD
Simon Braumbaugh, Jr, MD
Robert Burnett, MD
Albert Clark, MD
Dan Clark, MD
Brad Cohn, MD
Orrin S. Cook, MD
Tirso del Junco, MD
William Donald, MD
Henry Eastman, MD
Eugene E. Eldredge, MD
Gladden V. Elliott, MD
Thomas Elmendorf, MD
Sanford Feldman, MD
William P. Frank, MD
Harry Fryer, MD
Carl Goetsch, MD
Forest Grunigen, MD
Charles M. Hair, MD
Robert Heckman, MD
Sanuel Horowitz, MD
Arthur F. Howard, MD
Robert Kaiser, MD
Fred M. Kay, MD
Harold Kay, MD
Nicholas P. Krikes, MD
Howard Lindsey, MD
Theodore Loring, MD
Jack McCleary, MD
Ralph M. Milliken, MD
Stanley A. Moore, MD
Joseph O'Connor
Harvey O. Randel, MD
Frank Rogers, MD
E. Kash Rose, MD
John T. Saidy, MD
Robert Salter, MD
Marvin Shapiro, MD
Marshall P. Stonestreet, MD
Jokichi Takamine, MD
C. John Tupper, MD
Philip Voigt
George Whitworth, MD
Harold E. Wilkins, MD

CMA DELEGATION TO THE AMA - 1971 - 1977

1971 - 1972

Carl E. Anderson, MD
Warren L. Bostick, MD
Joseph F. Boyle, MD
Vincent P. Carroll, MD
Dudley M. Cobb, Jr, MD
Robert C. Combs, MD
Leon P. Fox, MD
Eugene F. Hoffman, Sr., MD
Charles B. Hudson, MD
James C. MacLaggan, MD
Albert G. Miller, MD
Arlo A. Morrison, MD
John G. Morrison, MD
Alfred J. Murrieta, Jr, MD
Homer C. Pheasant, MD
William F. Quinn, MD
Emmet L. Rixford, MD
Wilbur G. Rogers, MD
John M. Rumsey, MD
Sanuel R. Sherman, MD
Robb Smith, MD
Herman H. Stone, MD
Ralph C. Teall, MD
Malcolm C. Todd, MD
J. E. Vaughan, MD

1972 - 1973

Carl E. Anderson, MD
Warren L. Bostick, MD
Joseph F. Boyle, MD
Vincent P. Carroll, MD
Dudley M. Cobb, Jr, MD
Robert C. Combs, MD
Jean F. Crum, MD
Leon P. Fox, MD
Eugene F. Hoffman, Sr, MD
Harold Kay, MD
James C. MacLaggan, MD
Albert G. Miller, MD
John G. Morrison, MD
Alfred J. Murrieta, Jr, MD
Homer C. Pheasant, MD
William F. Quinn, MD
Emmet L. Rixford, MD
Wilbur G. Rogers, MD
John M. Runsey, MD
Samuel R. Sherman, MD
Robb Smith, MD
Herman H. Stone, MD
Ralph C. Teall, MD
Malcolm Todd, MD
J. E. Vaughan, MD

1973 - 1974

Warren Bostick, MD
Joseph F. Boyle, MD
Walter H. Brignoli, MD
Ralph Burnett, MD
Vincent P. Carroll, MD
Robert C. Combs, MD
Jean F. Crum, MD
Leon P. Fox, MD
Eugene F. Hoffman, Sr, MD
Harold Kay, MD
James C. MacLaggan, MD
Albert G. Miller, MD
John G. Morrison, MD
Alfred J. Murrieta, Jr, MD
Homer C. Pheasant, MD
William F. Quinn, MD
Emmet L. Rixford, MD
Frank Rogers, MD
Wilbur G. Rogers, MD
John M. Rumsey, MD
Samuel R. Sherman, MD
Robb Smith, MD
Herman H. Stone, MD
Ralph C. Teall, MD
Malcolm C. Todd, MD

1974 - 1975

Joseph F. Boyle, MD
Ralph W. Burnett, MD
Vincent P. Carroll, MD
Robert C. Combs, MD
Jean F. Crum, MD
Leon P. Fox, MD
Harry J. Fryer, MD
George K. Herzog, Jr, MD
Harold Kay, MD
Edward T. Kelley, MD
R. Hewlett Lee, MD
James C. MacLaggan, MD
John G. Morrison, MD
Alfred J. Murrieta, Jr, MD
Joseph P. O'Connor, MD
Homer C. Pheasant, MD
William F. Quinn, MD
Frank A. Rogers, MD
John T. Saidy, MD
Marvin J. Shapiro, MD
Robb Smith, MD
Herman H. Stone, MD
Ralph C. Teall, MD
Elmer C. Werner, MD
Edward J. Wiater, MD

1975 - 1976

Joseph F. Boyle, MD
Ralph W. Burnett, MD
Vincent P. Carroll, MD
Jean F. Crum, MD
H. Russell Fisher, MD
Leon P. Fox, MD
Harry J. Fryer, MD
George K. Herzog, Jr, MD
Harold Kay, MD
Edward T. Kelley, MD
R. Hewlett Lee, MD
James C. MacLaggan, MD
Ralph M. Milliken, MD
John G. Morrison, MD
Laurance A. Mosier, MD
David I. Olch, MD
Frank A. Rogers, MD
John T. Saidy, MD
Marvin J. Shapiro, MD
Robb Smith, MD
Herman H. Stone, MD
Jokichi Takamine, MD
Ralph C. Teall, MD
C. John Tupper, MD
Elmer C. Werner, MD
A. Halnan White, MD
Edward J. Wiater, MD

1976 - 1977

Ralph W. Burnett, MD
Vincent P. Carroll, MD
Brad Cohn, MD
Jean F. Crum, MD
Thomas Elmendorf, MD
H. Russell Fisher, MD
Leon P. Fox, MD
Matthew Gleason, MD
Charles M. Hair, MD
George K. Herzog, MD
Herbert A. Holden, MD
Raymond N.F. Killeen, MD
R. Hewlett Lee, MD
James C. MacLaggan, MD
Jack E. McCleary, MD
Ralph M. Milliken, MD
John G. Morrison, MD
Laurance A. Mosier, MD
David I. Olch, MD
Frank A. Rogers, MD
John T. Saidy, MD
Robb Smith, MD
Herman H. Stone, MD
Jokichi Takamine, MD
C. John Tupper, MD
A. Halnan White, MD
Edward J. Wiater, MD

CONSTITUTION AND BYLAWS

of the

California Medical Association

As Adopted May 13-15, 1957

Amended Through May 1970

Constitution and Bylaws

of the

California Medical
Association



As Adopted May 13-15, 1951
and
Amended Through May, 1976

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California Medical Association

CONSTITUTION and BYLAWS

CONSTITUTION

ARTICLE I.–NAME, PURPOSES AND ORGANIZATION

Section 1.–Name

The name of this organization is California Medical Association (hereinafter referred to as the Association).

Section 2.–Purposes

The purposes of this Association are to promote the science and art of medicine, the protection of public health, and the betterment of the medical profession; to promote similar interests of its component societies; and to unite with similar organizations in other states and territories of the United States to form the American Medical Association.

Section 3.–Organization

This Association is an organization composed of the component societies and their members, the House of Delegates, the Council, the Scientific Board, the Scientific Assembly, Bureaus, Commissions and Standing Committees.[1]

Section 4.–Definition of Component Societies

Component societies include all county medical societies (which may cover one or more counties) or any established component district of at least [illegible] members of a county society which has exercised option to withdraw from that county society and set up a separate component society, heretofore or hereafter, chartered by this Association.[2]

Section 5.–Component Society Charters

Charters to component societies may be granted and revoked as hereinafter prescribed.[3]

One charter may be issued to a component society that is not limited as to geographical area or which overlaps the area covered by one or more existing component societies.[4]

Section 6.–Woman's Auxiliary to the California Medical Association

In addition to the organizational structure previously set forth in this Article, the Association may charter a Woman's Auxiliary to the California Medical Association, and components thereof, which shall be considered an integral part of the Association but which shall conduct its own organization and business separate and distinct from the Association and its Societies, subject to the following requirements:

(a) The name of the Auxiliary shall be 'Woman's Auxiliary to the California Medical Association,' (hereinafter referred to as Auxiliary);

(b) The purposes of the Auxiliary shall be to promote the science and art of medicine, the protection of public health and the betterment of the medical profession, and to promote similar interests of its component Auxiliaries;

(c) The Auxiliary shall be composed of the component Auxiliaries and their members;

(d) Component Auxiliaries shall include all women's auxiliaries to component Medical Societies of the California Medical Association heretofore or hereafter chartered by this Association;

(e) Charters to component Auxiliaries shall be granted and revoked by the Association as it may provide, provided that no charter issued by the Association, nor any action of the Association in issuing or revoking such charters, shall conflict with the purposes and principles of this Association as set forth in its Constitution and Bylaws.

ARTICLE II.–MEMBERSHIP

Section 1.–Classes of Members

The members of this Association shall consist of Active, Associate, Honorary, Retired, Life and Affiliate members.

Section 2.–Membership Qualifications, Rights, Privileges, Duties and Method of Election

The qualifications, rights, privileges, duties, obligations and method of election of the several classes of membership are as stated in the Bylaws.

ARTICLE III.–GOVERNMENT OF THE ASSOCIATION

Sec. A.–House of Delegates

Section 1.–Composition

The House of Delegates shall consist of:

[illegible] delegates elected by the members of component societies;

[illegible] of the Association as hereinafter provided;

[illegible] with the right to vote, the councilors;

[illegible] without the right to vote, eighteen [illegible] of the Scientific Board selected as provided in the Bylaws;[5]

[illegible] without the right to vote, the past presidents.

[illegible]

1. Amended March, 1959.
2. Amended April, 1962.
3. Amended March, 1969.
4. Amended April, 1967.
5. Additional action awaited March

(f) Ex officio, without the right to vote, the officers, the delegates and alternate delegates to the American Medical Association, who are not otherwise members of the House of Delegates of this Association;[7.1] and

(g) Delegates elected by duly enrolled medical students in good standing at accredited schools of medicine in California.[7.2]

Section 2.—Representation

As the Bylaws shall provide, each component society shall be entitled to proportionate representation in the House of Delegates but with a minimum of two delegates. As the Bylaws shall further provide, the duly enrolled medical students in good standing at each accredited school of medicine located in California shall be entitled to elect one delegate from each such school.[7.3]

Section 3.—Alternates

Alternates shall be elected, as specified in the Bylaws, in the same manner as delegates are elected. One alternate shall be seated in place of each delegate absent or disqualified for failure to attend meetings or other cause.

Section 4.—Terms of Delegates and Alternates

Delegates and alternates shall serve for two or three years as each component society may determine. One-half or one-third, as the case may be, of the allowed number shall be elected each year. Delegates and alternates elected from each school of medicine shall serve for a term of one year.[7.4]

Section 5.—Quorum

A majority of the authorized number of delegates shall constitute a quorum.

Section 6.—Functions of the House of Delegates

The House of Delegates shall be the legislative body of the Association and shall exercise such other functions as the Bylaws may prescribe.

Section 7.—Issuance and Revocation of Charters

(a) The House of Delegates shall issue charters to medical societies of any county, any component society of at least 300 members which has exercised its option to become autonomous or to any group of counties deemed eligible which have made proper application therefor.[8]

(b) The House of Delegates may suspend or revoke any such charter, after due notice and proper hearing, for cause. "Cause" shall be considered to be any conduct or action, on the part of any component society, deemed in contravention of the Constitution and Bylaws of the Association or the American Medical Association or their "Principles of Medical Ethics." "Cause" shall further be deemed to be any conduct or action of a component society deemed inimical to the best interests of the Association.

(c) It may act on the withdrawal or secession of any component society from the Association and take such measures as are deemed advisable and proper for reinstatement of any component society which may have withdrawn or had its charter suspended or revoked.

(d) A two-thirds affirmative vote of the delegates present and voting shall be necessary for any action under the provisions of this section.

Section 8.—Sessions of the House of Delegates

In each year there shall be one or more sessions of the House of Delegates as fixed in the Bylaws. Special sessions may be called and held as provided in the Bylaws.

Part B.—Council

Section 9.—Composition[9]

The Council shall consist of:

(a) Elected councilors from the councilor districts set forth in Section 10. Each councilor district shall be entitled to elect one councilor for each 1,000 active members, or major fraction thereof, according to its membership as of the first day of September of the preceding year; provided, that each councilor district shall be entitled to a minimum of one councilor.

(b) Elected councilors from any one district shall not, at any time, exceed 40 per cent of the total Council membership.

(c) The president, president-elect, immediate past president,[10] speaker and vice-speaker.

(d) The editor, when he is a member of the Association, shall be an ex officio member of the Council without the right to vote.[11]

(e) One member of the Executive Committee of the Scientific Board, who shall be elected by the Scientific Board from representatives of the scientific sections or members-at-large, who shall be an ex officio member of the Council with the right to vote.[12]

Section 10.—Councilor Districts

There are 12[13] Districts as follows:

District Number One, comprising San Diego and Imperial Counties.

District Number Two, comprising Riverside, San Bernardino, Mono and Inyo Counties.

District Number Three, comprising Orange County.

District Number Four, comprising the County of Los Angeles.

District Number Five, comprising Ventura, Santa Barbara and San Luis Obispo Counties.

District Number Six, comprising Amador, Kern, Kings, Tulare, Fresno, Madera, Mariposa, Merced, Stanislaus, San Joaquin, Calaveras and Tuolumne Counties.

7.1 Additional subsection adopted March, 1973.
7.2 Additional subsection adopted March, 1973.
7.3 Amended March, 1973.
7.4 Amended March, 1973.
8. Amended April, 1962.
9. Amended April, 1962.
10. Amended March, 1968.
11. Amended March, 1965; February, 1973.
12. Additional subsection adopted March, 1970.
13. Amended April, 1962; April, 1967.

District Number Seven, comprising Monterey, San Benito, Santa Cruz, Santa Clara and San Mateo Counties.

District Number Eight, comprising San Francisco County.

District Number Nine, comprising Alameda County and Contra Costa County.

District Number Ten, comprising Marin, Solano, Napa, Sonoma, Lake, Mendocino, Humboldt and Del Norte Counties.

District Number Eleven, comprising Sacramento, Alpine, El Dorado, Placer, Nevada, Sierra, Yuba, Sutter, Yolo, Colusa, Glenn, Butte, Plumas, Tehama, Trinity, Shasta, Lassen, Modoc and Siskiyou Counties.

District Number Twelve, consisting of any society which is not limited as to geographical area, or the area of which overlaps the area covered by one or more existing component societies; such society and its members shall not be considered to be members of any other councilor district.

Section 11.—Election of Councilors

District councilors shall be elected in the manner and at the time specified in the Bylaws;[12] provided, however, that at the first meeting of the House of Delegates after a district councilor has been selected, his name shall be submitted to the House by the delegates from the district, and (1) if there is no challenge by any delegate then the speaker shall declare his election completed, and (2) if any delegate shall challenge the election on any ground, including fitness of the nominee of the district to serve as a district councilor, the questions presented by the challenge shall be submitted to a Qualifications Committee consisting of the president, president-elect and one delegate, appointed by the speaker, from the councilor district involved. The Qualifications Committee shall consider all grounds upon which the nominee is challenged and report back to the House. If the committee reports in favor of confirming the nominee's election, the speaker shall declare him elected. If the committee reports against confirming the nominee's election, a three-fourths affirmative vote shall be necessary to sustain the report of the committee, in which event the nominee shall be ineligible to serve as the district councilor and the delegates from the district shall immediately proceed to the selection of another nominee for the vacant office. If an adverse report of the Qualifications Committee is not sustained then the nominee shall be declared elected by the speaker.

Section 12.—Councilors; Terms of Office

Councilors shall serve for terms of three (3) years; except that the initial term of a new office arising hereunder may be for less than three (3) years, as the Bylaws may provide, to allow for staggering of terms.[13] A Councilor shall not serve more than three (3) consecutive terms of office.[13]

12. Amended February, 1957.
13. Amended October, 1957.

Section 13.—Council Powers and Duties

Subject to the provisions of this Constitution, and all resolutions and enactments of the House of Delegates, the Council shall be vested with full and complete power and authority to manage, control, use, invest, reinvest, lease, make contracts in respect of, and concerning, convey, give, grant, transfer or otherwise dispose of all property and assets of whatever kind or nature owned by the Association, and shall also be vested with full and complete power and authority to do and perform all acts and to transact all business for and on behalf of the Association and to manage and conduct all the work and activities of the Association in carrying out the purposes thereof. The Council shall have such additional duties, powers and functions as are prescribed in the Bylaws.

ARTICLE IV.—FUNDS, PROPERTY, DUES, ASSESSMENTS AND EXPENDITURES

Section 1.—Annual Dues

At each Annual Session[14] the House of Delegates shall, by a majority vote, fix the annual dues to be paid by members of the Association for the ensuing calendar year. Dues payable by active members shall be uniform and equal, except that the House of Delegates may reduce dues for certain groups (by general classification) as the Bylaws may expressly permit.

Dues payable by associate members shall be uniform and equal but may be set at not less than one half the regular dues for active members.

Section 2.—Military Service

During any period at which the United States is at war or requires services of doctors of medicine under an universal military training or draft program, annual dues may be reduced or waived by the House of Delegates with respect to those members serving in the armed forces of the United States during the whole or any part of any year.

Section 3.—Leaves of Absence

The Council, on recommendation of a component society, may grant leaves of absence to active and associate members[15] who are seriously ill and cannot practice or who leave practice temporarily for postgraduate study or other purposes acceptable to the component society and the Council and during such leave a uniform reduction of dues shall be established by the Council, provided no leave may exceed one (1) year but shall be subject to renewal.

Section 4.—Special Assessments, etc.

Funds may also be raised by any of the following methods: (a) publications of the Association; (b) voluntary contributions; (c) bequests, legacies, devises, and gifts; (d) special assessments levied by the House of Delegates; and (e) in any other manner approved by the House of Delegates. In the

14. Amended December, 1952.
15. Amended May, 1961.

event that the House of Delegates levies any special or other assessment than the annual assessment of dues, it may, in the resolution levying the assessment, fix and determine the time within which such assessment must be paid, the class or classes of members of the Association upon whom it is levied, and the penalty, if any, including forfeiture or suspension of membership in this Association or the component society, or both, to result from nonpayment thereof within the time prescribed.

Section 5.—Annual Budget and Expenditures

At each Annual Session[1] of the House of Delegates, the Council shall submit to it an itemized budget stating the proposed expenditures of the Association for the ensuing year. The budget may be altered or revised by the House of Delegates, but must be adopted by the House before adjournment of the session. After its adoption, no expenditures in excess of the amount of the budget item covering the subject of such expenditures may be made in the year covered by the budget by the Association or any of its officers, agents or employees, unless the Council by a three-fourths vote of all voting members shall first approve such excess expenditure by resolution duly adopted. Recurring items in the budget (fixed expenditures covering more than one year) shall, when first adopted, be binding as to subsequent budgets to the extent of commitments or obligations entered into by the Association within authority granted by the House of Delegates or this Constitution or the Bylaws.

Section 6.—Benevolence Fund

At least $1.00 out of the annual dues paid by each active member of the Association shall be allocated to the Physicians' Benevolence Fund, Inc., a corporation, and shall be used for the purposes as set forth in that corporation's articles and Bylaws.

Section 7.—All Funds and Moneys to Be Paid to Secretary and Deposited With Depositary

All funds and moneys received for the Association by any officer or agent thereof shall be promptly paid to the secretary and by him deposited with a depositary selected as such by the Council.

All depositaries selected by the Council shall be banks or trust companies duly licensed to transact business as such in the State of California.

Section 8.—Membership Interest in Association Property

No person other than an active member in good standing shall have any interest in the property of the Association and the interest of any active member therein shall cease when he ceases to be a member of the Association.

If any active member shall resign or otherwise cease to be an active member of the Association, all of his interest in and to all property of the Association shall cease and such cessation of membership shall operate as a release and assignment to the Association of all the right, title and interest of such member in and to all the property of the Association.

[1] Amended December, 1952.

ARTICLE V.—REFERENDUM AND PETITION

Section 1.—Referendum and Petition

The right of referendum and petition shall be as set forth in the Bylaws.

ARTICLE VI.—OFFICERS

Section 1.—Officers[1]

The officers of this Association shall be a President, a President-Elect, a Chairman of the Council, a Vice-Chairman of the Council, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, and, when they are members of the Association, a Secretary and an Editor.

Section 2.—Powers and Duties of the President-Elect

The president-elect shall act for the president in his absence or disability, and if the office of president becomes vacant the president-elect shall then succeed to the presidency to serve as president for such unexpired term and for the term of one year thereafter.

ARTICLE VII.—SCIENTIFIC ASSEMBLY

Section 1.—Objects

The Scientific Assembly of the California Medical Association is the convocation of its members for the presentation and discussion of subjects pertaining to the science and art of medicine.

Section 2.—Sections

The Scientific Assembly shall be divided into sections, each section representing that branch of medicine described in its title.

Section 3.—Creation of New Sections

New sections may be created or existing sections discontinued by the House of Delegates. The Scientific Assembly and its sections shall be conducted in accordance with the provisions of this Constitution and the Bylaws and such other instructions by the House of Delegates or the Council as may not be in conflict therewith.

ARTICLE VIII.—MISCELLANEOUS

Section 1.—Incorporation

(a) To aid in carrying out the objects of the Association, the House of Delegates at any meeting of any regular or special session thereof may by a two-thirds vote of the members thereof present and acting, authorize, empower and direct the Council to cause the formation and organization of a non-profit corporation under the laws of the State of California.

[1] Amended April, 1952.

without capital stock, with such incorporators, name, purposes, objects, principal place of business, term, number of directors and directors to serve for the first year and until their successors are elected and have accepted office, and with such provisions regarding the voting power and property rights and interests of the members of the corporation and such further provisions in the Articles of Incorporation thereof, and with Bylaws and composed of such members representing this Association as the Council shall prescribe, fix and determine. The House of Delegates may at its option in connection with the granting and giving of such authority, power and direction to the Council, prescribe, fix and determine any or all of such matters pertaining to the said corporation, its Articles of Incorporation and any provision thereof, Bylaws and membership, and its action thereon shall bind the Council; and the House of Delegates at any meeting of any regular or special session thereof may by a two-thirds vote of the members thereof present and acting, authorize, empower and direct the Council to grant, assign, transfer, convey and deliver, or cause to be granted, assigned, transferred, conveyed and delivered to the said corporation upon the formation thereof without any consideration therefor, any property, real or personal, of the Association, which authorization, power and direction may be given prior or subsequent to the formation and organization of said corporation.

(b) To further aid in carrying out the objects of the Association, the House of Delegates at any meeting at any regular or special session thereof may, by a two-thirds vote of the membership thereof present and acting, authorize, empower and direct the Council to cause the formation and organization of one or more corporations under the laws of the State of California with such incorporators, name, purposes, county where the principal office for the transaction of business is to be located, first directors, the total number of shares, the aggregate par value, if any, of all shares, classes of shares, par value of any shares having par value, statement of the provisions, privileges and restrictions granted or imposed upon the respective classes of shares, or if the corporation be formed without capital stock the authorized number and qualifications of its voting and other rights of each class of members and the liability of each and all classes, to dues or assessments, and with such further provisions in the Articles of Incorporation thereof and with such Bylaws as the Council shall prescribe, fix and determine; and the House of Delegates at any meeting of any regular or special session thereof may, by a vote of two-thirds of the members thereof present and acting, authorize, empower and direct the Council to grant, assign, transfer, convey or deliver or cause to be granted, assigned, transferred, conveyed or delivered to any of such corporations upon the formation thereof or to applicants for health and accident or other insurance in or from any of said corporations at or prior to the formation thereof without any consideration therefor, such funds and property, real or personal of this Association as the House of Delegates shall from time to time authorize or ratify.

Section 2.—Seal

The Association shall have an Association seal consisting of a circle having on the circumference the words "California Medical Association, Eureka, 1856," with such further emblems, figures and words as the House of Delegates, on recommendation from the Council, shall prescribe.

The power to change the seal shall rest with the House of Delegates.

Section 3.—Amendments[18]

Any member of the House of Delegates at any meeting of any session, other than a special session, thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

Such proposed amendment or amendments shall be in writing and shall be filed with the secretary and shall thereafter be published at least twice in separate issues of the official journal of this Association prior to the next session of the House of Delegates.

At the said next session, other than a special session, of the House of Delegates, such proposed amendment or amendments shall be submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that session, and if two-thirds of the delegates present and voting vote in favor thereof, the same shall be adopted.

Further, such proposed amendment or amendments shall be referred to the appropriate reference committee, which shall hold hearings on the proposed amendment or amendments during the course of its regular business while the Association is in convention."[19]

If the proposal or proposals are introduced during the first meeting of the House, hearings shall be held at both the current and the next regular session. In this event the reference committee shall report at a subsequent meeting of the House at the current session its findings and recommendations on the proposed amendment or amendments; this report shall be solely for the guidance of the reference committee and the House at the regular session at which the amendment or amendments are to be subject to vote. The reference committee at the current session may, with the consent of the author of proposed amendment or amendments, alter, amend or modify the proposed amendment or amendments and offer such altered version at a later meeting during the current session, together with its recommendations thereon.

If the proposal or proposals are introduced during the second meeting of the House, hearings on them shall be held at the next regular session, prior to their submission to the House of Delegates for vote.

Section 4.—Repeal of All Provisions of Existing Constitution

All articles and all sections and all parts of all articles of the existing Constitution are hereby repealed.

18. Amended February, 1959.
19. Amended May, 1961.

BYLAWS

CHAPTER I.–COMPONENT SOCIETIES

Section 1.–Component Society Charters

The charter of each component society shall provide that all the provisions of the Constitution and Bylaws of this Association in force at the time of the issuance of such charter, together with all amendments to either thereof thereafter adopted, in so far as the same are applicable, shall be an integral part of the Constitution and Bylaws of the component society to which the charter is issued and that the terms and provisions thereof shall control and govern such component society, the officers and members thereof, and that the Constitution and Bylaws of the component society shall not be amended in any way to conflict or be inconsistent with the Constitution and Bylaws of this Association. Each charter shall be signed by the president and the secretary of this Association.

Section 2.–Revocation of Component Society Charters

The charter of a component society may be suspended or revoked on any of the grounds specified in the Constitution only in accordance with the following procedure:

(a) *Complaint.* A written complaint, stating the grounds for action, shall be filed with the secretary by the chairman of the Council pursuant to resolution adopted by the Council by the affirmative vote of two-thirds of the members thereof.

(b) *Notice.* The secretary of the Association shall, within thirty (30) days of its receipt by him, send by registered mail to the secretary of the component society concerned, a true copy of such complaint.

(c) *Hearing.* Hearing on such complaint shall be held by the House of Delegates at its first session occurring not less than three (3) months after the date of its presentation to the secretary of the Association.

(d) *Decision.* Suspension or revocation of the charter of a component society shall require a two-thirds affirmative vote of the members of the House of Delegates, provided, however, that the delegates of the component society concerned shall not vote, and their number shall not be counted in determining the necessary two-thirds majority.

Section 3.–Component Society Sections

(a) *Geographical or Specialty Sections.* A component society may authorize the formation and existence of branch geographical or specialty sections for scientific investigation and work only, and the members of such geographical sections or specialty sections must be members of such component society.

(b) *Members in Sections to Be Members of Respective Component Societies.* No geographical or specialty section shall be permitted to have any classes of members which classes in whole or in part include non-members of the component society of which any such geographical or specialty section is a branch or subdivision; provided that nothing in this section shall be construed as limiting the guest privileges of such non-members at meetings of such section.

Section 4.–Component District Withdrawal[20]

In the event that any qualified component district of a component medical society desires to be separately chartered by this Association, as authorized in Article I of the Constitution, it, the component society affected and this Association shall proceed as follows:

(1) A petition signed by at least 10 percent of the active members of a component District of 300 or more members, established by a component society, for an election to determine whether or not such established District should exercise its option to withdraw from the component society, shall be presented to the governing body of the component society, and the governing body, after checking the petition to determine if there were a qualified number of signatures thereon, shall immediately notify the Officers and governing body of the District Society, and the Council of this Association, that such a petition has been received, checked and qualified; and request this Association to conduct a mail ballot of the district on the proposition of whether or not the established component District should exercise its option to withdraw from the component society.

(2) The component society, upon receipt of such notification, shall immediately certify to the CMA and to the established District from which the petition came, a list of the active members within said District entitled to vote upon the question. The component society shall have not more than 30 days from the date of the receipt of the petition to certify such list of members.

(3) This Association, upon receipt of said petition, and the certified list of voters from the component society, shall, within a specified time as outlined hereinafter, cause to be mailed to all voters within the established District, the question "Shall . . . . . District of . . . . . Medical Society exercise its option to withdraw from . . . . . Component Medical Society, and set up and establish a new and separate component medical society of this Association to be hereafter known as . . . . . Medical Society?" The Council of this Association shall fix the time for said election to be held not less than sixty (60) days nor more than one hundred twenty (120) days following the receipt of the petition.

(4) There shall be included within the envelope containing the mail ballot, such statements as have been submitted to the CMA, both pro and con. Such statements shall only contain pertinent arguments and facts, for and against said withdrawal, and shall be accepted by an Election Committee appointed by the Council of this Association, consisting of members of the Association who are not members of the

20. Additional section adopted March, 1968

established District or the component society involved in the withdrawal procedure.

(5) A two-thirds affirmative vote of the active members voting, provided a majority of the active members vote, shall be necessary to exercise the option of withdrawal.

(6) Ballots shall be sent out thirty (30) days prior to the ballot counting.

(7) If the necessary affirmative vote of the active members of the District is obtained, the secretary of this Association shall so report to the next session of the House of Delegates and shall request the House to authorize the issuance of a charter to such District.

(8) A charter issued pursuant to this Section 4 shall become effective on the next ensuing 1 December, provided that prior thereto the charter recipient may organize, adopt a Constitution and Bylaws, elect officers and must, prior to 31 August, notify this Association of its roster of members. It is further provided that dues paid in the calendar year of charter issuance shall belong to the organization to which payment was made by or on behalf of each member, and the newly chartered society may establish and collect dues for each calendar year commencing after the 1 December effective date.

(9) A component District that becomes a chartered component society of this Association, pursuant to this Section, shall be included within District Number Twelve of the Councilor Districts as set forth in Section 10, Part B, Article III, of the Constitution of this Association.

(10) Following any vote to withdraw, no subsequent petition for withdrawal shall be accepted by a component society for a period of three (3) calendar years from date of vote-counting as a result of the previous petition.[20]

CHAPTER II.—MEMBERSHIP

Section 1.—What Constitutes Membership

The name of a doctor of medicine on the official roster of this Association, after it has been properly reported by the secretary of his component society, and after the dues or other assessments due this Association shall have been paid by the component society for such member according to the class of membership held by each component society member, shall be prima facie evidence of membership.

The term "doctor of medicine," whenever used, applies to the Doctors of Medicine and Doctors of Osteopathy.

Section 2.—Component Society Rosters of Members; Reports

(a) *Roster.* The secretary of each component society shall keep a roster of its members, on which shall be shown the full name, address, school and date of graduation, date of license to practice in this state, class of membership, and such other information as the secretary of the Association shall prescribe.

(b) *Reports.* The secretary of each component society shall furnish the secretary of the Association before the first day of March of each year a list of names and addresses of all members in good standing on the first day of January of each year, shall notify in writing the secretary monthly of all changes in membership of the component society, and shall submit to the secretary on forms which the Association shall provide, notice of each application for membership in such component county society with the name, address and all other particulars regarding the applicant known to the secretary.

Section 3.—Qualifications of Active, Associate, Affiliate, and Provisional Members[21]

(a) *Component Societies Sole Judges.* Each component society shall, subject to the minimum requirements for eligibility as hereinbelow provided, determine the qualifications for membership for active, associate, affiliate or provisional[3] membership therein, and shall be the sole judge of the qualifications of applicant for such membership.

(b) *Qualifications for Active Members.*

(1) Regular Active Members.[24] To be eligible for election to active membership in a component society, an applicant must hold the degree of Doctor of Medicine or Doctor of Osteopathy issued to him by an institution of learning accredited at the time of the issuance of such degree by the Board of Medical Examiners or Board of Osteopathic Examiners of the State of California. He must hold an unrevoked and unsuspended license to practice medicine and surgery issued to him by the Board of Medical Examiners or Board of Osteopathic Examiners of the State of California, which certificate must have been recorded in the office of the county clerk in the county in which he practices. He must be of good moral and professional character and must not support, nor practice, nor claim to practice, any exclusive or sectarian system of medicine. He must subscribe to the Principles of Medical Ethics of the American Medical Association and to such as may from time to time be adopted by the California Medical Association, and shall recognize the authorized officers of his component society and of this Association as the proper authority to interpret any doubtful points of ethics.

(2) House Officers.[24] After July 1, 1977, a resident, intern or fellow in an approved hospital shall be eligible for active membership at reduced dues within the component society where said hospital is located and shall be eligible for active membership in this Association, according to the terms and provisions of this Section. Prior to July 1, 1977, a resident, intern or fellow shall be eligible for house

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20. Amended March, 1976.
21. Amended March, 1976.
22. Amended February, 1975.
23. Additional subsection adopted March, 1973; amended February, 1975.

officer active membership in the component unit hereafter established so long as he is ineligible for active membership at reduced dues in a component society. The term of such active membership shall be only so long as said physician is appointed as an intern, resident or fellow in an approved hospital in California.

(c) *Qualifications for Associate Members.* To be eligible for election to associate membership in a component society, an applicant must possess all the qualifications necessary for active membership except that he shall not be engaged in the private practice of medicine and need not hold a license to practice medicine or surgery granted by the Board of Medical Examiners or Board of Osteopathic Examiners. Associate membership shall be granted at the discretion of the local medical society governing body.[25]

(d) *Qualifications for Affiliate Members.* A component society may grant affiliate membership to any physician not qualified for a class of membership referred to herein but whose qualifications are otherwise acceptable to the component society for affiliate membership.[26]

(e) *Qualifications for Provisional Members.* To be eligible for provisional membership in a component society, an applicant must possess all the qualifications necessary for active membership and be serving a provisional applicant term as may be required by the component society of all applicants for membership.[27]

Section 4.—Qualifications and Election of Other Classes of Membership

(a) *Retired Members.* The Council, on recommendation of any component society, may grant retired membership to those active and associate[28] members who have ceased the practice of medicine to the extent and for reasons satisfactory to such component society of the Council, who have been active members of the Association for a total of 10 years prior thereto, or who have continuously been active members of the California Osteopathic Association, the Forty First Medical Society and any component society for a total of ten (10) years prior thereto,[29] and who have paid dues for the current or immediately preceding year, and those retired physicians who have moved to California and who have been active members of another state association or the American Medical Association for a total of 10 years prior thereto.[30] Retired membership shall endure as long as the retired member does not engage in full time practice of medicine; but in the event that a member classified as retired resumes active, full time practice of medicine such resumption shall automatically terminate retired membership and reestablish active membership. Upon resumption of full time practice by any retired member, the secretary of his component society shall transfer such member from the retired classification to the active classification, and notify the secretary of this Association, who shall do likewise with respect to the membership rolls of this Association.

(b) *Honorary Members.* The House of Delegates on recommendation by the Council may elect as honorary members any persons distinguished for their services or attainments as doctors of medicine or in the field of public health, or for research or other scientific work contributing to medicine.

(c) *Life Members.* Those life members elected prior to the adoption of these Bylaws shall remain as such with all of the rights and privileges pertaining to such membership contained in the prior Bylaws, but no new life members shall be elected after the date of the annual session of the House of Delegates at which this section is adopted.

(d) *Special Memberships.* The House of Delegates may, from time to time, establish special and limited classes of membership in this Association for undergraduate medical students, or for interns, house officers, or residents wherever a component society makes no provision for this class of membership. The House of Delegates may also, from time to time, establish other special and limited classes of membership and fix the dues, qualifications, duration and privileges of such membership.

Section 5.—Procedure for Admission to Membership to a Component Society.[31]

The procedure to be followed by each component society with respect to the admission of a member (of any class) shall be:

(1) The body that has the power, by vote, to admit or reject applicants for membership (hereinafter called the admissions body), the method of voting and the minimum affirmative votes required for election to membership shall be as provided in the Bylaws of each component society. Nothing herein contained shall affect the functions of credentials, admissions or other fact finding and recommending committees of component societies.

(2) At the time an applicant's name is submitted for vote on his admission to membership if, but only if, there is an adverse recommendation or objection is voiced to the admission of the applicant, a vote shall not be taken and further proceedings shall be postponed until the hearing hereinafter provided has been completed or until the applicant after notice has waived or declined a hearing.

(3) In the event a hearing is required under the provisions of the foregoing paragraph (2), the admissions body shall fix a date no less than twenty (20) days nor more than sixty (60) days thereafter for a hearing on the application for membership involved. Immediately thereafter and not less than fifteen (15) days before the date set for hearing the secretary of the society shall notify the applicant in writing of time and place of the hearing, together with a statement of the nature of the recommenda-

25. Amended March, 1968; February, 1975.
26. Amended March, 1968; March, 1975.
27. Amended March, 1968.
28. Amended May, 1961.
29. Amended March, 1968.
30. Amended March, 1968.
31. Additional section adopted March, 1971.

tions or objection relating to his application and a statement that the applicant notify the secretary within ten (10) days that a hearing is requested. If a hearing is not requested, the admissions body may resume proceedings on the application. At any time on or before the hearing date an applicant who has requested a hearing may submit a written statement on his own behalf. The hearing shall be held before the admissions body, or before a Committee appointed by the admissions body, consisting of not less than five members of that body.

(4) The hearing shall be conducted in accordance with the rules governing hearing set forth in Section 1, paragraph (6) of Chapter III of these Bylaws. On request of the admissions body or its Committee or the applicant, a referee shall be appointed by this Association in the manner set forth in Section 1, paragraph (4) of Chapter III. A referee so appointed shall function in the manner specified in said Section 1, paragraph (4).

(5) When the hearing is concluded the applicant and all persons other than the members of the admissions body or its Committee (and those employees or consultants whom it desires in attendance) shall be excused. If the hearing was before a Committee, it shall prepare and submit a written report to the admissions body. The admissions body shall then resume its deliberations on the application for membership and may then or at a later meeting decide whether to accept or reject the applicant.

(6) If an applicant is rejected after hearing, he shall be so notified in writing, together with a statement of the subjects presented relevant to his application at the time the vote on his application was taken.

(7) All applicants for membership shall be furnished, at the time a formal application is received, a copy of this Section of the Bylaws of this Association.

(8) Each and every applicant for membership in a component society by virtue of his application is conclusively deemed to have agreed with the society that all proceedings of the society relating to his application including but not limited to investigation of his application, committee meetings, admissions body (or its Committee) meetings and hearing under this Section, shall be clothed with an absolute privilege coequal to the privilege held by witnesses in the courts of this State. Such absolute privilege shall apply to the applicant, all members of the society and of this Association, all persons furnishing information to the society and all witnesses appearing before the admissions body or any committee of the society and any proceeding, hearing or meeting in which the applicant's proposed membership is under consideration or discussion.

Section 6.—Rights and Privileges of Membership

(a) *Active Members.* Subject to the provisions of the Constitution and these Bylaws, all active members shall be equally privileged to vote, to hold office and to enjoy all other rights and privileges of the Association.

(b) *Associate Members.* Subject to the provisions of the Constitution and these Bylaws, associate members shall have all the rights and privileges of active members except the right to vote or to hold office.

(c) *Affiliate, Honorary and Retired Members.* Members in these classes shall be privileged to receive publications of the Association at such rates as the Council may from time to time determine; they shall not have the right to vote nor to hold office.

Section 7.—Membership Where No Component Society Exists

Any doctor of medicine residing in an area in which there is no component society may apply for membership in the component society most convenient to the area in which he practices medicine, and if otherwise qualified he may be elected to membership therein.

Section 8.—Membership Where Major Office and Residence Are In Different Component Society Areas

A doctor of medicine may apply for membership only to that component society whose charter covers the area in which his major office for professional practice is located; provided that a doctor of medicine who resides in one county and practices in another may apply for membership to the component society whose charter covers the area in which his residence is located, if both such component society and the component society of the area in which his major office is located approve.

Section 9.—Membership as Affected by Transfer of Location of Office

A member who changes his office from the county through whose component county society he holds membership in this Association, to another county in which there is a component society, is eligible to membership in the component society of his new location on the presentation of a transfer card, and satisfactory evidence that his dues have been paid in full in the component society in which he holds membership; provided, however, that no evidence which would disqualify him for membership exists.

He shall forfeit his membership in this Association one year after such change of location of practice unless after proper application he is elected to membership in the society of the county to which he has moved.

A member who has obtained a transfer card and who has applied for membership in the society of the county to which he has moved may continue his membership in this Association until such society has acted upon his application. The Secretary of this Association shall cause to be collected the dues and assessments of members awaiting such component society action, as is otherwise provided in Chapter X, Section 1.[1]

[1] [illegible] membership interest.dom

Section 10.—Transfer Cards

When a member in good standing in a component society moves to another county or other jurisdiction in this state he shall, on request, be given a transfer card, without cost. He must assume such financial obligations as shall be deemed proper by the component society to which he is transferred, and to which he makes application for membership by transfer.

Section 11.—Termination, Suspension or Probation[53] of Membership

(a) *By Expulsion from Component Societies.* Expulsion from any component society, after due proceedings in accordance with these Bylaws, upon becoming final terminates all the rights and privileges in this Association of the member so expelled.

(b) *By Failure to Pay Dues.*[54] If the annual assessments of dues, payable to this Association by any member of this Association, are not paid in full on or before April 1 of any year, such member shall automatically lose his membership in this Association as of April 1 of such year. The Council of this Association, in its discretion, upon payment of such unpaid dues, and any other assessments or dues accruing thereafter, may at any time reinstate such member.

(c) *By Revocation, Suspension or Probation[55] of Physician and Surgeon's Certificate.* The governing body of a component society, upon receipt of a copy of the State Board of Medical Examiner's or Board of Osteopathic Examiner's notice of revocation or suspension of license to practice medicine, shall take formal action to terminate or suspend membership.[51]

The governing body of a component society, upon receipt of a copy of the State Board of Medical Examiner's or Board of Osteopathic Examiner's notice that a member of the component society has been found guilty of a disciplinary charge and has been placed on probation for a stated period of time, may take formal action to cause the member to be placed on probation for a concurrent period of time.[51]

(d) *Acts and Conduct Subjecting Member to Censure, Probation, Suspension or Expulsion by Component Society.* Any member of a component society who has been adjudged guilty of a criminal offense involving moral turpitude, or who has been duly adjudged guilty by his component society, in accordance with the procedural requirements of these Bylaws, of gross misconduct as a physician or a surgeon or of a violation of any of the provisions of the Constitution or Bylaws or principles of professional conduct of his society or of the Principles of Medical Ethics promulgated from time to time by this Association or by the American Medical Association, shall be subject to censure, probation,[52] suspension or expulsion from his society by such component society.

Section 12.—House Officers Component Unit[56.1]

(a) The Council shall establish or approve regulations for the organization of a component unit of residents, interns and fellows (which shall not be a component society), and any subdivisions thereof, for the election of delegates and alternates to the House of Delegates.[56.2]

(b) Active members in this category, excluding any members who hold active membership in a component society, shall be entitled to elect two delegates and two alternate delegates to the House of Delegates, and, for each one hundred members or major fraction thereof in excess of two hundred of such members, one additional delegate and one additional alternate. The manner of election shall be specified or approved by the Council.

(c) The provisions of this Section 12 shall be in effect until the conclusion of the 1978 Annual Session of this Association, and shall be of no further effect thereafter.[56.3]

Section 13.—Medical Student Membership[56.4]

(a) Duly enrolled medical students at any accredited school of medicine located in California shall be eligible for medical student membership. Such membership shall constitute active membership in this Association subject to the conditions and provisions of this section, which shall prevail in the event of conflict with any other part of these Bylaws.

(b) Medical student membership shall be granted to any person eligible therefor, and otherwise of good character, upon application to the Secretary of this Association. The term of such membership shall be only so long as said member is enrolled in an accredited school of medicine located in California, and said membership shall terminate by its own terms and without the further act of this Association in the event that said enrollment is terminated, whether on account of graduation or for any other reason.

(c) Medical student members shall pay dues in such amount as the House of Delegates shall from time to time establish. The Council may, in its discretion, provide for the levying of dues upon the basis of the school year or for the reduction of dues as to the members who acquire membership after the commencement of the applicable year.

(d) The students enrolled in each accredited medical school in California shall be entitled to elect annually one (1) delegate and one (1) alternate to the House of Delegates from each such school, to serve a term of one (1) year. The provisions of Chapter V, Section 6 shall not apply. Said delegate and alternate shall be elected in such manner as the official student body organization in each

52. Amended April, 1962.
53. Amended May, 1975 by membership referendum
54. Amended April, 1962.
55. Amended April, 1967; February, 1975
56. Amended April, 1967; February, 1975
56.1 Additional section adopted March, 1975.
56.2 Amended February, 1975.
56.3 Amended February, 1975.
56.4 Additional section adopted March, 1975

such school may provide, except that all duly enrolled students in good standing shall be eligible to run for office and vote, unless:

(1) Such official student body organization provides that only medical student members of this Association shall be so eligible; or, unless

(2) At least twenty-five per cent of the students enrolled in any school, or fifty (50) students, whichever is the lower number, all of whom shall be student members of this Association, by petition to the Secretary of this Association no later than ninety (90) days after the commencement of the school year, claim the option of election of said delegate and alternate. In such event, said delegate and alternate must be elected by the student members of this Association enrolled in such school, from their secret ballot. The Secretary of this Association shall designate a time and place for the caucus of student members, for the purpose of nominations, and shall conduct such election.

(e) This Association shall be entitled to accept the certification of the Dean of any accredited school of medicine as to any matter affecting the application of this Section 13, or within the scope thereof, as to such school or its students, and the Secretary of this Association may delegate to each such Dean any responsibility imposed on the Secretary by this Section.

CHAPTER III.–DISCIPLINARY PROCEDURE[1]

Section 1.–Disciplinary Procedure for Component Societies

The procedure to be followed by each component society with respect to the censure, probation,[2] suspension or expulsion of a member shall be:

(1) *Charges Must Be Filed With the Secretary of the Accused Member's Component Society.* Charges must be filed with the secretary of the accused member's component society and he may, as soon as possible, present them to the governing board of the society for information and review. The charges shall then be sent to the chairman or secretary of the Judicial Council. These charges shall be received by the chairman or secretary of the Judicial Council within sixty (60) days after they are filed with the secretary of the society. The governing board of a component society which requests the California Medical Association to appoint a District Judicial Council to hear a formal charge, shall place such request in the mail to the councilor or councilors representing the district in which the component society is located, within sixty (60) days after the charges are filed.[3]

(2) *Creation of Judicial Councils; Secretary's Duties; Preparation of Charges to Judicial Council.*

(a) There is hereby created, in each component society having more than 200 active members, a Judicial Council consisting of not less than five (5) active members of the society. Appointments to the Judicial Council shall be made by the governing board of each such component society, and determination of the number of members of the Council, within the limits herein specified, shall be made by the governing board. Terms of office of the Judicial Council in each such component society shall be three (3) years, except that upon the initial appointment the governing board of each component society shall divide the appointments as nearly equal as possible into terms of one, two and three years. Each component society having more than 1,000 active members, may, in its discretion, divide its Judicial Council into two or more divisions,[4] provided that each division shall consist of at least five (5) active members of the society, and each division may separately hear and decide all cases referred to it. If a society has two or more divisions of its Judicial Council, the secretary of the society shall assign charges to one division or the other immediately after receipt of same, on either a rotating or geographical basis.

(b) In each component society of 200 or less active members, its governing board (whether called council, board of trustees, board of directors, executive committee, or other name) shall perform all the functions of and act as the Judicial Council. If a component society of 200 or less active members has no governing board, then there is hereby created in each such society a Judicial Council of three (3) members, to be appointed in the manner and to serve for the term specified with respect to component societies of over 200 members.

In any component society having 200 or less active members, the governing board may find that in an unusual case it is unable to act as a Judicial Council because of close personal or professional involvement of members of the Judicial Council with the accused or that the facilities and personnel available to the society are inadequate to impartially and effectively investigate, present and decide an involved or complicated complaint. The governing board may pass a resolution setting forth the facts and request the California Medical Association councilor representing the district in which the county society is located, and the California Medical Association Council, to appoint a five (5) man district Judicial Council to hear the particular pending case or cases, and ask the California Medical Association to provide staff and financial assistance to investigate and present the case for the county society. Three (3) members of the district Judicial Council shall constitute a quorum. In such instances, the charges shall be served or mailed in the same manner as is provided for a regular county Judicial Council proceeding, however, the district Judicial Council chairman shall be consulted concerning the fixing of the time, date and place of hearing.[5]

(c) Each Judicial Council, including a District Judicial Council appointed by the California Medical Association, shall select its own chairman and secretary and meetings shall be held at the call of

1. Amended December, 1952.
2. Amended April, 1954.
3. Amended May, 1961.
4. Amended April, 1954.
5. Amended April, 1954.

the chairman on at least forty-eight (48) hours' notice; provided that the Judicial Council must meet not more than thirty (30) days after receipt by the chairman or secretary of written charges against any member of the society, and consider the charges as presented, and in its discretion, determine whether or not further proceedings shall be conducted. The final decision of the Judicial Council must be made within sixty (60) days after the receipt of charges by it. If the Judicial Council determines that no further action be taken, the charges shall be dismissed."

(3) *Service of Charge Upon Accused and Fixing Time and Place of Hearing.*" If the Judicial Council determines that further action, with respect to said charges, shall be taken, the Council must fix a time and place for a hearing of said charges. Within fifteen (15) days after such decision, a copy of the charges, together with a written notice of the time and place for the hearing, shall be served upon the complainant, the accused and the Judicial Commission of the California Medical Association. Personal delivery or notice by registered mail shall be addressed to the accused either at his last known office or last known residence.

The time so set for a hearing shall be not less than fifteen (15) days after the accused has been served as aforesaid, with a copy of the charges and with the notice of the time and place set for the hearing; said hearing must be held within the county in which the accused holds his county society membership. The hearing before the Judicial Council must actually commence within six (6) months from the date of the filing of written charges. Failure to comply with this requirement shall constitute an automatic dismissal of the charges.

The Judicial Council shall formally recognize who will prosecute the complaint or appoint someone to do so and grant the appointee necessary authority to make appropriate investigation and obtain help of counsel where needed. It shall be the duty of any member of the Association requested to testify to do so. Failure to testify without an excuse satisfactory to the Judicial Council shall be considered unprofessional conduct.

(4) *Appointment and Duties of a Referee.*" The Judicial Commission of the California Medical Association when it receives a copy of the notice that a disciplinary proceeding is pending before any component society may of its own motion, and shall, upon the request of such component society or of the member or members thereof the subject of any such disciplinary proceeding, appoint a referee who may, but need not be, a member of the California Medical Association, and shall cause the secretary of the California Medical Association to notify the secretary of such component society of such appointment. The referee so appointed shall preside at the hearing of said charges and shall make all decisions concerning the admission or rejection of testimony or other evidence and procedure. The referee shall not, however, have any vote nor participate in any manner in the determination by the Judicial Council of the disposition of the charges. During the hearing the referee shall perform all duties normally performed by the presiding officer of the Judicial Council.

(5) *Right of Accused to Answer; Time to Answer; Formal Requirements.*" The accused may, not less than five (5) days before the time set for a hearing, answer said charges. The answer shall be in writing and the original and three (3) copies shall be filed with the secretary of the society; provided, however, that the failure of the accused to answer shall not be deemed to be an admission of the truth of the charges or a waiver of the accused's right to a hearing with respect to said charges.

Failure of the accused to appear or be represented at the hearing may be considered prima facie evidence of the truth of the charges. When clear and convincing proof of them is presented, a verdict may be rendered. The accused may be represented by another member of the Association or by legal counsel."

(6) *Rules Governing Hearing.*"

(a) *Technical Rules of Evidence Not to Govern Disciplinary Hearings.* All hearings with respect to the disposition of charges against a member of a component society shall be held and conducted in such manner as to ascertain all the facts fairly to the accuser and accused, eliminating all formal or technical rules and requirements which ordinarily pertain to judicial proceedings.

(b) *Members Agree That No Cause of Action Shall Accrue.* Any person so charged, censured, probated, suspended, or expelled shall have no claim or cause of action against this Association, a component society or any member, director, councilor or officer, thereof by reason of such charges, or the hearing or the consideration thereof or censure, probation, suspension or expulsion therefor.

(c) *Challenge or Disqualification of Council Member.* The accused shall have the right at the beginning of the hearing to challenge the impartiality of any member of the Council and may exercise this right by stating to the referee the name of the person challenged and the reasons for the challenge. Any member of the Council may disqualify himself to hear a particular case by informing the referee that he believes there exists substantial reason in his own mind that would prevent him from being completely impartial and objective in his consideration of a particular case. In both such instances, the official record should reflect that the referee granted the challenge or the request to be disqualified.

(d) *Record of Proceedings.* A record of the hearing proceedings including the testimony, documents and ruling shall be made either by a competent

shorthand reporter or by recording equipment, if agreeable to both parties. The expense of recording the proceedings shall be borne by the county society except in those cases referred to in subsection (2) (b) where a county society requests the appointment of a district Judicial Council and asks for financial assistance from California Medical Association. The typewritten transcript of the testimony, the documents introduced and the written decision of the Judicial Council shall constitute the record of the entire proceedings. The secretary shall, upon receipt from the accused of a sum sufficient to defray the proportionate cost thereof, cause a copy or copies of such record to be transcribed, certified and furnished to the accused.

(e) *Right of Parties to Be Heard.* The Judicial Council shall give ample opportunity both to the accuser and the accused to be heard in person and to present all testimony, evidence, or proofs which the accuser or the accused may deem necessary, provided that the Council may reject all testimony, evidence, or proofs, which in the judgment of the Council are immaterial, irrelevant or unnecessarily repetitious.

Both parties shall be allowed necessary time to present the matter in an orderly fashion. The complainant or the society or the person appointed by the Judicial Council shall first present the facts in support of the complaint starting with a copy of the charges, together with a statement of all relevant facts concerning the fixing and calling of the meeting and the mailing of the notice to the accused, and any answer that has been filed. A copy of the charges and any documentary evidence to be introduced shall be made available to all parties concerned and the members of the Council. The referee may allow any witness to be reasonably cross-examined. Questions aimed at clarifying or establishing essential details may be asked by the Council. An equal opportunity to present testimony and documents to answer or explain the charges shall be afforded the accused. After the initial presentation of the facts by each side, opportunity shall be afforded for any necessary rebuttal. After all questions have been satisfied, the Council may ask each side to give a brief summary of the essential facts. If further pertinent written information would be helpful to the Council, they may request it.

(7) *Decision of Council, When Must Be Written, Vote Necessary, Vote of Council.*[34] A simple majority of those eligible to vote constitutes a quorum. A member of the Judicial Council not present at the hearing for the entire time shall not be entitled to vote with respect to the disposition of the charges or be considered part of the quorum. Appropriate recesses or adjournment of the hearing may be permitted by the referee.

The Judicial Council, by at least a two-thirds affirmative vote of all members present at the hearing for the entire time, may vote to exonerate or to censure, suspend, place on probation or expel the accused member if he be found guilty of one or more of the charges presented. Prior disciplinary action may not be considered in determining whether the accused is guilty of one or more of the charges, but may be considered in assessing an appropriate sanction. Ordinarily, the action taken may be expressed in the form of a resolution. The vote may be taken by written ballot or by roll call. Failure of two-thirds of those eligible to vote to agree as to guilt shall act automatically as a dismissal of the charge. The Judicial Council shall render its decision as to guilt in writing not more than thirty (30) days after the close of the hearing or the receipt of all supplementary written information requested by it. The written decision shall briefly and clearly set forth the particular acts, conduct or omissions for which an accused is found guilty.

Within ten (10) days after the decision of the Judicial Council is rendered, the secretary to the Judicial Council shall transmit a copy of the decision to the accused, the secretary of the society and the secretary of this Association.

(8) *Suspension; Reinstatement of Suspended Member; Probation.*[35] A censure shall consist of an oral or written admonition and imposition of appropriate restrictions.

A member may be suspended by imposing a limited period, not to exceed five (5) years, during which he shall have no rights or privileges to vote, hold office and participate in the activities of the society. Recommendations to the component society Executive Committee concerning eligibility for benefits of members may be specifically made in the decision of the Judicial Council in each case.

Dues shall not be imposed during a period of suspension but payment of dues may be imposed during a period of probation.[36]

The Judicial Council may impose a fixed period of probation or defer the effective date of a suspension or expulsion. The conditions of probation and the privileges of membership during probation shall be fixed by the decision of the Judicial Council.

If the accused violates any of the conditions of probation or of suspension, the Judicial Council may terminate the probation and order the suspension or expulsion to become effective on a date specified.

At the end of the probation or suspension, on application of the disciplined member, the Judicial Council shall consider the quality of his behavior during his suspension or probation, and shall determine whether he shall be reinstated to membership in good standing or the period of suspension or probation extended. This decision of the Judicial Council may be voted, expressed and distributed in the same manner as is provided for the original decision.

After the expiration of one (1) year from the date of termination of membership, application for election to membership may be made to the society in the same manner as a new applicant for membership.

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[34] Amended June, 1962.

[35] Amended June, 1956; February, 1965.

[36] Amended March, 1965.

(9) *Judicial Council's Decision Final; Subject to Appeal.*[51] The decision of the Judicial Council shall become final and effective ten (10) days after the expiration of the time limit within which an appeal may be taken to the Judicial Commission of the Association. Filing an appeal with the secretary of this Association shall automatically stay the execution of the decision of the Judicial Council until written notice of the action of the Judicial Commission of this Association with respect to the appeal has been received by the secretary of the component society from which the appeal is taken.

Section 2.—Procedure for Appeal to Judicial Commission[52]

A member of a component society censured, probated,[53] suspended or expelled by his county society may appeal from the action of such component society to the Judicial Commission of this Association within the period of two (2) months succeeding the date of such censure, probation,[54] suspension, or expulsion. Appeals shall be in writing and be filed in the office of the secretary of the Judicial Commission at the California Medical Association office, specifically setting forth the procedures, findings, conclusions or disciplinary action or any part thereof that is questioned or challenged. Those matters not challenged will be presumed to be admitted as factual and reasonable.[55] Said appeal shall be accompanied by a copy of the record of the entire proceedings before the component society duly certified by its secretary, provided the chairman of the Judicial Commission of this Association may, in his discretion, extend the time of the appellant to file said record. Upon the filing of an appeal the secretary shall present it to the first subsequent meeting of the Judicial Commission of this Association. Appeals shall be heard by the Judicial Commission of this Association only after reasonable notice of not less than ten (10) days in writing of the time and place of the hearing of the appeal has been given to the appellant member and the president and secretary of the component society as provided in Section 3 hereof.

Section 3.—Rules Governing Appeals[56]

In hearing appeals the Judicial Commission of this Association shall review all questions of procedure, and may, in its discretion, review the evidence contained in the record of the original proceedings held before the Judicial Council of the component society. The appellant may be represented by counsel and may submit oral and written material in support of the matter specifically questioned or challenged in his appeal. The county society representative and its counsel may appear in support of the decision of the Judicial Council and may submit written and oral statements.[57] The Judicial Commission of this Association may make findings of fact contrary to, or in addition to, those made Judicial Council. Such findings may be based evidence adduced before said Judicial C either with or without the taking of evidence Judicial Commission of this Association. Th cial Commission of this Association shall u lawful means which in its judgment will be most fairly present all the facts involved. Th cial Commission of this Association may, f purpose of making such findings or for othe pose in the interest of justice, take additiona dence of or concerning facts material to the tions involved, or may, for such purpose, app committee of its members or any notary public as referees or referee for the taking of such tional evidence.

Such referee or referees shall render a repo writing to the Judicial Commission of this Asss tion, which report shall contain a clear statemer the facts found by the referee or referees from testimony or evidence adduced.

The Judicial Commission of this Association r affirm, reverse or modify the decision of the Ju cial Council or make such other disposition of proceedings as it may deem proper.

In every case of an appeal the Judicial Comm sion of this Association, through a committee the of, prior to any hearing being held upon appeal, m exert all proper efforts at conciliation and co promise.

This Association may be represented by its atto ney to advise the Judicial Commission of this Asso ciation upon procedural questions only.

The decision of the Judicial Commission of this Association shall be final and bind the appellan member and the component society.

Section 4.—Investigations and Opinions Concerning Application of the Principles of Medical Ethics[58]

In addition to the powers granted to Judicial Councils in Section 1 of this chapter, and to the Judicial Commission in Sections 2 and 3, to review specific charges against individuals, they shall have the power to investigate and supervise the ethical professional department of the membership of the Association and shall make periodic recommendations for improvement of professional conduct and interpret the meaning and application of the Principles of Medical Ethics. Appropriate investigation or study may be initiated by a formal complaint or by a Judicial Council or the Judicial Commission. The final recommendations should be submitted in the form of a report or bulletin.

After approval by the appropriate county society executive board or the Council of the California Medical Association, the findings and recommendations shall be binding on all members of the Association after they are published in the official county bulletin or journal of the Association.

51. Amended April, 1962.
52. Amended May, 1955.
53. Amended April, 1958; February, 1959.
54. Amended May, 1955.
55. Amended April, 1962.
56. Amended May, 1955.
57. Amended April, 1962.

CHAPTER IV.—SCIENTIFIC AND EDUCATIONAL ACTIVITIES OF THE ASSOCIATION[58]

Section 1.—Scientific Board

The Scientific Board shall be responsible for all educational and scientific activities of the Association including the annual and other scientific assemblies, continuing medical education, the Association's official journal, *The Western Journal of Medicine*, and shall serve as a source of scientific information for members of the Association, the House of Delegates, the Council, commissions and committees of the Association, and the public.[58.1]

(a) *Composition.*[59] The Scientific Board shall be members of the CMA elected in the following manner:

(1) Each CMA specialty section shall elect one (1) representative.

(2) Each specialty society or organization recognized by the House of Delegates shall elect one (1) or more representatives according to the following formula: Each specialty society or organization with fewer than one thousand (1,000) members shall elect one (1) representative and each organization with one thousand (1,000) or more members shall elect one (1) representative for each one thousand (1,000) members or major fraction thereof.

(3) The Council shall appoint two (2) of its members to the Scientific Board.

(4) The editor of *The Western Journal of Medicine* shall be an ex officio, non-voting member of the Scientific Board.

(b) *Term of Office.*[60] The term of office for the members of the Scientific Board shall be three (3) years with eligibility for reelection.

(c) *Meetings of the Scientific Board.*[61] The scientific Board shall meet annually at the time of the Annual Session of the House of Delegates and the Scientific Assembly, or shortly thereafter. This meeting shall be conducted by the incumbent Chairman. Other meetings of the Board may be held on call of the majority of the members of the Executive Committee of the Board.

(d) *Representation in House of Delegates.*[62] The Scientific Board shall elect fifteen (15) voting delegates and fifteen (15) alternate delegates from its membership. A delegate or alternate delegate to the House of Delegates from a component medical society shall be ineligible to be a delegate or alternate delegate from the Scientific Board but would be eligible for membership on the Scientific Board.

The Bylaw provision concerning notification to the Secretary of the Association of the names and addresses of delegates shall be followed.

(e) At the request of, and upon the recommendation of the Scientific Board, the Council shall appoint a member of the Scientific Board as its chairman of the Scientific Board. The term of office of the chairman of the Scientific Board shall be three (3) years; except that if the chairman ceases to be a member of the Scientific Board, the Council shall, upon the recommendation of the Scientific Board, appoint a successor. The chairman of the Scientific Board shall also serve as chairman of the Executive Committee of the Scientific Board.[63]

Section 2.—Committees of the Scientific Board[64]

(a) *Executive Committee.* The Executive Committee shall consist of seven (7) members from the Scientific Board including the chairmen of the committees on Continuing Medical Education and on Scientific Assemblies, (but no more than two (2) members from any one discipline), two (2) members from the Council designated annually by the Council, and the editor of *The Western Journal of Medicine* as an ex officio member without the right to vote.[64.2]

This shall be a working committee carrying out the usual functions of an Executive Committee, which shall meet on call of the chairman, any three (3) members of the committee, chairman of the Council or the president of the Association.

In addition, the Executive Committee shall serve as the nominating committee and its functions shall be to receive and consider nominations for:

(1) Membership on the Scientific Board from the various specialty sections and scientific organizations eligible to nominate members-at-large of the Scientific Board.[64.3]

(2) Membership on the committees of the Board.

(3) Chairmen, vice-chairmen and secretaries of committees and subcommittees of the Board.

The Executive Committee of the Board shall recommend to the Committee on Nominations of the Council two (2) nominations for each vacancy. The Council shall elect from these nominees, members to the Board and to the committees and subcommittees of the Board.[64]

(b) *Committees.*[65] The Council, on recommendation of the Scientific Board, shall designate the various committees of the Scientific Board. Such committees shall consist of a maximum of nine (9) members, with broad representation from various specialties, including the chairman of said committee. Except as otherwise provided by the Council, all committees of the Scientific Board shall include at least one (1) member of the Scientific Board, who may sit as a member of said committee or as its chairman. The Council, on recommendation of the Scientific Board, shall be responsible for outlining the functions of said committees and any additional requirements in regard to the composition of their membership.

58. Amended April, 1962.
58.1 Amended March, 1974.
59. New subsection adopted February, 1975.
60. Amended March, 1971.
61. Amended March, 1971.
62. New subsection adopted February, 1975.
63. Additional section adopted March, 1971.
64. Amended April, 1967.
64.2 Amended March, 1974.
64.3 Amended March, 1974.
65. Amended March, 1975.
66. New subsection adopted February, 1975.

Section 3.—General Provisions Governing the Scientific Board, Its Committees and Subcommittees

Except as specifically provided herein, the term of office for a member of the Board, a committee or subcommittee, shall be three (3) years, provided, however, that members of the Scientific Board shall not be appointed to a term on a committee for a length of time exceeding their term as a member of the Board.

Members of the Board shall not serve simultaneously on more than three (3) committees of the Board.

The provisions relating to procedures and annual reports applicable to California Medical Association commissions and committees shall be applicable to the Scientific Board, its committees and subcommittees, unless otherwise specifically provided for.

No committee member may serve more than six (6) years continuously on a committee.[73]

Section 4.—Specialty Sections

(a) *The Association shall be divided into twenty-three (23) specialty sections as follows:* Internal Medicine; General Surgery; Pediatrics; Otolaryngology; Urology; Anesthesiology; Obstetrics and Gynecology; Radiology; Industrial Medicine and Surgery; Pathology; Dermatology; Psychiatry; Neurology; Plastic Surgery; General and Family Practice; Preventive Medicine and Public Health; Allergy; Ophthalmology; Orthopedics; Physical Medicine; Chest Diseases; Nuclear Medicine; and Neurosurgery.[74]

A new specialty section will only be authorized if there is a duly organized and AMA recognized American Board of Certification for the specialty.[75]

(b) *Rules of Procedure of Specialty Sections.*[75.5] Each specialty section shall adopt rules of procedure for its own better government and work. Its officers shall be responsible for the proper keeping of records of scientific and business meetings.

(c) *Election of Section Officers.*[76]

The members of each section shall, at the regular Annual Session of the Association, elect a chairman, a secretary and an assistant secretary, to serve for the term of one year. Officers are not eligible for reelection to the same office but may be elected to another office in the section. Each section shall have an executive committee which shall consist of the chairman, secretary, and an assistant secretary. If a vacancy occurs in any office, the executive committee of the section shall appoint an eligible member to fill the vacancy until the next annual meeting. Prior to the annual meeting, the chairman of each section shall appoint a nominating committee composed of three (3) members who shall nominate one (1) or more members for all elective offices of the section and nominate three (3) or more members for the Scientific Board.[77]

(d) *Program.* Each of the sections may present a scientific program at the Annual Session of the Association, and its officers shall be responsible for the proper preparation of the same, and for the proper cooperation with other specialty sections or organizations in presenting a scientific program during the annual meeting.[77.1]

Section 5.—Meetings and Registration at Annual Session

(a) *General Meetings.*

The general meetings of the Association, the meetings of the House of Delegates, and the meetings of the Scientific Assembly and its sections at any session shall be held in the State of California at the same locality and in buildings as convenient of access, one to the other, as may be possible.

(b) *Registration at Annual Session.*

Each member in attendance at any session shall register, after his right to membership has been verified by reference to the records of this association.

(c) *Registration for Specialty Sections.*[78]

An active member of the Association shall designate at the time of registration, the section in which he wishes to be registered and he shall be eligible to vote in that section only. No member shall take part in any of the proceedings of any session until he has complied with the provisions of this section of the Bylaws.[79]

Section 6.—Addresses and Scientific Papers at Annual Session

The program at Annual Sessions shall be divided between general meetings and section meetings as the Council shall deem appropriate.

At the general meetings, the president may deliver an address, and, with the sanction of the Council, other addresses and reports may be presented.

Excepting the president's address and such other addresses and reports as the Council may determine, no address or paper shall occupy more than twenty minutes in delivery.

No member, except by unanimous consent, shall speak more than once in the discussion of any paper nor longer than five minutes at any one time. This subsection of the Bylaws shall be printed on all programs of general and section meetings.

If a speaker wishes his paper to be considered for publication in *The Western Journal of Medicine*, he shall immediately after reading it deposit it with the secretary of the section who shall promptly turn it over to the Editor of *The Western Journal of Medicine*, or his representative.[79]

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73. Adopted February, 1954.
74. Amended March, 1969, February, 1972; March, 1974, February, 1975.
75. Amended March, 1969
75.5 Amended March, 1974
76. Amended March, 1969
77. Amended March, 1969
77.1 Amended March, 1974.
78. Amended April, 1961, February, 1975.
79. Amended March, 1969

CHAPTER V.–HOUSE OF DELEGATES

Section 1.–Secretaries of Component Societies To Furnish Lists of Delegates and Alternates: Election and Lists

Each component society shall elect the number of delegates and alternates to which the component society is entitled. At least sixty (60) days prior to the next scheduled session the secretary of each component society shall forward to the secretary of the Association, on forms provided by the Association, the names and addresses of these delegates and alternates, and shall certify thereon the term of service of each individual.

Failure to conform to this provision may, at the discretion of the House, constitute grounds for disqualification of any delegation or individual.

Section 2.–Representation[50]

Commencing with the 1974 regular session of the House of Delegates, each component society shall be entitled to two (2) delegates plus one (1) additional delegate for each 100 regular active members or major fraction thereof, exclusive of the first 100, according to its membership as of the first day of September of the preceding year; plus one (1) additional delegate for each 100 house officer active members or major fraction thereof as of the first day of September of the preceding year. In those component societies, where eligible house staff membership is less than 100, one (1) delegate shall be allowed for 25 active house staff members, so long as this represents at least 50% of eligible house staff membership. Every six (6) years subsequent to 1964 the Council of California Medical Association shall automatically review the size of the House of Delegates, and the House of Delegates shall automatically review the size of the CMA Council, and appropriate recommendations shall be made.[51]

Section 3.–Limitations on Seating of Delegates

Only duly elected delegates or alternates may be seated at any session of the House of Delegates, unless the secretary of the Association has been given due notice of substitution at least fifteen (15) days in advance of the session.

Section 4.–Disqualification of Delegates for Absence From a Session

Any delegate absent without good cause from two (2) or more consecutive meetings of the House of Delegates, and who has failed to give fifteen (15) days' notice to the secretary of the Association of his inability to be present, shall thereupon be disqualified as a delegate and, in addition, ineligible for reelection as a delegate or alternate for three (3) years immediately succeeding the expiration of his term; except that the Committee on Credentials may excuse absence on presentation of good cause therefor.

Section 5.–Notification of Delegates and Alternates

The secretary of each component society promptly shall notify in writing each delegate and alternate immediately after his election to such office, and shall expressly direct each delegate's and alternate's attention to the provisions of Section 4 above.

Section 6.–Qualifications of Delegates and Alternates

At least two (2) years' active membership in good standing in the California Medical Association immediately preceding election shall be required for election as delegate or alternate, except delegates or alternates who are house officer active members.[52]

House officer active members in a component society shall be entitled to elect any delegate or alternate to which said society is entitled by virtue of house officer membership, and said house officer active member shall not vote upon the election of any other delegate or alternate. In any component society wherein there are insufficient house officer active members to permit the election of one or more delegates, house officer members shall vote with regular active members in the election of delegates.[52.1]

Section 7.–Sessions and Meetings[53]

(a) In each year there shall be one regular session of the House of Delegates, which shall be held in the first six months of each calendar year and be designated the Annual Session. The time and place of such session shall be determined by the Council as far as possible in advance and notice thereof published in the Journal of the Association.

(b) During any meeting of the Annual Session, the House of Delegates may elect to hold an Interim Session in the last six months of the same calendar year. During such Interim Session business shall be conducted as in the Annual Session. The time and place of such Interim Session shall be determined by the Council as far as possible in advance and notice thereof published in the Journal of the Association.

(c) In addition to the Annual and Interim Sessions, special meetings of the House of Delegates may be called at any regular or special meeting of the Council, by a two-thirds vote of all the members of the Council, or by written call stating the object of the meeting, filed with the secretary in the office of the Association and signed by one-half or more of the members of the House of Delegates. Upon the filing of such call with the secretary, the Council shall within thirty (30) days thereafter fix the time and place for the holding of such special meeting and cause written notice thereof stating the object of the meeting to be sent by United States mail, postage fully prepaid, to each member of the House of Delegates addressed to him at his office or place of residence, as shown by the records of the secretary's office, at least fifteen (15) days prior to the date of the meeting.

Section 8.–House of Delegates Committees

Prior to or at the commencement of each Annual

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50. Amended February, 1959; April, 1962; March, 1973.
51. Amended March, 1973.
52. Amended March, 1965; March, 1970; March, 1973.
52.1 Addition adopted March, 1973.
53. Amended May, 1973.

Session the speaker of the House shall appoint from the members thereof the following committees:

1. A Committee on Credentials,

2. A Reference Committee on Finance, to make recommendations to the House of Delegates on the budget submitted by the Council and the amount of dues for the ensuing year,

3. A Reference Committee on Constitution and Bylaws, and,

4. Two or more Reference Committees to study and report on the reports of officers, Council, standing and special committees, resolutions, and new and miscellaneous business (the speaker may allocate amongst these committees all business properly referable to them)."

Section 9.—Membership of Credentials and Reference Committees

Each of the aforesaid committees shall consist of three (3) or more" members, the chairman of each to be designated by the speaker.

The speaker, the House concurring, shall refer said reports, resolutions, and business to the respective Reference Committees, but may allocate among them any of said reports, resolutions or portions thereof, and other business, to avoid duplication and to expedite the business of the House of Delegates.

Each Reference Committee shall prepare a written report dealing with and making recommendations on all matters submitted to it. In those instances in which resolutions or other matters remain before a Reference Committee between meetings of the House of Delegates, copies of such resolutions or other matters and the recommendations of the committee thereon shall be mailed or delivered by the secretary to each elected delegate and alternate at least thirty (30) days (or if less than thirty (30) days intervenes between meetings, as early as possible) prior to the meeting of the House of Delegates at which such resolutions or other matters and recommendations concerning them are to be considered. The report of each committee may be acted upon as a whole or section by section, as the House may determine.

Section 10.—Duties of Credentials Committee"

The secretary of the Association shall supply the Committee on Credentials with the necessary information concerning the membership of the House of Delegates.

The secretary shall give this committee a list of component societies, showing the total membership as of September 1 of the preceding year. This committee shall ask each delegate and alternate to present his written credentials, but shall accept the official written list submitted by the secretary of any component society; provided that such written list be sent to the secretary of the Association at least fifteen (15) days before the beginning of the Annual Session.

43. Amended March, 1958.
45. Adopted March, 1958.
46. Amended February, 1960

The committee shall make a written report t House of Delegates of the delegates and alter entitled to membership therein.

Section 11.—Special Committees of the House of Delegates

The speaker, the House of Delegates concur shall have the right to appoint special comm of the House for special work. All committees House of Delegates shall present their reports t House of Delegates in writing.

Section 12.—Introduction of Business[47]

All business to come before the House of D gates shall be presented in writing and shall be to the Secretary at the headquarters office at 30 days in advance of the first meeting of session. The Secretary shall then send copies o such business to the members of the House of D gates at least 15 days in advance of the first meet

Business which is not presented within this t limit may be presented in writing to the Secre as late as seven (7) days before the first meetin the House of Delegates. Copies of such business s be made available to the members of the Hous Delegates in advance of the first meeting.

Any business presented less than seven (7) d before the first meeting shall be reviewed by Council and, if found to be of an emergency nat shall be approved for introduction into the Hous Delegates.

Any business presented on the floor of the Ho of Delegates shall be referred to a special commit of the House of Delegates, to be appointed by Speaker and to consist of at least five (5) member the House of Delegates, which shall review s business and, if approved, recommend its int duction as emergency business.

Any business which recommends that the House Delegates approve, disapprove, or take any offic position regarding a specific medical procedu technique, device or substance shall be reviewed the appropriate advisory panel or panels to the S entific Board and the findings of the advisory pan or panels transmitted to the House of Delegates w a recommendation by the Scientific Board befo action by the House of Delegates."[48]

CHAPTER VI.—COUNCIL

Section 1.—Organization

At the first meeting of the Council held after t adjournment of the last meeting of the House Delegates at the Annual Session of the Associatio the Council shall organize by the election of one the councilors as chairman of the Council, wh shall serve as such up to the first Council meeti held after the adjournment of the last meeting the House of Delegates of the next succeeding An nual Session of the Association; and a vice-chai

47. Amended April, 1961.
48. Adopted February, 1970

man who shall hold office for the same term, and who, in the absence of the chairman, shall perform the duties of the chairman. The secretary of the Association shall serve as the secretary of the Council.

Section 2.—Registry

The secretary, in writing, shall request each Councilor to register his address where he desires all notices to be sent to him by mail or telegram.

Section 3.—Quorum

A majority of the voting members of the Council shall constitute a quorum.

Section 4.—Meetings

(a) The time and place of meeting shall be fixed by the Council at a previous meeting and at least ten (10) days notice shall be given each councilor by the secretary of the time and place of the meeting.

(b) The Council shall also meet on the call of the chairman or upon written request of at least three (3) councilors filed with the secretary stating the purpose of the proposed meeting. Written notice of the time, place and object of such meeting shall be given by the secretary to all members of the Council at least three (3) days prior to such meeting.

Section 5.—Order of Business

At meetings of the Council, business shall be transacted as the Council may determine from time to time by resolution.

The Council shall provide and fix the order of business of the House of Delegates at each session, provided that the House of Delegates may change the order of business by a majority vote.

Section 6.—Executive Committee of the Council[a]

The Executive Committee of the Council shall consist of the president, as chairman, the president-elect, chairman of the Council, vice-chairman of the Council, Speaker of the House of Delegates, vice-speaker of the House of Delegates and the immediate past president.

This committee has the power and authority to transact Association business of an emergency or unusual nature between Council meetings, in consonance with stated Council policy.

All transactions of this committee shall be reported in full at the next regularly scheduled meeting of the Council, and shall be subject to Council review and appropriate action.

Section 7.—Finance Committee of Council

The chairman of the Council, subject to its approval, shall appoint a finance committee of five[a] (5) members, designating one of the members as its chairman, the duties of which committee are hereinafter specified.

[a] Amended April, 1958; March, 1968; March, 1971.
[a] Amended February, 1969.

Section 8.—Duties of District Councilors[a]

Each district councilor shall be the liaison officer between the county or district societies in his councilor district and the CMA. He shall be identified as an official representative of each society or district within his councilor district and where possible, shall be designated as an ex officio officer, with or without the right to vote. He shall be the advisor and advocate of the societies in his councilor district for solution of appropriate problems. Unless otherwise authorized by the Council, he shall visit each county or district society in his councilor district at least once each year, and make this visitation aside from the CMA officer visit, for the purpose of inquiring into the condition of the profession and maintaining liaison with the activities of the component societies within his councilor district. Problems arising in county or district societies within his councilor district shall be referred to him for primary consideration. At each CMA Council meeting there shall be an executive session during which opportunity shall be given for individual councilor reports, for information or action of the CMA Council.

Section 9.—Expenses of Councilors and Officers[a]

Councilors and officers shall be allowed railroad, air fare or mileage, plus an allowance for maintenance expense, (a) in attending Association, district or county society meetings; (b) meetings of committees of the Association; (c) authorized councilor or officer visits to county societies; (d) and otherwise when on official business, authorized or approved by the Council.

Section 10.—Mail Ballot

The chairman of the Council, at any time, may direct the secretary to submit any urgent matter or question to the members of the Council by mail ballot, the question or proposition being prepared through conference of the secretary with the chairman of the Council; and the vote of two-thirds of the members upon such question by mail or telegraph shall be binding upon the Council.

Section 11.—Offices

The Council shall provide and secure such offices for the Association as may be required to conduct its activities and business properly.

Section 12.—Appointment of Secretary, Executive Director, Editor and Associate Editors[a]

The Council shall appoint a secretary, an executive director and an editor, and, in its discretion, one or more assistant secretaries or associate editors. The terms of their appointment shall be such as are satisfactory to the Council. When the appointment requires employment, no contract shall, by its terms, exceed a period of three (3) years from the date of the organization meeting at which such contract is authorized.

[a] Amended April, 1967; March, 1969.
[a] Amended February, 1958; April, 1967.
[a] Amended April, 1967.

Section 13.–Qualifications of Secretary and Editor[22,23]

No person shall be eligible to the office of Secretary or Editor or Associate Editor who does not hold the degree of doctor of medicine.

The candidate for position of Secretary may be selected from the Council.

Membership in this Association shall not be a necessary qualification for the offices of Editor or Associate Editor.

Section 14.–Legal Counsel

The Council at its annual organization meeting shall appoint one or more legal advisers, giving each such title as may be deemed proper. It shall fix the amount of retainer and other fees.

The Council shall have the right to request the attendance of counsel of the Association at any meetings at which it might desire his presence and advice, and at such meetings he shall call attention to matters in which the legal aspects may be of importance, and shall give such other opinions in special matters as may be requested of him by the Council.

The general counsel shall present in writing as promptly as the same may be properly prepared, such legal opinions as may be requested by the House of Delegates or the Council.

CHAPTER VII.–COMMISSIONS AND COMMITTEES

Section 1.–Commissions[24]

This Association has the following commissions, responsible for the activities of and through which shall report such committees as may be named by the Council to function in activities bearing on the relations of the Association with its own members and with other individuals or organizations:

(a) Commission on Medical Services.

(b) Commission on Community Health Services.

(c) Commission on Communications.

(d) Commission on Member Services.

(e) Judicial Commission which shall hear and decide all appeals of disciplinary actions taken by component societies in the manner and as provided in Chapter III of the Bylaws.

(f) Commission on Health Manpower.

(g) Commission on Health Facilities.

(h) Commission on Federal Legislation.

(i) Commission on State Legislation.

(j) Commission on Peer Review.

Section 2.–Standing Committees–Creation of New or Termination of Existing Committees

The Council, on recommendation of a commission, may create new or terminate existing standing committees that are to function or function under the commission submitting the recommendation.

Section 3.–Commissions–Membership–Method of Appointment and Terms of Office

(a) Unless otherwise provided in these Bylaws each commission shall consist of not less than five (5) nor more than nine (9) members; the number of members of each commission to be determined by the Council; however, the number of members of each commission may be altered outside of the foregoing limits by the Council from time to time.

(b) Members of the commission and bureaus (except the Scientific Board and the Judicial Commission) of the Association shall serve for terms of one (1) year.[25] Membership shall be limited to a maximum of six (6) consecutive years, with consideration given to specific individuals whose experience and expertise are needed so that they might be appointed as consultants following expiration of the six (6) year term.[26] Terms of office shall expire at the close of the Annual Session of the Association, and prior to each Annual Session the Council shall nominate successors and submit the names of such nominees to the House of Delegates. The House of Delegates may confirm or reject any nominee. If the House rejects any nominee, the Council shall immediately submit another nominee.

(c) The Council may, by three-fourths vote of all voting members, rescind an appointment to a commission for nonparticipation in commission activities, violations of the code of medical ethics, or of any section of the Business and Professions Code pertaining to licensure, privilege or moral turpitude. Vacancies occurring between Annual Sessions shall be filled by the Council.[27]

Section 4.–Judicial Commission

The Judicial Commission of this Association shall consist of nine (9) members, who shall serve for terms of three (3) years each and who shall be appointed by the Council. The terms shall be staggered so that three terms expire each year. Terms expire at the conclusion of the Annual Session. Its jurisdiction and powers shall be set forth in Chapter III of the Bylaws.

Section 5.–Standing Committees–Membership–Appointment and Terms of Office

(a) Unless otherwise provided in these Bylaws each of the standing committees listed in Section 1 of this chapter shall consist of not less than three (3) nor more than twelve (12) members; the number of members of each standing committee to be determined by the Council. Members of standing committees shall serve for terms of three (3) years each. Membership shall be limited to a maximum of six (6) consecutive years, with consideration given to specific individuals whose experience and expertise are needed so that they might be appointed as consultants following expiration of the six (6) year term

[22] Amended March, 1974.
[23] Amended March, 1965; April, 1967; March, 1968; March, 1969; March, 1970; March, 1971; February, 1972; March, 1974.
[24] Amended March, 1968.
[25] Amended March, 1973.
[26] Amended March, 1973.
[27] Amended March, 1971.

No member of the Association shall be appointed as a voting member of more than two standing committees.[97,98] One-third of the membership of each of these committees shall be nominated annually by the Council, subject to confirmation or rejection by the House of Delegates. If the House of Delegates rejects any nomination, the Council shall immediately submit another nominee.

(b) The Council may, by three-fourths vote of all voting members, rescind or withdraw an appointment to a committee for nonparticipation in committee activities, violations of the code of medical ethics or any section of the Business and Professions Code pertaining to licensure, privilege or moral turpitude. Vacancies occurring between Annual Sessions shall be filled by the Council.[99]

Section 6.—Procedure for all Committees

Commissions, standing committees and special committees of the Association may make investigations and surveys on authorization of the Council or House of Delegates; but all recommendations and reports of standing committees shall be submitted to the commission under which each standing committee functions and all reports of commissions shall be submitted to the Council or House of Delegates.

Other than as herein stated, no committee is authorized to act for or bind this Association.

Section 7. Officers of Commissions and Standing Committees[98,5]

The chairman of each commission and of each standing committee shall be appointed from among the membership of each commission and standing committee annually by the Council, by and with the approval of the House of Delegates.

Section 8.—Annual Reports

Each standing committee shall submit a written report to the commission under which it functions, as and when required by it. Prior to the annual session each commission shall submit a written report to the Council, including therein the reports of the various standing committees for which each commission is responsible. The Council shall determine in each year the time when such reports shall be submitted.

Section 9. Duties of Commissions[3]

(a) The *Commission on Medical Services* shall study, investigate and from time to time submit recommendations concerning the methods under which medical services are furnished or organized and concerning all phases of medical economics. It shall allocate to the various standing committees for which it is responsible particular projects within their respective fields.[100]

(b) The *Commission on Community Health Services* shall study, investigate and from time to time submit recommendations concerning community health services and activities or organizations and/or agencies in related fields of medical care. It shall allocate to the various standing committees for which it is responsible, particular projects within their respective fields.[99]

(c) The *Commission on Communications* shall study, investigate, and conduct approved association activities concerning communications and relations between the public and the medical profession and within the profession itself. It shall allocate to various committees for which it may be responsible particular projects within their respective fields. It shall direct and coordinate the activities of its committees.[3]

(d) The *Commission on Member Services* shall study, investigate and from time to time submit recommendations concerning professional welfare. It shall allocate to the various standing committees for which it is responsible particular projects within their respective fields.

(e) The *Commission on Health Manpower* shall study, investigate and from time to time submit recommendations regarding the coordination of the activities of the CMA in relation to the allied health professions and groups.[98]

(f) The *Commission on Health Facilities* shall study, investigate and from time to time submit recommendations concerning hospital medical staffs and the activities of various Health Facilities Planning organizations. The surveys of medical staff activities under the Guiding Principles for Physician-Hospital Relationships shall be carried out and guided by this Commission.[98]

(g) The *Judicial Commission* shall hear and decide all appeals of disciplinary actions taken by component societies in the manner and as provided in Chapter III of the Bylaws.[101,15]

(h) The *Commission on State Legislation* shall study, investigate and from time to time submit recommendations concerning CMA policy positions on State legislative proposals. Its responsibility shall include analysis of proposed legislation to assess potential effect on the general health of the people and on the practice of medicine.[104,05]

(i) The *Commission on Federal Legislation* shall study, investigate and from time to time submit recommendations concerning CMA policy positions on Federal legislative proposals. Its responsibility shall include analysis of proposed legislation to assess potential effect on the general health of the people and on the practice of medicine.[104,05]

(j) The *Commission on Peer Review* shall study, investigate and from time to time submit recommendations concerning peer review activity in California. It shall also serve to coordinate such activity, provide an appeals mechanism, and furnish assistance

97,5 Amended February, 1972
98 Amended February, 1969
99,5 Amended March, 1974
99 Amended April, 1967; March, 1974.
100 Amended February, 1959; March, 1974.
101 Amended February, 1959
102 Amended April, 1967
103 Amended March, 1968
104,05 New subsections adopted March, 1974.

to the component societies as needed to assure statewide peer review. It shall allocate to the various standing committees for which it is responsible particular projects within their respective fields.[104.5]

Section 10.—Publication of Commission and/or Committee Reports

Reports of the commissions and/or their standing committees and reports of special committees, as approved by the Council, shall be published in a preconvention bulletin or in the official journal.

Section 11.—Special Committees

The House of Delegates and the Council are authorized and empowered to appoint special committees, with special instructions as to work to be undertaken, whenever it is deemed necessary to do so.

Special committees shall report as directed in the resolution or action creating them.

Each special committee shall report at the Annual Session immediately following its appointment, and unless it is continued by action of the House of Delegates or Council its existence shall terminate at the close of the annual session to which it reports.

CHAPTER VIII.—ELECTION OF OFFICERS: TERMS

Section 1.—President-Elect—When and How Elected: Term of Office

The House of Delegates at each Annual Session thereof shall elect the president-elect to serve until the adjournment of the final meeting of the House of Delegates at its next Annual Session. At the conclusion of the final meeting of the House of Delegates at its next Annual Session, such president-elect shall assume the office of president, and serve as such for the term of one year thereafter, or until his successor assumes office.

Section 2.—Speaker and Vice-Speaker of House—When Elected: Term of Office

The House of Delegates shall at the Annual Session thereof elect a speaker of the House of Delegates and a vice-speaker of the House of Delegates, each to serve for the term of one (1) year, or until their successors are elected and assume office. The speaker and vice-speaker shall be members of the House of Delegates at the time of their election. A speaker who has served six (6) consecutive terms in office as speaker shall not be eligible for either the office of speaker or vice-speaker until one year has elapsed from the date of termination of his last consecutive term. A vice-speaker who has served six (6) consecutive terms in office as vice-speaker shall not be eligible for the office of vice-speaker until one year has elapsed from the date of termination of his last consecutive term.[104.5]

Section 3.—Direct Election of Delegates and Alternates to the American Medical Association[104.15]

These Delegates and Alternates shall be elected, based on geographic distribution related to Councilor Districts (1 delegate/alternate for each CMA Councilor in the respective Councilor District) with any additional delegates and alternates elected at large from the entire State in the same manner as are the President-Elect, Speaker and Vice-Speaker of the CMA House of Delegates. Each Councilor District shall be assigned a specific number of delegates and alternates and the membership within the District shall decide how the election is to be held, either by the CMA District Delegation or by popular vote (local option).

Section 3.1—Delegates and Alternates to the American Medical Association

Delegates and Alternates to the House of Delegates of the American Medical Association shall be elected in accordance with the Constitution and Bylaws of that organization, and as these Bylaws shall further specify.[104.18] Notwithstanding any other provision of these Bylaws, only members of this Association who are members of the American Medical Association shall be eligible to be nominated or elected as a Delegate or Alternate to said Association, or to nominate, vote, or petition with respect to such office.[104.2]

Section 3.2—Optional Methods of Election

Said Delegates and Alternates shall be elected in each District by one of the methods herein specified.[104.21]

Section 3.3—Election in Districts Wholly Contained Within the Boundaries of One Component Medical Society

In those Councilor Districts wholly contained within the boundaries of one component medical society, said component society shall provide in its Bylaws for the manner of election of such AMA Delegates and Alternates as the members within such Councilor District or Districts are entitled to elect. In any case, the Bylaws must permit nomination by and of any member in good standing entitled to vote as to such office, and for election by majority vote. Any such District entitled to elect more than one AMA Delegate or Alternate may apportion such offices between or amongst sub-districts. Vacancies in office shall be filled in such manner as the Bylaws of such component society may provide.[104.2]

Section 3.4—Optional Method of Election in Districts Comprised of More Than One Component Medical Society

Upon the petition of a majority of members in a District comprised of more than one component medical society, by written ballot or petition filed with the Secretary at least ninety (90) days prior to the first meeting of the House at the Annual Session thereof, may provide for the direct election of AMA

104.5 New subject matter adopted March, 1974.
104.15 Amended February, 1972.
104.18 Amended February, 1972; March, 1975.
104.18 Additional section adopted March, 1974.
104.2 Additional provision adopted May, 1975, by membership referendum.
104.21 Additional section adopted March, 1975.
104.25 Additional section adopted March, 1975.

Delegates and Alternates. In any District selecting such option, the Delegates to this Association shall caucus at least twenty-four (24) hours prior to the second meeting at each Annual Session of the House of Delegates of this Association. At such caucus, the Delegates in such District shall by secret ballot and majority vote, nominate one or more member in good standing residing in said District for each office. Said nominations shall be announced at the second meeting of the House. Thereafter, any member in good standing residing in said District may be nominated by ten (10) members by written nomination delivered to the Secretary of this Association no later than thirty (30) days after the adjournment of the Annual Session of this Association. Such nomination shall be accompanied by the nominee's written acceptance thereof. The Secretary of this Association will cause ballots to be mailed to each member in said District no later than sixty (60) days after the adjournment of the Annual Session, and those ballots which are returned to the Secretary within fifteen (15) days thereafter shall be counted. Election shall be by majority vote, and in the event that no candidate has a majority, a second election shall be conducted within thirty (30) days between the two candidates receiving the highest number of votes.[104.23]

Section 3.5—Its Procedure for Alternative Methods of Election

In those Councilor Districts which are comprised of more than one component medical society, and which are entitled to elect more than one AMA Delegate and more than one Alternate, the societies may apportion such offices on any basis established by the adoption of identical bylaw provisions by each of the societies within said district. If any office is to be filled by election in more than one society, then those societies entitled to elect said Delegate or Alternate shall also adopt identical provisions governing such election, and the filling of vacancies. Otherwise, election and the filling of vacancies shall be pursuant to the Bylaws of the component society solely entitled to elect said Delegate or Alternate. In any case, the Bylaws must permit nomination by and of any member in good standing entitled to vote as to such office, and for election by majority vote.[104.24]

Any district, upon petition of a majority of the members residing therein, or upon majority vote upon a written ballot submitted by each constituent society therein, may adopt a method of election different than those heretofore specified, by proposing an amendment to these Bylaws which must be adopted in the manner specified in Chapter XIV, Section 1 of these Bylaws.[104.25]

Section 3.6—Election in Districts Not Desiring Direct Election

In any District which has not acted to select one of the methods above specified for the direct election of Delegates and Alternates to the American Medical Association, the Delegates from said District to the House of Delegates of this Association shall elect members from said District to fill said offices. At least twenty-four (24) hours prior to the second meeting at each Annual Session of the House of Delegates, the Delegates from those Districts which have not selected a method of direct election shall separately meet, and in each District the Delegates shall elect a Chairman and a Secretary. At such caucus the Delegates in each District shall, by nomination, secret ballot and majority vote of the Delegates present, elect members from such District for each ensuing term. The Chairman of the District Delegation shall then report at the second meeting of the House of Delegates of this Association the results of the election. The time and place of the caucus of each District Delegation shall, in the absence of unanimous written consent by the Delegates to this Association from the District fixing time and place, be fixed by the Speaker and announced at the first meeting of the House of Delegates of this Association at each Annual Session. In the event that at any District caucus no person receives a majority vote after repeated ballots, the Chairman of the caucus shall report such fact at the second meeting of the House of Delegates of this Association and shall also report the names of all nominees to such office submitted to the caucus, whereupon the House of Delegates shall proceed to elect from such nominees to fill the offices assigned to such District.[104.26]

Section 3.7—Costs of Election

In any District comprised of more than one component society wherein the members directly elect Delegates and Alternates, the Secretary of this Association shall be responsible for the conduct of such elections. He shall provide each duly nominated candidate with the names and addresses of members residing in said District. Each component society within such District shall bear its proportionate share of the cost of such election, according to the number of members of said society amongst all members within said District.[104.27]

Section 3.8—Vacancies

Except as provided in Section 3.3, in the event that any office of Delegate or Alternate to the American Medical Association shall become vacant, said vacancy shall be filled by the District Delegation in said District, which shall caucus at a time and place fixed by its chairman and shall, by nomination, secret ballot and majority vote of the Delegates present, elect a member from such District to fill the remaining term. The chairman shall notify the Secretary of this Association of the time and place of said caucus no later than thirty (30) days prior thereto, and the Secretary shall cause written notice thereof to be mailed to each member of said Delegation no less than fifteen (15) days prior thereto, unless this requirement is waived by each member of said Delegation.[104.28]

104.23 Additional section adopted March, 1973.
104.24 Additional paragraph adopted February, 1975.
104.25 Additional section adopted March, 1973; amended February, 1976.
104.26 Additional section adopted March, 1973.
104.27 Additional section adopted March, 1973.
104.28 Additional section adopted March, 1973.

Section 4.—Officers Elected by House of Delegates

Those officers who under the Constitution are elected by the House of Delegates shall be elected at the second meeting of the House at the Annual Session thereof.

Section 5.—Election by Ballot; Number of Votes Necessary

(a) All elections of officers shall be by ballot; provided, that by a two-thirds vote of the members present and acting election by ballot may be waived.

(b) A majority of the votes cast shall be necessary to elect any officer.

(c) In case no nominee receives a majority of the votes on the first ballot the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all the votes cast, when he shall be declared elected.

Section 6.1—Election of District Councilors in Districts Wholly Contained Within the Boundaries of One Component Medical Society[104.5]

In each Councilor District wholly contained within the boundaries of one component medical society, said component society shall provide in its Bylaws for the manner of election of those district councilors which the members within such councilor district are entitled to elect. In any case, the Bylaws must permit nomination by and of any member in good standing entitled to vote as to such office, and for election by majority vote of those voting. Any such district may apportion such offices between or amongst subdistricts. Vacancies in office shall be filled in such manner as the Bylaws of such component society may provide.

Section 6.2—Option for Direct Election of District Councilors in District Comprised of More Than One Component Medical Society[105]

Upon the petition of a majority of members in a district comprised of more than one component medical society, by written ballot or petition filed with the Secretary at least ninety (90) days prior to the first meeting of the House at the Annual Session thereof, said district may provide for the direct election of district councilors. In such councilor districts as may select this option for direct election, the delegates from that district to this Association shall caucus at least ninety (90) days prior to the first meeting of the Annual Session of the House of Delegates. At such caucus, the delegates of such district shall, by secret ballot, and majority vote, nominate one or more members in good standing residing in said district for each office of councilor expiring or becoming vacant at said Annual Session. Said nomination shall be forwarded to the Secretary of the Association. Thereafter, any member in good standing residing in said district may be nominated by ten (10) members by written nomination delivered to the Secretary of this Association no later than thirty (30) days following the caucus of the delegates of said district. Such nomination shall be accompanied by each nominee's written acceptance. The Secretary of the Association will cause ballots to be mailed to each member in said district no later than forty-five (45) days prior to the next Annual Meeting of the House of Delegates, and those ballots which are returned to the Secretary within fifteen (15) days thereafter shall be counted. Election shall be by majority vote, and in the event that no candidate has a majority, a second election will be conducted within fifteen (15) days between the two (2) candidates receiving the highest number of votes.

Section 6.3—Election of District Councilors in Districts Comprised of More Than One Component Medical Society Where Section 6.2 Does Not Apply[106]

Any district, upon the written ballot or petition of a majority of the members residing therein, may adopt a method of direct election of its councilor different than that specified in Section 6.2, by proposing an amendment to these Bylaws, which must be adopted in the manner specified in Chapter XIV, Section 1, of these Bylaws. Otherwise, each district councilor shall be elected by the delegates from the district entitled to elect such councilor. In each such district, the delegates shall separately meet at least twenty-four (24) hours prior to the second meeting at each Annual Session of the House of Delegates, and elect a Chairman and Secretary. The delegates of said district may at such time by majority vote thereof, authorize and permit alternate delegates to be seated and to vote. The time and place of said caucus of each such district delegation shall, in the absence of unanimous written consent of the delegates of the district fixing time and place, be fixed by the speaker and announced at the first meeting of the House of Delegates at each Annual Session.

At said caucus, nominations shall be received for each individually numbered office in which a vacancy exists, and in each instance where there is more than one nomination, election shall be by secret ballot and majority vote of those entitled to vote present and voting. The Chairman of the district delegation shall then report to the House of Delegates the results of the election, and when such report is made, the members elected shall thereupon assume office as district councilors, subject to the provisions of the Constitution and Bylaws.

In the event that there are more than two nominees at any district caucus for any of the individually numbered offices of district councilors in said district, and none of such nominees receives a majority of the votes cast on the first ballot, the nominee receiving the smallest number of votes on such ballot shall be eliminated, and a second ballot shall be taken on the remaining nominees, such process to continue until one such nominee shall receive a majority of the votes cast.

104.5 New section adopted March, 1973.
105 New section adopted March, 1974.
106 New section adopted March, 1974.

Section 6.5.–Terms of Office of District Councilors[107]

District councilor offices are numbered serially, and are for terms of three (3) years, except that the initial term of a councilor elected to fill a newly created office may be for less than three (3) years, to provide for staggering of terms. Where new offices are created under the terms of Article III, Part B, Section 9 of the Constitution, each such new office shall be numbered serially with those already existing, and shall carry an initial term, not to exceed three (3) years, to be set by the Council, so that insofar as is possible one-third (⅓) of the councilors from said district are elected each year.

Section 7.–When Terms of Office of Speaker, Vice-Speaker and Councilors Begin

The terms of office of the speaker and vice-speaker of the House of Delegates (which terms are herein generally stated to be one (1) year) and the terms of office of the councilors (which terms are herein generally stated to be three (3) years) shall commence immediately upon the adjournment of the last meeting of the House of Delegates of the Annual Session of the Association at which such officers are elected, and shall continue up to the adjournment of the last meeting of the House of Delegates at the Annual Session of the Association of the year in which the term of office ends.

Section 8.–Officers to Hold Office Until Successors Are Elected and Assume Office

Every officer shall hold office until his successor has been elected and has assumed office either in person or by announcement.

Section 9.–Vacancies in Office

(a) In case of vacancy in the offices of both president and president-elect, the chairman of the Council shall act as the acting president until a president is elected at the next Annual Session of the House of Delegates.

(b) The Council by appointment shall fill any vacancy in office not otherwise provided for in the Constitution or these Bylaws, which occurs during the interval between the Annual Sessions of the House of Delegates. Such appointee shall serve until the next Annual Session and until his successor has been elected and has assumed office.

Section 10.–Removal of Officers[107.5]

Any officer whose election is subject to these Bylaws may be removed from office for valid cause, if said officer is adjudged guilty of gross neglect or misfeasance in office, or serious acts of moral turpitude. Such proceedings may be initiated only upon two-thirds (⅔) vote of the Council of this Association, or upon written petition signed by at least twenty percent (20%) of the active members entitled to vote with respect to said office. Said resolution or petition, accompanied by notice of the charge, shall be filed with the Secretary of this Association, and referred by him to the Chairman or Secretary of the Judicial Commission. Further proceedings shall be in accordance with Sections 2(c), 3, 4, 5, and 6 of Chapter III, except that any reference therein to the Judicial Council shall be deemed to refer to the Judicial Commission, and any reference to the Secretary of a component society shall be deemed to refer to the Secretary of this Association. The provisions of Section 7 of said Chapter III shall likewise apply, except that the Commission may vote only to exonerate or to remove from office. The decision of the Judicial Commission shall be final.

CHAPTER IX.–POWERS AND DUTIES OF OFFICERS

Section 1.–Duties of the President[108]

He shall be the leader and official spokesman of the profession of the state during his term of office. As far as practicable, he shall visit, by appointment, the various sections of the state and assist the councilors in building up the component societies, and in making their work more practical and useful. The Council shall decide what portion of the expenses incurred on his official visits shall be paid by the Association.

He shall appoint all committees not otherwise provided for; he shall deliver an address at the regular session at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require, or as the House of Delegates or the Council may direct.

He shall be ex officio a member of all committees of the Association.

Section 2.–Duties of the Executive Director[109]

The duties of the executive director may be such as are delegated to him by the Council, and may be any and all duties as are specified under the various provisions of this section.

(a) *Custodian of Records.* He shall be custodian of all record books and papers belonging to the Association. He shall have the custody of the seal of the Association.

(b) *Contracts.* He shall countersign all contracts, agreements, conveyances, transfers or other instruments to which the Association is a party, the execution of which has been authorized by the House of Delegates or Council.

(c) *Checks.* The secretary shall sign and issue checks or drafts only upon vouchers approved and signed by at least two of the members of the Finance Committee or as otherwise provided.

(d) *Registrar at Annual Sessions.* He shall provide for the registration of the members and delegates at the Annual Session.

(e) *Index Register of California Medical Licentiates.* He shall, with the cooperation of the secretaries of the component societies, keep a current

107. Amended April, 1962; March, 1973.
107.5. New section adopted February, 1970.
108. Amended March, 1965.
109. Amended April, 1967; March, 1968.

record of all members of the Association by component societies, noting the status of each in relation to his component society; and shall transmit a copy of this list to the American Medical Association, transmitting to its secretary each month a report containing the names of new members and the names of those dropped from the membership roster during the preceding month.

(f) *Register of Component Societies, Their Members and Officers.* He shall keep a register of all component societies, their respective officers, and of all members of the Association, with their addresses. He shall print in the December or January issue of the official journal the number of active members of each component society as of September 1st of the preceding year.

(g) *Notices.* He shall give all notices required by the Constitution and Bylaws of this Association, or by order of the Council or by law.

(h) *Correspondence and Notifications to Committees.* He shall conduct the official correspondence, promptly notifying members of meetings, officers of their election, and committees of their appointment and duties, as outlined in the motions creating such committees. Such notifications shall be made in writing.

(i) *Assistants.* He shall employ and dispense with such assistants as may be ordered by the Council. The Council by resolution may outline the scope and duties of special employees acting under the Secretary.

(j) *Annual and Other Report Forms.* He shall supply all component societies with the necessary forms for making their annual and other reports to this Association.

(k) *Salary.* The amount of his salary shall be fixed by the Council.

(l) *Bond.* He shall give bond in such sum as may be fixed by the Council. The Association shall pay the premium on said bond.

(m) *Duties as Treasurer.* He shall as treasurer demand and receive all funds due the Association, together with bequests and donations, and shall promptly deposit the same in one of the depositaries thereof; and shall keep a proper and accurate record thereof, as well as of all funds disbursed by the Association.

(n) *Audits and Reports.* He shall subject his accounts to such examination or audit as the House of Delegates or Council may order.

He shall annually render an account of his work, and of the state of the funds in his hands, and make a report on the same and of his work as secretary to the House of Delegates. He shall in writing also make such other reports as the House of Delegates or Council may request.

(o) *Disbursement of Association Moneys.* He shall pay out the money of the Association only upon a check or draft as otherwise provided herein.

(p) *Other Duties.* He shall perform such other duties as the Council may direct.

Section 3.—Duties and Powers of the Chairman of the Council

The chairman of the Council shall preside at meetings of the Council. He shall be authorized sign all contracts and agreements, conveyanc transfers or other instruments (other than adver ing contracts) to which the Association is a pa the execution of which has been authorized by House of Delegates or the Council. He shall be thorized to sign all checks or drafts for the disbur ments of funds of the Association. He shall, on half of the Council, deliver its report to each sess of the House of Delegates. He shall perform s other duties as may be imposed upon him by Constitution, or these Bylaws.

Section 4.—Duties of Vice-Chairman of the Council

The vice-chairman of the Council, in the abser or inability of the chairman to act, shall be ves with all the powers and shall perform all the dut of the chairman.

Section 5.—Duties and Powers of the Speaker

The speaker of the House of Delegates shall p side at its meetings and shall perform such ot duties as parliamentary usage may require. He sh appoint all committees authorized by the House Delegates, unless otherwise provided

Section 6.—Duties of Vice-Speaker

The vice-speaker shall act as speaker in the sence of or at the request of the speaker.

Section 7.—Duties of the Editor

The editor and associate editor or editors sh compile, edit and have charge of the official jour of the Association and such other publications as Council or the House of Delegates may instruct h to undertake.

Section 8.—Duties of the Secretary[19]

The duties of the secretary shall be such as delegated to him by the Council and, specifica shall be as follows:

(a) *Minutes.* The secretary shall attend the g eral meetings of the Association, the meetings of House of Delegates and of the Council and sh keep minutes of their respective proceedings in s arate record books.

(b) *Advertisements in Association Publicatio* The secretary, subject to instructions by the Coun shall carefully examine, approve, modify or reject material for advertising in any of the publicati of the Association, and shall, in all cases of dou refer such proposed advertisements to the Cou for decision. He shall, with the approval of Council, execute, for the Association, written c tracts relating to advertising in the form appro by the Council, subject to instructions by the Coun

[19] Amended March, 1960.

CHAPTER X.—FUNDS, PROPERTY, BUDGET AND ASSESSMENTS[111]

Section 1.—Preparation of Budget

The Finance Committee shall prepare each year a budget of anticipated income and expenditures, to apply to the succeeding fiscal year of the Association. The budget shall be prepared in consultation and with the cooperation of officers, commission and committee chairmen, administrative employees and others with a knowledge of the needs of the Association.

Prior to the Annual Session in each year the Finance Committee shall present the proposed budget to the Council for its approval, and the budget as approved by the Council shall be submitted by it to the House of Delegates for appropriate action.

Section 2.—Dues

(a) The Council shall recommend to the House of Delegates the amount of the annual dues or assessments of active, associate, affiliate and retired members of the Association.

(b) Honorary members shall not be required to pay any dues or assessments, annual or special.

Section 3.—Reduction of Dues

The House of Delegates may reduce annual dues of active members, as follows:

(a) Those active and associate members who have reached the age of seventy (70) years and who have been active members in good standing of this Association for a period of at least twenty (20) years, or who have been active members in good standing of this Association for thirty-five (35) years, regardless of age, may, upon application, be excused from the payment of annual dues.[112]

(b) Those active members, in cases of proven financial hardship, may, upon the recommendation of the local county medical society be granted reduction of dues to such a sum as the Council may recommend and the House of Delegates approve.[113]

Section 4.—Annual Dues and Assessments

(a) *When Payable.* The annual assessment or dues shall be payable on or before January 1 of the year for which they are levied.

(b) *County Secretaries to Collect Dues.*[113.1] The secretary of each component society shall cause to be collected and shall forward to the office of the Association the dues and assessments for its members.

(c) *Record of Fact of Payment of Dues.* The record of payment of dues and assessments on file in the office of the Association shall be final as to the fact of payment by a member and as to his right to participate in the business and proceedings of the Association and of the House of Delegates.

(d) *Dues of New Members; Amount Payable.*[113.2] All doctors of medicine becoming active members of this Association shall pay to this Association the annual dues payable by active members for the period for which membership is obtained, except that the Council may, in its discretion, require payment of full annual dues from all new members who acquire membership during the first quarter of the calendar year, require payment of three-fourths (¾) annual dues from all new members who acquire membership during the second quarter of the calendar year, require payment of one-half (½) annual dues from all new members who acquire membership during the third quarter of the calendar year, and require payment of one-fourth (¼) annual dues from all new members who acquire membership during the fourth quarter of the calendar year. Such payment shall entitle such new member to all the rights of active membership in this Association until the end of the current calendar year. In every instance, dues shall be computed from date of election and not from any other date.

Section 5.—Bequests, Legacies, Donations and Gifts

The Association may receive through the Council or for the benefit of the Association through any corporation which may be formed pursuant to the Constitution, such bequests, legacies, donations and gifts as the Council shall deem it proper and suitable to accept.

Section 6.—Funds and Moneys: Deposit and Withdrawal

All funds and moneys of the Association by whomsoever received shall be promptly forwarded to the secretary of the Association and deposited by him in a depositary of the Association.

The Finance Committee shall, by periodic inspection of accounts, bills and claims against the Association, and other items by means determined by it and approved by independent auditors, review all financial transactions of the Association and shall satisfy itself as to the validity of all withdrawals from depositaries approved by it. Checks or drafts drawn on Association accounts shall bear the signature of one or more authorized signers, as determined by the committee and approved by independent auditors, and all authorized signatories shall be covered by a surety bond.[114]

Section 7.—Revolving Fund

A revolving fund in such amount as may from time to time be fixed by the Council shall be deposited with the secretary from which fund immediate cash demands may be paid.

Section 8.—Surplus Funds From Journal and Publications

On authorization therefor by the House of Delegates or the Council, any surplus funds arising from the operation of the official journal or other publica-

111. Amended April, 1958; March, 1968.
112. Additional subsection adopted December, 1952; amended April, 1958; March, 1964; March, 1969; February, 197[illegible].
113. Amended May, 1970, by membership referendum.
113.1 Additional subsection adopted March, 1970.
113.2 Amended March, 1974.
114. Amended February, 1960.

tions of the Association may be applied and used for any purposes deemed suitable or may be delivered and paid over to any corporation which may be formed pursuant to Article VIII, Section 1, of the Constitution.

CHAPTER XI.–PUBLICATIONS

Section 1.–Scientific Journal

The Association shall publish and distribute an official journal in the interest of the Association and of its members, devoted to the advancement of medical thought and science, to medical organization, and for the dissemination of medical and public health information.

To assist the Editor in the preparation of the journal, an Editorial Board shall be established, with the Editor as chairman and with representatives of each of the established fields of medical practice and with medical or nonmedical consultants in biostatistics as members. The members of the Editorial Board shall be appointed by the Council for terms of five (5) years each, providing that no member shall be eligible to serve more than two consecutive terms, except that a member may, after one (1) year out of such service, be appointed for one additional term.[115]

Nominations for appointments to the Editorial Board shall be made by the Editor, after consultation with the chairman of the Scientific Board and with the chairman of the Specialty Section for the special field of interest where a nomination is required.[116]

There shall also be established a Policy Committee of the Editorial Board, the members of which shall be the President, The President-Elect, the Speaker and Vice-Speaker of the House of Delegates, the Chairman of the Council, the Secretary and the Editor.

Section 2.–Annual Directory

The Association may publish an annual directory of members, with such other information as the Council may direct.

Section 3.–Pre-Convention Bulletin

The Association, prior to the Annual Session, shall print a pre-convention bulletin, which shall contain reports of officers and committees; provided, that the Council shall have the right to delete or modify such reports, and provided further that committees whose reports have been deleted or modified shall have the right to submit them to the House of Delegates in their original form if the committees so desire.

A copy of the pre-convention bulletin shall be given to each delegate and alternate, on or before registration.

CHAPTER XII.–REFERENDUM AND PETITION

Section 1.–Reference of Resolutions to Vote of Members

The House of Delegates may at any time, by a majority vote of those present, refer any resolution or motion pending before it to all of the active members of the Association for their vote for or against such resolution or motion. The Council may, by a two-thirds vote of all of its members and at any time within thirty (30) days after action was taken, refer any resolution or motion adopted by the House of Delegates to all of the active members of the Association for their vote for or against such resolution or motion. In addition, the Council may at any time, by a two-thirds vote of all of its members, submit any resolution or motion pending before it to all of the active members of the Association for their vote for or against such resolution or motion.

Section 2.–Form of Referendum; Arguments

The body referring any resolution or motion to the active members of the Association may, in the motion of reference, determine the form of the question to be submitted. In the event the motion of reference does not determine the form of the question to be submitted, then the form thereof shall be fixed and determined by the Council. Written arguments for and against the resolutions or motion, not exceeding 1000 words each, may be submitted by any member of the Association to the presiding officer of the referring body within fifteen (15) days of the vote of reference. Such presiding officer may choose one argument on each side and same shall then be printed and mailed with the ballots.

Section 3.–Manner of Voting; Time of Voting; Canvass

All references to the membership under this article shall be by mail ballot. The time within which each member shall cast his vote may be fixed in the motion of reference, and if not so fixed shall be fifteen (15) days from the date of mailing ballots. Each vote must be in writing and the same must be placed in a sealed envelope bearing on the corner thereof the name of the voter. The envelope shall be mailed or delivered to the secretary's office. The canvass thereof shall be made by a committee on referendums to be appointed, in the case of reference by the House of Delegates by the speaker of the House, and in the case of reference by the Council by the chairman of the Council. The secretary shall deliver to such committee all ballots timely received, and the committee shall canvass the vote and report the results thereof immediately to the secretary.

Section 4.–Effect of Referendum

To be considered adopted, any resolution or motion submitted to the membership by referendum shall receive the same proportionate affirmative vote of those voting that such resolution or motion would have required to be adopted by the body (House of Delegates or Council) from which such resolution or motion was referred. Any resolution or motion submitted to a referendum and adopted shall have the same force and effect as though adopted in the body from which it was referred, and shall be considered as having been so adopted by such body. A referendum shall not be effective or binding unless a majority of the active members vote thereon.

[115] [illegible]
[116] [illegible] 1972, February, 1975.

Section 5.–Referendum Petitions[117]

(a) The proponents of any proposed member referendum measure, prior to the circulating of any petition for signatures thereon, shall submit a draft of the petition to the legal counsel of the California Medical Association, with a request that he prepare a summary of the chief purposes and points of the proposed measure in less than one hundred words. The legal counsel shall also provide a title for the referendum petition. The title and summary shall be returned to the proponents within ninety (90) days.

(b) The proponents of any proposed referendum shall place the following information at the top of each page whereon signatures are to appear: "Referendum Petition–California Medical Association," including a title and summary.

(c) Each line of the petition shall provide one column for the written signature of an active member of the California Medical Association and another column for printing the active member's name. The determination of a signer's membership shall be made by the California Medical Association legal counsel.

(d) A valid referendum petition shall require 250 signatures. Included among the total of 250 signatures shall be at least twenty-five (25) each from four (4) councilor districts.

Section 6.–The Election[118]

(a) Upon receipt of the proper number of referendum petition signatures, it shall be the responsibility of the California Medical Association Council to arrange for the collection and printing of one article for and one article against the proposed referendum. Articles shall be limited to one thousand (1,000) words and shall be signed by not more than three (3) members.

(b) The referendum ballot, along with the referendum title, summary and arguments for and against the proposed referendum, shall be prepared by the California Medical Association legal counsel or by an independent organization chosen by the California Medical Association Council. Ballots shall be distributed to component medical societies in time for their use at the annual election of California Medical Association delegates and alternates.

(c) After the annual elections in component societies, all referendum ballots shall be returned to the office of the secretary of the California Medical Association.

(d) A majority of the votes cast by the active members voting shall cause the adoption of the referendum proposal, except that changes in the California Medical Association Constitution or Bylaws shall require a two-thirds affirmative vote of the votes cast.

(e) A member referendum ballot may be conducted prior to the annual election of California Medical Association delegates and alternates, by direct mail ballot, upon the approval of a majority of the California Medical Association House of Delegates or a two-thirds vote of the California Medical Association Council, according to Chapter XII, Section 3, of the California Medical Association Bylaws.

CHAPTER XIII.–MISCELLANEOUS

Section 1.–Ethics

The principle of medical ethics as promulgated from time to time by the American Medical Association and by the California Medical Association are and shall be the principles of medical ethics of this Association and the component societies thereof, and shall regulate and govern all members thereof.

Interpretation of ethics about which any controversy may arise or exist shall be submitted to the Council of this Association, and its interpretation and ruling thereon shall be final.

Section 2.–Rules of Order

In the absence of any provision in the Constitution or these Bylaws, all meetings of the Association, of the House of Delegates, of the Council, and of committees shall be governed by the parliamentary rules and usages contained in the current edition of Sturgis' "Standard Code of Parliamentary Procedure" which governs this organization in all parliamentary situations that are not provided for in the law or in its charters, bylaws, or adopted rules.[119]

CHAPTER XIV.–AMENDMENTS

Section 1.–Amendments–Vote and Procedure

These Bylaws may be amended by the House of Delegates at any meeting of any session thereof by the affirmative vote of at least two-thirds of the qualified members thereof present and acting; provided, that any proposed amendment has been submitted in writing to the House of Delegates at least twenty-four (24) hours previous to being voted upon.

CHAPTER XV.–REPEAL OF ALL EXISTING BYLAWS

Section 1.–Repeal of Existing Bylaws

All chapters and all sections of the existing Bylaws of this Association are hereby repealed, except that at the session of the House of Delegates at which these Bylaws, as a whole, are adopted, all chapters and all sections of the Bylaws in effect immediately prior to said adoption relating to the House of Delegates or to its composition and membership, or to delegates and alternates, shall remain in effect until final adjournment of such session and in addition, all resolutions or other business pending before the House of Delegates at the time of the adoption of these Bylaws shall remain before it and may be acted upon as provided in said prior Bylaws, and, except that at any session, regular

117. Amended April, 1957.
118. Amended April, 1964.
119. Amended March, 1971.

or special, of the House of Delegates held in the same calendar year in which these Bylaws, as a whole, are adopted, the House of Delegates shall consist of the number of delegates provided in the prior Bylaws or in the Constitution of the Association in effect on January 1, 1951. All delegates and alternates elected to such office prior to May 12, 1951, shall continue to hold such office, regardless of the provision of these Bylaws, until December 31, 1951.

Historical Notes

The California Medical Association came into existence in the year 1856 with B. F. Keene, M.D., of El Dorado as its first president; he being succeeded in office by H. Gibbons, M.D., of San Francisco.

The organization in its earlier days was known as the Medical Society of the State of California, the present name being adopted in the year 1924 in order to conform to the nomenclature in use by the constituent state medical units of the American Medical Association.

During the sixties the state medical society was somewhat quiescent; but in 1870 it was reorganized, when the first president under the reorganization was T. M. Logan, M.D., of Sacramento.

In 1873 appeared the first copy of the annual "Transactions of the Medical Society of California," a volume published each year until Volume 31 was issued in April of 1901. In that year it was recommended that, since the annual transactions were "an extravagant and unnecessary way of perpetuating the proceedings of the society, the more rational one of publishing a monthly journal" be adopted. Thus, "The California State Journal of Medicine" came into existence, its name being changed to "California and Western Medicine" in the year 1924; in 1946 the official name of the journal became "California Medicine." The late Philip Mills Jones, M.D., may be looked upon as the founder of the official journal.

The first volume of Annual Transactions, printed in 1873, is interesting to glance through, with a roster of some 195 "permanent members" of the state society; for under that name the regular members were so designated at that time.

In the earlier days, owing to the difficulties of travel, the state medical society was practically an almost exclusively northern organization; its counterpart in southern California being the Southern California Medical Society, which was founded in the year 1888.

It gives one, therefore, a distinct shock to note that, of the 195 members in the year 1873, all but seven were from north of the Tehachapi, the seven southern members being credited as follows: Santa Barbara, four; San Diego, two; and Los Angeles, one! The Los Angeles representative at that time was J. P. Widney, M.D., who was the founder of the Los Angeles County Medical Association. Doctor Widney was also the founder and the first dean of the College of Medicine of the University of Southern California, and later, for a time, the president of that university.

With the reorganization of the state society, which followed on that of the American Medical Association in 1901, the picture changed.

For in that year began the national association system made up of state society units, and these in turn composed of component county societies, only one such county unit being permitted for each county.

From that time, too, to the present day the state organization has increased in numbers of members, scope and influence, until now it is among the largest of the state units which make up the American Medical Association.

With a record of service well rendered over a period of many decades, the California Medical Association looks forward in firm faith to progressive days still to come, which shall be full of even greater achievement.

PRESIDENTS OF THE CALIFORNIA MEDICAL ASSOCIATION—1856-1976

NAME	YEAR
*B. F. Kleine, El Dorado	1856
*H. Gibbons, Sr., San Francisco	1857
*A. B. Stout, San Francisco	1858
*R. B. Ellis, Sacramento	1859
No session (1859-1870)	
*T. M. Logan, Sacramento	1870
*H. Gibbons, Sr., San Francisco	1871
*G. A. Shurtleff, San Joaquin	1872
*T. H. Pinkerton, Alameda	1873
*J. M. Browne, Solano	1874
*A. B. Nixon, Sacramento	1875
*William Fitch Cheney, Butte	1876
*Washington Ayer, San Francisco	1877
*H. S. Orme, Los Angeles	1878
*A. W. Sage, Santa Clara	1879
*F. W. Tobe, San Joaquin	1880
*C. G. Tyrrell, Sacramento	1881
*L. C. Lane, San Francisco	1882
*L. E. Oatman, Sacramento	1883
*R. B. Cole, San Francisco	1884
*W. P. Gibbons, Alameda	1885
*W. S. Thorne, Santa Clara	1886
*R. H. Plumsier, Santa Clara	1887
*James Simpson, San Francisco	1888
*Walter Lindley, Los Angeles	1889
*W. R. Cluness, Sacramento	1890
*O. O. Burgess, San Francisco	1891
*W. E. Taylor, San Francisco	1892
*C. G. Kenyon, San Francisco	1893
*C. L. Simmons, Sacramento	1894
*W. LeMoyne Wills, Los Angeles	1895
*Henry Gibbons, Jr., San Francisco	1896
*Cephas L. Bard, Ventura	1897
*William Watt Kerr, San Francisco	1898
*George Gibmore, San Francisco	1899
*Thomas Ross, Sacramento	1900
*William J. G. Dawson, Napa	1901
*F. B. Carpenter, San Francisco	1902
*H. Bert Ellis, Los Angeles	1903
*Frank L. Adams, Alameda	1904
*R. F. Rooney (first term), Placer	1905
*R. F. Rooney (second term), Placer	1906
*George H. Evans, San Francisco	1907
*Wesley W. Beckett, Los Angeles	1908
*James H. Parkinson, Sacramento	1909
*John C. King, Riverside	1910
*Thomas W. Huntington, San Francisco	1911
*O. D. Hamlin, Alameda	1912
*F. C. E. Matthon, Los Angeles	1913
*H. M. Sherman (first term), San Francisco	1914
*H. M. Sherman (second term), San Francisco	1915
*George H. Kress, Los Angeles	1916
*J. H. Barbat, San Francisco	1917
*C. Van Zwalenburg, Riverside	1918
*H. L. Ryfkogel, San Francisco	1919
*John C. Yates, San Diego	1920
*John H. Graves, San Francisco	1921
*H. G. Brainerd, Los Angeles	1922
*Thomas C. Edwards, Monterey	1923
*Granville MacGowan, Los Angeles	1924
*Edward N. Ewer, Alameda	1925
*William F. MacArthur, Los Angeles	1926
*Percy T. Phillips, Santa Cruz	1927
*William H. Kiger, Los Angeles	1928
*Morton R. Gibbons, San Francisco	1929
*Lyell C. Kinney, San Diego	1930
*Junius B. Harris, Sacramento	1931
*Joseph M. King, Los Angeles	1932
*George G. Reinle, Alameda	1933
*Clarence G. Toland, Los Angeles	1934
*Robert A. Peers, Placer	1935
*Edward M. Pallette, Los Angeles	1936
*Howard Morrow, San Francisco	1937
*William W. Roblee, Riverside	1938
*Charles A. Dukes, Alameda	1939
*Harry H. Wilson, Los Angeles	1940
*Henry S. Rogers, Sonoma	1941
*William R. Molony, Sr., Los Angeles	1942
*Karl L. Schaupp, San Francisco	1943
*Lowell S. Goin, Los Angeles	1944
*Philip K. Gilman, San Francisco	1945
*Sam J. McClendon, San Diego	1946
*John W. Cline, San Francisco	1947
*E. Vincent Askey, Los Angeles	1948
*R. Stanley Kneeshaw, Santa Clara	1949
Donald Cass, Los Angeles 201 E. 7th Street, Los Angeles 90014	1950
*H. Gordon MacLean, Alameda	1951
*Lewis A. Alesen, Los Angeles	1952
John W. Green, Solano 618 Admiral Callaghan Lane, Vallejo 94590	1953
Arlo A. Morrison, Ventura Route 1, Box 1130, Eaglecreek, Oregon 97022	1954
Sidney J. Shipman, San Francisco 1750 Taylor Street #803, San Francisco 94133	1955
*Donald A. Charnock, Los Angeles	1956
Frank A. MacDonald, Sacramento 934 Commons Drive, Sacramento 95825	1957
Francis E. West, San Diego 3535 First Street, #5D, San Diego 92103	1958
T. Eric Reynolds, Alameda 431 Thirteenth Street, Oakland 94609	1959
Paul D. Foster, Los Angeles 1216 Wilshire Boulevard, Los Angeles 90017	1960
Warren L. Bostick, Marin 2521 Buckeye Street, Newport Beach 92660	1961
*Omer W. Wheeler, Riverside	1962
Samuel R. Sherman, San Francisco 1750 Taylor Street, San Francisco 94133	1963
*James C. Doyle, Los Angeles	1964
Ralph C. Teall, Sacramento 3343 Lynne Way, Sacramento 95821	1965
James C. MacLaggan, San Diego 525 Hawthorne Street, San Diego 92101	1966
John G. Morrison, Alameda 333 Estudillo Avenue, San Leandro 94577	1967
Malcolm C. Todd, Los Angeles 2840 Long Beach, Long Beach 90806	1968
Albert G. Miller, San Mateo 432 Occidental, San Mateo 94402	1969
Ralph W. Burnett, Kern 515 Truxton Avenue, Bakersfield 93301	1970
Roberta F. Fenlon, San Francisco 450 Post Street, San Francisco 94102	1971
Jean F. Caton, Los Angeles 11411 Brookshire Avenue, Downey 90241	1972
Thomas N. Pettenkofer, Butte-Glenn [illegible] Scripps Drive, Davis 95616	1973
Stanley A. Moore, San Diego [illegible] Vista de la Playa, La Jolla 92037	1974
Carl Gonsch, Contra Costa 2915 Telegraph Avenue, Berkeley 94704	1975
Ralph M. Milliken, Los Angeles 5200 West Third Street, Los Angeles 90057	1976

HONORARY PAST PRESIDENTS

*Dwight H. Murray, Sr., Napa

Dwight L. Wilbur, San Francisco
655 Sutter Street, San Francisco 94102

*Deceased.

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Directory of Officials and Staff

1977

American Medical Association

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AMA DIRECTORY

1977

This self-explanatory Directory has been compiled for your convenience. In order to assist us in keeping the Directory up to date, we would appreciate notification of changes as they occur.

Official communications to the American Medical Association should be addressed to the Executive Vice President.

Official communications to a State Association should be addressed to the Executive Officer.

James H. Sammons, MD
Executive Vice President

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Section 2

OFFICERS and TRUSTEES

OFFICERS

NAME	OFFICE	HOME
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Holland, Francis T., MD Vice-President	1307 Miccosuree Rd. Tallahassee, FL 32303 (904) 877-3124	1410 Grape St. (904) 224-8864
Jirka, Frank J., Jr., MD Secretary-Treasurer	6846 W. Cermak Rd. Berwyn, IL 60402 (312) 749-0141	1507 Keystone Ave. River Forest, IL 60305 (312) 369-5837
Nesbitt, Tom E., MD Speaker, House of Delegates	1921 Hayes St. Nashville, TN 37203 (615) 329-3311	250 Ensworth Ave. 37205 (615) 298-3875
Bial, William T., MD Vice-Speaker, House of Delegates	111 Dartmouth Ave. Swarthmore, PA 19081 (215) 543-2737	215 Harvard Ave. (215) 543-8666

*Executive Committee

8112190225

TRUSTEES

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*Holden, Raymond T., MD Chairman (1977)	1835 Eye St., NW Suite 801 Washington, DC 20006 (202) 296-4660	5120 Watson St., NW 20016 (202) 966-6481
*Hunter, Robert B., MD (1978)	P. O. Box 429 Pedro Woolley, WA 98284 (206) 856-1511	P. O. Box 429 (206) 856-6112
Jirka, Frank J., Jr., MD Secretary (1979)	6646 W. Cermak Rd. Berwyn, IL 60402 (312) 749-0142 (312) 749-0141	1507 Keystone Ave. River Forest, IL 60305 (312) 369-5837
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Ritter, Hubert A., MD (1979)	1035 Bellevue Suite 108 St. Louis, MO 63117 (314) 644-6262	26 Briarcliff 63124 (314) 991-2661
Steen, Lowell H., MD (1976)	2450 169th St. Hammond, IN 46323 (219) 844-9060	8800 Parkway Dr. Highland, IN 46322 (219) 838-4127

*Executive Committee

AMERICAN MEDICAL ASSOCIATION
EDUCATION AND RESEARCH FOUNDATION

NAME	OFFICE	HOME
	DIRECTORS	
Blake, James E., MD President	Glenridge Hosp. and Diagnostic Center Glenridge Rd. Schenectady, NY 12302 (518) 382-3701	Glenridge Rd. 12302 (518) 374-2448
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Ex #325

STATE MEDICAL SOCIETIES

MEMBERSHIP DUES COLLECTION

1976 (1/6)

STATE	DUES JUNE	PER 1/4 $
ALABAMA	5210	10,[illegible]
ALASKA	[illegible]	[illegible]
ARIZONA	[illegible]	[illegible]
ARKANSAS	[illegible]	[illegible]
CALIFORNIA	[illegible]	[illegible]
COLORADO	[illegible]	[illegible]
CONNECTICUT	[illegible]	[illegible]
DELAWARE	2930	[illegible]
DIS. OF COL.	[illegible]	[illegible]
FLORIDA	[illegible]	[illegible]
GEORGIA	[illegible]	[illegible]
IDAHO	[illegible]	[illegible]
ILLINOIS	[illegible]	[illegible]
INDIANA	[illegible]	135 16
IOWA	[illegible]	[illegible]
KANSAS	[illegible]	[illegible]
KENTUCKY	410	[illegible]
LOUISIANA	[illegible]	
MAINE	[illegible]	
MARYLAND	14000	[illegible]
MASSACHUSETTS	[illegible]	[illegible]
MICHIGAN	60000	[illegible]
MINNESOTA	[illegible]	[illegible]
MISSISSIPPI	[illegible]	
MISSOURI	[illegible]	[illegible]
MONTANA	[illegible]	[illegible]
NEBRASKA	[illegible]	[illegible]
NEVADA	[illegible]	[illegible]
NEW HAMPSHIRE	[illegible]	
NEW JERSEY	[illegible]	[illegible]
NEW MEXICO	[illegible]	
NEW YORK	[illegible]	
NORTH CAROLINA	[illegible]	[illegible]
NORTH DAKOTA	[illegible]	[illegible]
OHIO	[illegible]	[illegible]
OKLAHOMA	[illegible]	[illegible]
OREGON	[illegible]	[illegible]
PENNSYLVANIA	[illegible]	[illegible]
RHODE ISLAND	[illegible]	[illegible]
SOUTH CAROLINA	[illegible]	[illegible]
SOUTH DAKOTA	[illegible]	[illegible]
TENNESSEE	[illegible]	[illegible]
TEXAS	[illegible]	[illegible]
UTAH	[illegible]	[illegible]
VERMONT	[illegible]	[illegible]
VIRGINIA	[illegible]	[illegible]
WASHINGTON	[illegible]	[illegible]

MEMBERSHIP DUES COLLECTION

STATE	DUES JUNE	PAR 1/4 %
WEST VIRGINIA	[illegible]	[illegible]
WISCONSIN	[illegible]	[illegible]
WYOMING	[illegible]	[illegible]
DIRECT PAYMENT	[illegible]	112.15 Dom't Emp.
CANAL ZONE	-----	-----
HAWAII	[illegible]	250
PUERTO RICO	[illegible]	21.56
VIRGIN ISLANDS		
TOTAL	262541.	1176.

*ROUTE CHECKS TO R.J. HEBERT

Ex. # 325

1974 (84)

STATE MEDICAL SOCIETIES
MEMBERSHIP DUES COLLECTION

Dues Commission

STATE	MAY 4-70	APRIL 3/4 '70	JUNE 4 '70	TOTAL	
ALABAMA	4914 0	221524	2803	273467	69603
ALASKA	5750	13938	1359	25947	24
ARIZONA	5518	13901	1384	20803	25
ARKANSAS	3143	36135	—	39331	26
CALIFORNIA					NO CHECK
COLORADO	1310	8477	313	11102	27
CONNECTICUT	12375	44250	5688	62313	28
DELAWARE	3000	59250	938	63188	29
DIS. OF COL.	5518	11499	1348	18360	69630
FLORIDA	18143	301256	7696	327095	31
GEORGIA	11743	172477	3971	188223	32
IDAHO	3560	65250	375	69125	33
ILLINOIS	52178	1850 38	12375	372541	34
INDIANA	11963	293478	875	306336	35
IOWA	5410	63371	1665	70446	36
KANSAS	875	61913	7101	69889	37
KENTUCKY	27175	20355	687	48217	38
LOUISIANA	12750	—	1938	14688	39
MAINE	7750	15138	563	23501	69640
MARYLAND	500	51247	925	52672	41
MASSACHUSETTS	30000	—	8026	38026	42
MICHIGAN	58883		12015	70898	43
MINNESOTA	6723	322114	2173	331080	44
MISSISSIPPI	1651 8		—	16518	45
MISSOURI	20453	203951	1906	229310	46
MONTANA	2375	16313	3000	21688	47
NEBRASKA	918	95336	634	96878	48
NEVADA	2750	5438	688	8876	49
NEW HAMPSHIRE	1625	17225	1375	20285	69650
NEW JERSEY	64125	438063	15188	567376	51
NEW MEXICO		6615	768	7383	52
NEW YORK	225303	414401	88544	528248	53
NORTH CAROLINA	15355	42371	2024	59750	54
NORTH DAKOTA	1625	4016	509	6150	55
OHIO	123980	327760	7125	456065	56
OKLAHOMA	5820	33964	3374	43158	57
OREGON	12118	20759	1941	34843	58
PENNSYLVANIA	50048	566104	9618	625770	59
RHODE ISLAND	18125	14156	688	32969	69660
SOUTH CAROLINA	1500	10433	313	12246	NO CK
SOUTH DAKOTA	2000	3188	750	5938	69661
TENNESSEE	19070	364774	6875	390719	62
TEXAS	38323	169 54	4013	104390	63
UTAH	11673	—	946	11619	64
VERMONT	—	16875	—	16875	65
VIRGINIA	(145)	53813	3219	56887	69666

	MAY	APRIL	JUNE	TOTAL	
WASHINGTON	23043	103875	3969	130887	69667
WEST VIRGINI	3750	50250	1.25	54125	68
WISCONSIN	55730	65033	21470	142253	69
WYOMING	185	—	—	185	69670
CANAL ZONE			—		
GUAM		938	—	938	71
HAWAII	7125	55313	250	62658	72
PUERTO RICO	21535	1500	2205	25240	73
VIRGIN ISLANDS	1500	—	—	1500	74
DIRECT	75389	61406	95509	232304	NO CHECK
TOTAL	1356038	5167874	395477	6719389	
ROUTE CHECK TO R.J.HERBST.					
LESS:					
Direct	75389	61406	95509	232304	
S.C.	1500	10455	313	12268	
TOTAL	1279147	5096035	299655	6674839	NY

Ex 325

1976 (5K)

STATE MEDICAL SOCIETIES
MEMBERSHIP DUES COLLECTION

Dues Commission

STATE	April 3/4%	May 1/2%	June 1%	Total	check #
ALABAMA	.6000	9550	1071	16621	2797
ALASKA	—	4580	625	5205	2798
ARIZONA	10928	4643	2049	17620	2799
ARKANSAS	24615	24143	875	99633	2800
CALIFORNIA	2[illegible]	1[illegible]	45835	No check	
COLORADO	9750	3913	125	13788	2801
CONNECTICUT	37125	14875	656	56656	2802
DELAWARE	3188	4125	—	7313	2803
DIS. OF COL.	18668	18688	2910	40286	2804
FLORIDA	630109	—	11321	641430	2805
GEORGIA	214384	9393	5134	228911	2806
IDAHO	—	3250	—	3250	2807
ILLINOIS	328654	99270	14231	442155	2808
INDIANA	—	20195	15240	35435	2809
IOWA	24116	3843	699	28658	2810
KANSAS	3375	44890	4188	52453	2811
KENTUCKY	43121	10658	2044	55823	2812
LOUISIANA	—	194633	(62)	194631	2813
MAINE	17813	5750	750	24313	2814
MARYLAND	563	10000	4518	15081	2815
MASSACHUSETTS	12563	14250	12901	39714	2816
MICHIGAN	4973	101925	3196	110094	2817
MINNESOTA	16931	20023	375	37377	2818
MISSISSIPPI	35089	—	2563	37652	2819
MISSOURI	52043	177313	2404	231760	2820
MONTANA	—	17500	813	18313	2821
NEBRASKA	85132	1625	196	86953	2822
NEVADA	3750	1375	750	5875	2823
NEW HAMPSHIRE	—	10000	—	10000	2824
NEW JERSEY	465938	45500	12375	523813	2825
NEW MEXICO	1688	1450	375	3513	2826
NEW YORK	556361	273500	87268	917129	2827
NORTH CAROLINA	23186	5968	708	29862	2828
NORTH DAKOTA	2250	1063	156	3469	2829
OHIO	319763	49195	10053	379011	2830
OKLAHOMA	30776	13504	1800	46080	2831
OREGON	27795	8635	—	36430	2832
PENNSYLVANIA	609653	162508	42410	834571	2833
RHODE ISLAND	20250	15875	625	36750	2834
SOUTH CAROLINA	—	—	—	No check	
SOUTH DAKOTA	—	4125	—	4125	2835
TENNESSEE	132049	197913	5251	335301	2836
TEXAS	—	—	579	579	2837
UTAH	173453	—	—	173453	2838
VERMONT	—	—	—	No chk	
VIRGINIA	[illegible]	36750	—	36750	2839

3 1 2 4 2 3 0 2 3 3

STATE MEDICAL SOCIETIES
MEMBERSHIP DUES COLLECTION

STATE	April 74.	May 24.	June 74.	Total	
WASHINGTON	69563	31000	2750	103313	2840
WEST VIRGINIA	51938	3375	1313	56626	2841
WISCONSIN	55429	56176	—	112104	2842
WYOMING	—	—	438	438	2843
CANAL ZONE	—	143	—	143	2844
GUAM	—	—	—	—	
HAWAII	50034	6625	125	56824	2845
PUERTO RICO	776	4643	1188	6607	2846
VIRGIN ISLANDS	—	—	63	63	2847
DIRECT	165628	92846	28155	No check	
TOTAL	409477	2030755	335107	6203756	

*ROUTE CHECKS TO R.J. HERBST

LESS: Direct	165628	92846	28155	
CA	270017	168922	45835	
TOTAL	413832	1769787	261117	6203756 NJ

Ex # 306

AMA MEMBERSHIP BY STATE

State of Location	12/31/72	12/31/73	12/31/74	12/31/75	12/31/76*
Alabama	2,323	2,288	2,352	2,472	2,543
Alaska	261	250	265	287	224
Arizona	2,358	2,575	2,687	2,878	2,889
Arkansas	1,221	1,257	1,310	1,349	1,339
California	28,933	29,390	29,510	30,045	27,546
Canal Zone	32	11	22	13	9
Colorado	2,468	2,101	2,037	2,184	1,845
Connecticut	2,454	2,534	2,707	2,810	2,654
Delaware	539	540	538	515	496
District of Columbia	1,636	1,294	1,309	1,625	1,183
Florida	7,983	8,776	9,289	9,470	8,785
Georgia	3,876	3,756	3,882	4,032	3,548
Hawaii	947	986	1,019	1,097	1,047
Idaho	587	646	662	640	551
Illinois	10,826	11,189	11,534	12,233	12,755
Indiana	4,198	4,267	4,367	4,322	4,194
Iowa	2,107	2,124	2,145	2,104	2,124
Kansas	1,830	1,833	1,866	1,993	1,914
Kentucky	2,287	2,267	2,362	2,497	2,296
Louisiana	2,303	2,243	2,327	2,354	2,275
Maine	662	683	660	643	642
Maryland	3,866	3,867	4,332	4,680	3,462
Massachusetts	4,538	4,551	4,697	4,756	4,510
Michigan	7,252	7,365	7,677	7,624	7,087
Minnesota	3,886	3,894	3,879	4,024	3,845
Mississippi	1,390	1,437	1,386	1,386	1,333
Missouri	3,605	3,636	3,719	3,840	3,755
Montana	579	573	546	563	534
Nebraska	1,226	1,202	1,239	1,232	1,201
Nevada	440	420	446	477	457
New Hampshire	445	497	534	530	519
New Jersey	6,562	6,541	6,645	7,424	6,847
New Mexico	904	890	908	902	823
New York	17,990	18,140	18,163	18,926	15,671
North Carolina	3,793	3,904	4,113	4,247	4,091
North Dakota	488	508	491	522	541
Ohio	8,172	8,280	8,351	8,272	8,055
Oklahoma	2,355	2,381	2,441	2,606	2,668
Oregon	2,131	2,184	2,224	2,179	2,130
Pennsylvania	11,153	11,220	11,456	11,404	10,760
Puerto Rico	464	472	587	633	571
Rhode Island	866	896	899	888	774
South Carolina	1,739	1,789	1,732	1,768	1,674
South Dakota	404	418	415	444	395
Tennessee	3,317	3,439	3,542	3,710	3,649
Texas	10,312	10,214	10,363	10,795	10,329
Utah	1,144	1,143	1,159	1,141	1,137
Vermont	457	469	476	461	420
Virginia	3,035	3,334	3,451	3,595	3,481
Virgin Islands	48	41	45	45	25
Washington	3,396	3,280	3,358	3,502	2,939
West Virginia	1,326	1,348	1,421	1,456	1,363
Wisconsin	4,320	4,385	4,491	4,544	4,502
Wyoming	254	252	270	268	226
Pacific Islands	38	43	47	57	22
APO's and FPO's	1,753		528	864	175
Address Unknown	467	776	724	894	530
Federal Overseas		938			
Foreign			45		

* Preliminary Data

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E/F 327

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ORIGINAL
FILED
MAY 7 1979
WILLIAM L. WHITTAKER
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

902324

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

CALIFORNIA MEDICAL ASSOCIATION, a not-for-profit unincorporated association, CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, a political committee, SIDNEY E. FOSTER, M.D., and E. KASH ROSE, M.D., Plaintiffs, vs. FEDERAL ELECTION COMMISSION, HONORABLE JOAN D. AIKENS, Chairman, HONORABLE ROBERT O. TIERNAN, Vice-Chairman, HONORABLE THOMAS E. HARRIS, Commissioner, HONORABLE JOHN McGARRY, Commissioner, HONORABLE VERNON W. THOMPSON, Commissioner, HONORABLE MAX FREIDERSDORF, Commissioner, HONORABLE J. STANLEY KIMMIT, Secretary, United States Senate, and Ex-Officio Member of the Federal Election Commission, HONORABLE EDMUND L. HENSHAW, JR., Clerk, House of Representatives and Ex-Officio Member of the Federal Election Commission, Defendants.	C 79 1089 CFP Civil Action No. Miscellaneous - Federal Election Campaign Act COMPLAINT FOR DECLARATOR AND INJUNCTIVE RELIEF

Plaintiffs, California Medical Association, California Medical Political Action Committee, Sidney E. Foster, M.D., and E. Kash Rose, M.D., for their complaint against defendants allege:

JURISDICTION

1. This action seeks a judgment declaring that certain provisions of the Federal Election Campaign Act of 1971, as amended ("the Act"), 2 U.S.C. §§431 et seq., both on their face and as applied to plaintiffs, constitute an unconstitutional abridgment of plaintiffs' rights, and the rights of their members, to freedom of speech and association, and their rights to due process of law in violation of the First and Fifth Amendments to the Constitution of the United States.

2. This action also seeks a permanent injunction, restraining enforcement of the offending provisions of the Act.

3. Plaintiffs have been and will continue to be irreparably and immediately harmed by the offending provisions of the Act, and a case and controversy exists between the parties within the meaning of Article III of the Constitution of the United States.

4. This court has subject matter jurisdiction pursuant to 28 U.S.C. §§1331(a), 2201 and 2202, and 2 U.S.C. §437h.

5. Plaintiffs respectfully request expedited consideration of the questions presented, and expedited certification of those questions to the United States Court of Appeals for the Ninth Judicial Circuit (En Banc), pursuant to 2 U.S.C. §437h.

PLAINTIFFS

6. Plaintiff California Medical Association ("CMA") is a not-for-profit unincorporated association, exempt from the payment of Federal income taxes pursuant to 26 U.S.C. §501(a), and §501(c)(6). CMA has its headquarters in San Francisco, California. CMA is a membership organization as that term is used in the Act. The membership consists of more than 25,000

California physicians and includes the majority of physicians engaged in the private practice of medicine in California. Members of CMA have voluntarily associated together in the CMA to promote the science and art of medicine, the protection of the public health, and the betterment of the medical profession. To accomplish these purposes, CMA acts to advance and promote its views, and the views of its members, before the legislative, executive and judicial branches of the Federal Government. In addition, CMA provides a forum for the consideration of topics with significant implications for its members and other medical practitioners, and for the public health in general. To help advance and achieve these goals, CMA has established and administers a political action committee -- the California Medical Political Action Committee -- which engages in political education and makes contributions to candidates for State and Federal office.

7. Plaintiff California Medical Political Action Committee ("CALPAC") is a duly constituted, unincorporated association, which operates as a nonpartisan political action committee. CALPAC has its headquarters in San Francisco, California. CALPAC is a "political committee" as defined by 2 U.S.C. §431(d) and is registered with the Federal Election Commission in accordance with §433. CALPAC qualifies as a "multicandidate political committee," as defined by §441a(a)(4). CALPAC was established and is administered by CMA. For purposes of the Act, CMA is a "connected organization" for CALPAC, as defined by §433(b)(2) and 11 C.F.R. §100.15. CALPAC is CMA's "separate segregated fund" as that term is used in §441b(b)(2)(C) and 11 C.F.R. §114.7.

8. CALPAC was organized and operates to promote the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in

governmental affairs; to encourage physicians and others to know and understand the nature and actions of government, political issues and the records of officeholders and candidates; and, to assist physicians and others in organizing for effective political action and to carry out their civic responsibilities. As part of this process CALPAC supports candidates for public office whose views are consistent with and sympathetic to the views of its members. These activities are protected by the First Amendment guarantees of freedom of speech and freedom of association.

9. To advance these goals, contributions to CALPAC are solicited on a nonpartisan basis. The activities of plaintiffs in soliciting contributions to CALPAC include the dissemination of ideas, opinions and political information about matters of vital concern to physicians. The process of soliciting contributions involves the discussion of political, social and economic ideas that have important implications for physicians and the public health. The solicitation of contributions is protected by the First Amendment guarantees of freedom of speech and freedom of association.

10. Contributions received by CALPAC are, in turn, contributed by CALPAC to candidates for public office, both State and Federal. The process of making contributions to candidates involves the evaluation of candidates, meeting with candidates, and the discussion of issues of interest to plaintiffs, and their members. The process of making contributions is protected by the First Amendment guarantees of freedom of speech and freedom of association.

11. The funds realized from plaintiffs' solicitation activities constitute virtually the only source of revenue for CALPAC. The extent to which CALPAC is able to contribute to candidates for Federal office, and to otherwise engage in

protected First Amendment activity, is directly related to the ability to solicit contributions to CALPAC and, correspondingly, CALPAC's ability to use those funds to make contributions. In order to enhance CALPAC's ability to make contributions to Federal candidates and otherwise participate in the political process, CMA traditionally has provided organizational and administrative support for CALPAC. As a result, funds contributed to CALPAC are used primarily as contributions to, or on behalf of, candidates. This mechanism is typical of arrangements between corporations, labor organizations, and other entities, and their sponsored political action committees -- known as "separate segregated funds" in the parlance of the Act. In essence, this arrangement allows funds received as contributions from interested persons to be used for direct candidate support, with administrative expenses being funded by another source.

12. Plaintiff Sidney E. Foster, M.D., is a member of CMA and CALPAC. He resides in San Francisco, California, and is eligible to vote for the Office of President of the United States. Dr. Foster serves as Treasurer of CALPAC and is active in CALPAC's political activites.

13. Plaintiff E. Kash Rose, M.D., is a member of CMA and CALPAC. He resides in Napa, California, and is eligible to vote for the Office of President of the United States. Dr. Rose has served as an officer of CMA and CALPAC and continues to be active in matters concerning CMA's support of CALPAC, and the political activities of CALPAC.

14. Plaintiffs are continuing to engage in the exercise of protected First Amendment rights of freedom of speech and association through, inter alia, CALPAC's contributions to candidates for Federal office. In providing administrative support for CALPAC, CMA fulfills the intent of contributors by

allowing the entire amount contributed to be used for making contributions. CALPAC's ability to contribute to Federal candidates is directly related to CALPAC's ability to use the contributions received to make contributions, and to receive administrative support from CMA.

DEFENDANTS

15. Defendant Federal Election Commission ("the Commission") was established pursuant to 2 U.S.C. §437c by the Federal Election Campaign Act Amendments of 1974, P.L. 93-443, 88 Stat. 1263. The Commission administers the Act, obtains compliance with its provisions, and formulates policy with respect to the Act, and Chapters 95 and 96 of the Internal Revenue Code, pursuant to §437d.

16. Defendant Joan D. Aikens is the Chairman of the Commission. This case is brought against Ms. Aikens solely in her official capacity as a member of the Commission.

17. Defendant Robert O. Tiernan is the Vice-Chairman of the Commission. This case is brought against Mr. Tiernan solely in his official capacity as a member of the Commission.

18. Defendants Max Freidersdorf, John McGarry, Vernon W. Thompson, and Thomas E. Harris are Commissioners and members of the Commission. This case is brought against them solely in their official capacities as members of the Commission.

19. Defendant J. Stanley Kimmit is the duly appointed Secretary of the United States Senate and is, pursuant to the Act, an ex-officio member of the Commission. This case is brought against Mr. Kimmit solely in his official capacity as a member of the Commission.

20. Defendant Edmund L. Henshaw, Jr., is the Clerk of the United States House of Representatives and is, pursuant to

the Act, an ex-officio member of the Commission. This case is brought against Mr. Henshaw solely in his official capacity as a member of the Commission.

THE FEDERAL ELECTION CAMPAIGN ACT OF 1971, AS AMENDED

21. The Act, 2 U.S.C. §431 et seq., establishes limitations on contributions. No person may contribute more than $1,000 to a candidate for Federal office with respect to an election, pursuant to §441(a)(1)(A). No multicandidate political committee may contribute more than $5,000 to a candidate for Federal office with respect to an election, pursuant to §441a(a)(2)(A). Significantly, contributions to a political committee are limited to $5,000 in a calendar year. Section 441a(a)(1)(C) provides that no person shall make contributions:

> to any other political committee in any calendar year which, in the aggregate, exceed $5,000.

22. For purposes of the Act, the term "contribution" includes monetary contributions, and contributions of goods and services -- sometimes referred to as in-kind contributions. Section 431(e) states, in pertinent part:

> (e) "contribution" -
>
> (1) means a gift, subscription, loan, advance, or deposit of money or anything of value made for the purpose of -
>
> (A) influencing the nomination for election, or election, of any person to Federal office or for the purpose of influencing the results of a primary held for the selection of delegates...;
>
> (B) influencing the results of an election held for the expression of a preference for the nomination of persons for election to the office of President of the United States;
>
> (4) means the payment, by any person other than a candidate or a political committee, of compensation for the personal services of another which are rendered to

> such candidate or political committee without charge for any such purpose,... (Emphasis added.)

Under Section 431(e), and the pertinent regulation, 11 C.F.R. §100.4, monetary contributions and contributions of goods and services, made to a political committee for the purpose of influencing a Federal election, are considered as "contributions" under the Act. Under the current interpretation of these provisions, when CMA provides administrative support for CALPAC by paying administrative expenses or otherwise providing goods and services it is making a contribution to CALPAC, to the extent the money, goods or services are for the purpose of influencing a Federal election.

23. The Commission's regulations, 11 C.F.R. §102.6, permit political committees to contribute to both Federal and non-Federal candidates. Pursuant to 11 C.F.R. §106.1(e), administrative expenses must be allocated in proportion to the amount of funds expended on Federal and non-Federal elections, or on another reasonable basis.

24. Pursuant to §441b(a), corporations and labor organizations are prohibited from making contributions or expenditures in connection with Federal elections. However, §441b(b)(2) excludes certain activities from the definition of contribution or expenditure, including administrative support for a political action committee. For example, §441b(b)(2)(C) provides that the term "contribution or expenditure" shall not include:

> the establishment, administration, and solicitation of contributions to a separate segregated fund to be utilized for political purposes by a corporation, labor organization, membership organization, cooperative, or corporation without capital stock.

Similarly, §431(e)(5)(F) states that the term "contribution" does not include:

> any payment made or obligation incurred by a corporation or a labor organization which, under the provisions of §441b would not constitute an expenditure by such corporation or labor organization;

Similarly, §431(f)(4)(H) provides that the definition of "expenditure" does not include:

> Any payment made or obligation incurred by a corporation or a labor organization which, under the provisions of §441b, would not constitute an expenditure by such corporation or labor organization;

Thus, by definition certain payments made to support a political action committee are excepted from the definition of "contributions."

25. Pursuant to §§441b(b)(2)(C), 431(e)(5)(F) and 431(f)(4)(H), corporations and labor organizations may make unlimited contributions and expenditures for the establishment and administration of, and the solicitation of contributions to, a separate segregated fund to be used for political purposes. Under these provisions corporation or labor organizations may provide unlimited amounts as administrative support for their sponsored political action committees.

26. The Act provides, in §§437g(a)(5)(C), 437g(a)(7) and 441j, civil and criminal penalties for violations of the contribution limitations established by §441a. Pursuant to §441a(f), no political committee may knowingly accept a contribution in violation of §441a.

27. The reference in §441b(b)(2)(C) to membership organizations allows unlimited contributions of administrative support by a membership organization, either incorporated or unincorporated, to its political action committee. Nevertheless, the Commission has interpreted the Act to limit contributions by an unincorporated membership organization to its separate segregated fund -- or political action committee -- to $5,000 per calendar year.

28. Under the Commission's interpretation payments by an unincorporated membership organization in support of its political action committee are limited to $5,000 per year, while corporations and labor organizations may provide unlimited administrative support for their political action committees. With this interpretation, payments by CMA to or on behalf of CALPAC, made for the purpose of establishing, administering and soliciting contributions to CALPAC, are limited to $5,000 per calendar year. There is no similar limitation on corporations, labor organizations, or even on membership organizations that are incorporated. It is evident the application of a $5,000 calendar year limitation is based solely on the fact that CMA is an unincorporated membership organization.

29. The ability of plaintiffs to engage in effective political activity, and specifically the effective participation by CALPAC in Federal campaigns, is dependent on the ability of CMA and CALPAC to solicit contributions for CALPAC, and in turn, CALPAC's ability to use funds received as voluntary contributions to make contributions to candidates for Federal office. To the extent voluntary contributions received by CALPAC are used to defer administrative expenses, rather than being contributed to candidates for Federal office, CALPAC's ability to participate in Federal elections is curtailed. If CMA's administrative support of CALPAC allocable to Federal activities is limited to $5,000 per calendar year, CALPAC will be required to use a portion of the voluntary contributions it receives, which are intended for use as contributions to candidates for public office, to cover administrative expenses. Alternatively, CALPAC will be forced to limit its activity with respect to Federal elections to conform to an administrative support budget of $5,000 per calendar year.

30. In contrast, political action committees sponsored by a corporation or a labor organization, which operate as a

separate segregated fund as that term is used in §441b(b)(2)(C), are able to use all funds received as contributions to make contributions to, or expenditures on behalf of, candidates for Federal office. The costs of establishing the political action committee, administrative expenses incurred by the committee and costs of soliciting contributions to the committee may be provided in full, without any limitation, by the sponsoring corporation or labor organization. By comparison, CMA is limited in its sponsorship of CALPAC to $5,000 per calendar year for Federal activities. The net effect of this limitation is to curtail Federal election activities by CALPAC. In relative terms this enhances the effectiveness of political action committees established and administered by corporations or labor organizations. This interpretation imposes a substantial restraint on the ability of CMA to provide administrative support to CALPAC, and on the ability of CALPAC to participate in Federal campaigns.

31. Section 441b(b)(2)(C), §431(e)(5)(F), §431(f)(4)(H) and §441a(a)(1)(C), on their face and as interpreted and applied by the Commission, are an unconstitutional abridgement of the plaintiffs' rights of freedom of speech and association to the extent they have been, or may be, interpreted to impose a $5,000 calendar year limitation on CMA's administrative support for CALPAC, because these provisions abridge:

a. the ability of plaintiffs to communicate political ideas, opinions, and information;

b. the ability of plaintiffs to solicit contributions for use in Federal campaigns;

c. the ability of plaintiffs, and their members, to associate with each other, and with other concerned individuals, for the purpose of participating in Federal elections;

d. CMA's ability to absorb the costs of establishing and administering a political action committee which is active in Federal campaigns;

e. CALPAC's ability to receive administrative support and make contributions to candidates for Federal office;

f. plaintiffs' ability to compete on equal terms with corporations and labor organizations which establish or administer political action committees that are active in Federal campaigns.

32. Section 441b(b)(2)(C), §431(e)(5)(F), §431(f)(4)(H) and §441a(a)(1)(C), on their face, and as interpreted by the Commission, arbitrarily, capriciously, and invidiously discriminate against CMA and its members in violation of their rights to due process of law and equal protection of law under the Fifth Amendment to the Constitution of the United States, in that these provisions limit the amount which CMA may contribute as administrative support of CALPAC to $5,000 per calendar year, whereas corporations and labor organizations which establish and administer a political action committee are not subject to any such limitation.

33. Section 441b(b)(2)(C), §431(e)(5)(F), §431(f)(4)(H) and §441a(a)(1)(C), on their face and as interpreted by the Commission, arbitrarily, capriciously, and invidiously discriminate against CALPAC and its members in violation of their rights to due process of law and equal protection of law under the Fifth Amendment to the Constitution of the United States, in that these provisions subject CALPAC to a $5,000 calendar year limitation on amounts which may be received as administrative support from CMA. The effect of this limitation is to require CALPAC to curtail its Federal activities, or to use voluntary contributions it receives to cover administrative expenses rather than as contributions to candidates. In contrast, the political action committees

established and administered by corporations -- including incorporated membership organizations -- and labor organizations may receive unlimited support from the sponsoring corporation or labor organization.

34. The harm caused by the Commission's interpretation of §§441b(b)(2)(C), 431(e)(5)(F), 431(f)(4)(H) and 44la(a)(1)(C), as applied to CMA and CALPAC, is actual and not speculative or hypothetical. Fearing the imposition of both civil and criminal sanctions provided by the Act, CALPAC has limited its activity in Federal elections since first learning of the Commission's interpretation. Plaintiffs desire to continue to participate vigorously in Federal election activities, but have curtailed these activities because of the Commission's interpretation of the sections in question and plaintiffs' apprehension that CMA and CALPAC may be subject to civil and criminal sanctions. Indeed, plaintiffs have been advised that in April, 1979 the Commission, pursuant to §437g(a)(5)(B), found probable cause to believe CMA and CALPAC may have violated §§44la(a)(1)(C) and 44la(f), respectively, because of CMA's administrative support of CALPAC. A finding of probable cause may lead to an enforcement action pursuant to §437g(a)(5)(B).

WHEREFORE, plaintiffs respectfully request that this complaint be immediately certified to the Court of Appeals for the Ninth Judicial Circuit, for determination by the Court En Banc, pursuant to 2 U.S.C. §437h, and that a judgment be entered:

1. Declaring 2 U.S.C. §441b(b)(2)(C), §431(e)(5)(F), §431(f)(4)(H) and §44la(a)(1)(C) unconstitutional in violation of the First Amendment to the Constitution of the United States, to the extent these provisions on their face, or as interpreted and applied by the Commission, limit the amount which CMA may contribute as administrative support to CALPAC, and the amount CALPAC may receive from CMA as administrative support, to $5,000

per calendar year;

2. Declaring 2 U.S.C. §441b(b)(2)(C), §431(e)(5)(F), §431(f)(4)(H) and §441a(a)(1)(C) unconstitutional in violation of the Fifth Amendment to the Constitution of the United States, to the extent that these provisions on their face, or as interpreted and applied by the Commission, limit the amount which CMA may contribute as administrative support to CALPAC, and the amount CALPAC may receive from CMA as administrative support, to $5,000 per calendar year;

3. Permanently enjoining defendants from enforcing the provisions of 2 U.S.C. §441a(a)(1)(C) as to CMA for providing administrative support mentioned in §441b(b)(2)(C) to CALPAC in excess of $5,000 per calendar year;

4. Permanently enjoining the enforcement of 2 U.S.C. §441a(f) against CALPAC insofar as CALPAC is alleged to have received contributions of administrative support from CMA in excess of $5,000 per calendar year.

Dated: May 7, 1979

Respectfully submitted,

HASSARD, BONNINGTON, ROGERS & HUBER

By: Rick C Zimmerman

Attorneys for Plaintiffs

cec

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UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

CALIFORNIA MEDICAL ASSOCIATION, not-for-profit unincorporated association, CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE, a political committee, SIDNEY E. FOSTER, M.D., and E. KASH ROSE, M.D., Plaintiffs, vs. FEDERAL ELECTION COMMISSION, HONORABLE JOAN D. AIKENS, Chairman, HONORABLE ROBERT O. TIERNAN, Vice-Chairman, HONORABLE THOMAS E. HARRIS, Commissioner, HONORABLE JOHN McGARRY, Commissioner, HONORABLE VERNON W. THOMPSON, Commissioner, HONORABLE MAX FREIDERSDORF, Commissioner, HONORABLE J. STANLEY KIMMIT, Secretary, United States Senate and Ex-Officio Member of the Federal Election Commission, HONORABLE EDMUND L. HENSHAW, JR., Clerk, House of Representatives and Ex-Officio Member of the Federal Election Commission, Defendants.	Civil Action No. C 79 1089 CFP NOTICE OF RELATED CASE

To William C. Oldaker, General Counsel, Federal Election Commission:

Notice is hereby given pursuant to Local Rule 205-2(a) that the present case is related to a proceeding previously filed in this District, Federal Election Commission v. California Medical Political Action Committee (CALPAC) et al. Civil Action

No. M-77-306-C(WHO). That action was filed in the Northern District on or about November 21, 1977.

The present action arises under the Federal Election Campaign Act of 1971, as amended, 2 U.S.C. §431 et seq. The proceeding filed by the Federal Election Commission on November 21, 1977, to enforce certain administrative subpoenaes, also arises under the Federal Election Campaign Act. Both proceedings involve the California Medical Political Action Committee (CALPAC) and the Federal Election Commission. Certain issues of fact and law are common to both proceedings. Specifically, both proceedings involve CALPAC's contributions in Federal Elections, particularly since May 11, 1976.

Plaintiffs have requested immediate certification of the present action to the Ninth Circuit Court of Appeals, pursuant to 2 U.S.C. §437h. However, there is likely to be a saving of judicial effort if this matter is reassigned as a related case.

Dated: May 8, 1979

Respectfully submitted,

HASSARD, BONNINGTON, ROGERS & HUBER

By: Reed Zimmerman

Attorneys for Plaintiffs

Ex #328

[illegible] OF REPRESENTATIVES

[illegible]
[illegible], D.C. 005606

REGISTRATION FORM AND STATEMENT OF ORGANIZATION

FEC A

[illegible] RECEIVED 2:47

SUPPORTING ANY CANDIDATE(S) FOR THE U.S. HOUSE OF REPRESENTATIVES AND
[illegible] CONTRIBUTIONS OR EXPENDITURES IN EXCESS OF
$1,000 IN ANY CALENDAR YEAR

Registration for Committees of Political Campaigns

(In accordance with the provisions of the Federal Election Campaign Act of 1971, P.L. 92-225)

SEE ACCOMPANYING INSTRUCTION MANUAL FOR ADDITIONAL
REGULATIONS AND DISTRIBUTIONS

A. The treasurer of each political committee which anticipates making contributions or making expenditures during the calendar year in excess of $1,000 for the purpose of influencing the nomination for election, or election, of any person to be voted for at any general election at which Representatives in the U.S. Congress are to be elected, shall file with the Secretary of the U.S. House of Representatives (all of the acts the Clerk of the U.S. House of Representatives) a Statement of Organization, within 10 days after the committee has been established, and a report of receipts and expenditures on the 10th day of March, June, September, and December of each year. Each committee supporting candidates for the U.S. Senate, a candidate for President or Vice President, or a political committee which anticipates receipts or contributions in excess of $5,000 during the calendar year shall file with the Comptroller General.

B. A copy of this statement shall be filed with the Secretary of State (or, if there is no Office of Secretary of State, the [illegible]).

C. A copy of this statement shall be preserved by the treasurer of the political committee for a period of not less than two (2) years.

D. Any change or correction of information previously submitted in a Registration Form and Statement of Organization shall be reported to the U.S. House of Representatives within ten (10) days following the change or correction. Each report filed by a political committee shall include, in addition to the name and mailing address of the committee, the name and address of each person to whom an expenditure in the amount of $10 or more has been made by the committee or on its behalf during the calendar year, together with the date, amount, and purpose of each such expenditure.

E. Any committee which has filed one or more Registration Forms and Statement of Organization, disbands or determines that it will no longer receive contributions or make expenditures during the calendar year in an aggregate amount exceeding $1,000, shall so notify the Clerk of the U.S. House of Representatives. Such notification shall be verified by the [illegible] of the person filing it, shall be in writing, and shall be retained by the committee for a period of not less than two (2) years.

1. Full name of committee: CALIFORNIA MEDICAL POLITICAL ACTION COMMITTEE

Mailing address and ZIP code: 450 Sutter Street
San Francisco, California 94102

Date of this registration: April 10, 1972

2. [illegible]

[illegible]	[illegible]	Relationship
CALIFORNIA MEDICAL ASSOCIATION	450 Sutter Street San Francisco California 94102	ORGANIZER

3. [illegible]

(a) Will the committee operate in more than one State? No

(b) Will it operate on a statewide basis in one State? Yes

(c) Will it primarily support candidates seeking State or local office? No

(d) Will it support candidates for the U.S. House of Representatives in an aggregate amount in excess

4. [illegible]

(Full Name of Committee)

4. (a) If the committee is supporting individual candidates for the U.S. House of Representatives, list each candidate by name, address, office sought, and party affiliation:

Full names of candidates	Mailing address and ZIP code	State and Congressional District	Party
Varies as requests from Candidate Support Committees are received.			

(b) List by name, address, office sought, and party affiliation, any candidate for other Federal office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Varies as requests from Candidate Support Committees are received.			

(c) List by name, address, office sought, and party affiliation, any candidate for any other public office that this committee is supporting:

Full names of candidates	Mailing address and ZIP code	Office sought	Party
Varies as requests from Candidate Support Committees are received.			

5. If this committee is supporting the entire ticket of a party, give name of party: _____

6. Identify by name, address and position, the committee's custodian of books and accounts:

Full name	Mailing address and ZIP code	Committee title or position
LYTTON HEYLAND	693 Sutter Street San Francisco California 94102	Comptroller

7. List by name, address and position, other principal officers of the committee, including officers and members of the finance committee, if any:

Full name	Mailing address and ZIP code	Committee title or position
JAMES C. MacLAGGAN, M.D.	693 Sutter Street San Francisco, CA 94102	Chairman
Frederick Ackerman, M.D.	- do -	Vice-Chairman
Frank A. Rogers, M.D.	- do -	Secretary
Merlin A. Hendrickson, M.D.	- do -	Treasurer

8

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8. In the event of dissolution, what disposition will be made of retained funds? _____

_____
(Attach additional sheets if necessary)

12. List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds:

Name of bank, depository, etc.	Mailing address and ZIP code
BANK OF AMERICA - Oakland Airport Branch	P.O. Box 2545 Oakland, California 94614

13. List all reports required to be filed by this committee with States and local jurisdictions, together with the names, addresses, and positions of the recipients of the reports:

Report title	Date required to be filed	Name and position of recipient	Mailing address and ZIP code

Submit additional information or explanatory attachments clearly identified and attached to this Statement of Organization. Indicate in the appropriate box where information is continued or appears above.

State of California
County of San Francisco ss.

I, [illegible], being duly sworn, depose (affirm) and say that the information in this Registration Form and Statement of Organization is complete, true, and correct.

[signature]

Subscribed and sworn to (affirmed) before me this [illegible] day of [illegible], A.D. 1979.

[signature]

[illegible]

[illegible]

Mail completed form and attachments to:
The Clerk, U.S. House of Representatives
Office of Records and Registration
[illegible] Longworth House Office Building
Washington, D.C. 20515

AMPAC Contributions Ev 1-29

January 28, 1976

James C. MacLaggan, MD
American Medical Political Action
Committee
Post Office Box 4449
Chicago, IL 60680

Dear Jim:

As you know CALPAC's Executive Committee, last evening, approved the following contributions:

Representative Jim Lloyd (D) 35th C.D.	$2,500
Representative Jerry Patterson (D) 38th C.D.	$2,500
Dave Horner, MD, (D-Santa Monica) 27th C.D.	$5,000

The contributions to Congressmen Lloyd and Patterson are to help retire their campaign debts from 1974 and will not be counted toward our contribution limitations during the 1976 campaign.

CALPAC's Executive Committee voted unanimously to respectively request a matching contribution from AMPAC in support of these three candidates.

Thank you in advance for your consideration of our requests. If you need any further information, please do not hesitate to contact either Al Pross or myself.

Best wishes.

Sincerely,

Johnni Takamine, MD
Vice-Chairman

JT:jl

3 5 0 8 2 6 1 3

California Medical Political Action Committee 711 Market Street San Francisco, California 94103 415/777-2000

Ex # 330

April 22, 1976

James C. MacLaggan, MD, Chairman
American Medical Political
Action Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

CALPAC's Federal Candidate Selection and Executive Committees met on April 21, in Los Angeles, At that time we took the following action in support of candidates seeking federal office in California, and we are requesting, as indicated, favorable action from AMPAC in support of these candidates:

Name	Party	District	CALPAC Contribution	CALPAC Request to AMPAC
Don Clausen	R	2 C.D.	$2,500	$2,500
Branwell Fanning	R	5 C.D.	$5,000	$5,000
Leo Ryan	D	11 C.D.	$1,000	$1,000
Burt Talcott	R	16 C.D.	$2,500	$2,500
Charles Wilson	D	31 C.D.	$1,500	$1,000
Arnold Flick, MD	D	41 C.D.	$1,000	$1,000

If you desire any further information regarding these candidates, do not hesitate to contact me.

Best wishes.

Sincerely,

Jokichi Takamine, MD
Cha

3 1 7 1 2 9 0 2 2 6

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

EF 331

May 17, 1976

James C. MacLaggan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

The Executive Committee of CALPAC, on Thursday, May 13, approved a contribution of $1,250 in support of the re-election campaign of Congresswoman Yvonne Burke.

At the same time our committee voted to request a matching contribution from AMPAC.

Mrs. Burke has been an excellent friend of medicine and has been very supportive of the views of the physicians within her district who are solidly united behind her re-election effort.

Should AMPAC act favorably upon our request; the contribution should be sent to Doctor Dave Horner, 811 Alisal Court, Santa Monica, CA; and the check should be made payable to Committee to Re-elect Yvonne Brathwaite Burke, P.O. Box 1675 Inglewood, Ca. 90301.

Sincerely,

Joichi Takamine, MD
Chairman

JT:jl

3101?98?7

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 (415) 777-5991

Ex. # 332

July 26, 1976

James C. MacLaggan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

California's junior Democrat Senator, John Tunney, is seeking re-election this year and he will be challenged by Doctor S.I. Hayakawa, the Republican nominee.

CALPAC's Executive Committee is asking that AMPAC consider making a maximum contribution in support of Doctor Hayakawa's candidacy.

It is the opinion of most people that Doctor Hayakawa can wage a successful campaign against Senator Tunney but that every available dollar must be utilized to accomplish victory.

Thank you in advance for considering our request.

Sincerely,

Allen L. Pross

PLF'S _____ DEFT'S _____
Deposition Exhibit No 2
Date 4/15/76 Martha L. Dix, Notary

3112?30?:9

AMPAC Contributions

August 20, 1976 Ex. # 333

James C. MacLaggan, MD
Chairman
American Medical Political Action Committee
P.O.,Box 4449
Chicago, Illinois 60680

Dear Doctor MacLaggan:

CALPAC's Executive Committee requests that AMPAC consider contributions to the following candidates.

DISTRICT	CANDIDATE	AMOUNT
2ND	Don Clausen (R)	$2,500
11 TH	Leo Ryan (D)	$1,500
14TH	John McFall (D)	$2,500
15TH	B. F. Sisk (D)	$1,000
16TH	Burt Talcott (R)	$5,000
17TH	John Krebs (D)	$1,000
18TH	Bill Ketchum (R)	$1,500
21ST	Carlos Moorhead (R)	$2,250
33RD	Del Clawson (R)	$2,000
37TH	Shirley Pettis (R)	$1,000
39TH	Charles Wiggins (R)	$2,000
40TH	Robert Badham (R)	$1,000
41ST	Charles Wilson (D)	$1,500
42ND	Lionel Van Deerlin (D)	$ 500
43RD	Claire Burgener (R)	$1,000

If you would like any further information on any of these candidates, please let us know.

Sincerely,

Jokichi Takamine, MD
Chairman
CALPAC

Ex. 334

CALPAC EXECUTIVE COMMITTEE

MINUTES

12:00 p.m.
Sunday
February 23, 1975

Grecian Room
Biltmore Hotel
Los Angeles

ATTENDANCE: E. Kash Rose, MD, Chairman

Kush Blodget, MD
Sidney E. Foster, MD
Mrs. James Goettle
Ward Hart, MD
David Horner, MD
James C. MacLaggan, MD
David Olch, MD
Jokichi Takamine, MD

GUESTS: L. L. Holloman, MD
Gene Scott
Jerome Taurek, MD

STAFF: Linda Gano
Al Pross
Don Test

I. Candidate Support

The Executive Committee considered requests for candidate support and took the following actions:

A. State Assembly

C. Congressional

37th District Special Election	Shirley Pettis (R)	$5,000 CALPAC $5,000 AMPAC request

II. Caucus Contributions

After thoroughly discussing the advisability of making an annual pre-primary contribution to the Democrat and Republican Caucuses in the State Assembly and Senate and to the Republican and Democrat California Congressional Campaign Committees, the following action was unanimously approved:

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That CALPAC in 1975 will contribute:

A. $2,500 to the State Assembly and Senate Republican and Democrat caucuses for a total of $10,000.

B. $5,000 to each of the California Congressional campaign committees (Democrat and Republican) for a total of $10,000.

III. Review of Board Actions

A. Constitutional amendments:

The proposed language for the constitutional amendments recommended by the Board was approved. Members of the Board will be sent copies of the proposed changes with a mail ballot.

B. 1975 Political Leadership Seminar: The Executive committee felt that CALPAC should sponsor a 1975 Political Leadership Conference and voted to assign the planning responsibility to CALPAC's Political Education Committee.

C. Membership Solicitation Program and Survey of CALPAC Physicians: The Executive Committee referred both of these proposed programs to the Membership Committee for further consideration and action.

IV. AMPAC/CALPAC Q-Sort

The Executive Committee referred this matter to the Federal Candidate Selection Committee for further study.

V. Adjournment

The meeting adjourned at 1:30.

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Ex. # 335

CALPAC Executive Committee

Wednesday,
April 16, 1975
6:30 p.m.

Bayshore Room
Hilton Inn
San Francisco Airport

ATTENDANCE:

E. Nash Rose, M.D., Chairman
Rush Blodget, M.D.
Sidney E. Foster, M.D.
Mrs. James Goettle
Ward L. Hart, M.D.
David Horner, M.D.
David Olch, M.D.
Theodore Steinberg, M.D.

STAFF:

Will Babb
Linda Gano
Jack Light
Al Pross
Don Test

GUESTS:

William Clark, M.D., Chairman, Political Education Committee
Carl Goetsch, M.D., President, California Medical Association
Robert Karns, M.D., CALPAC Board Member
R. Hewlett Lee, M.D., Chairman, Membership Committee
Dudley Moore, D.D.S., Chairman, CAL-D-PAC
Mr. Paul Newman, Political Consultant
Robert Wettstein, M.D., CALPAC Board Member

ACTION ITEMS

I. Recommendations From:

A. CALPAC's Membership Committee Report

Doctor R. Hewlett Lee, (Chairman of the Membership Committee) reported that his committee had met and recommended to the Executive Committee that:

RECOMMENDATION:

1) CALPAC present the option to all component medical societies in 1976 to list the CALPAC Family Membership on their annual dues statements at the rate of $55;

2) All members of the CALPAC Board should be encouraged to play a

more active role in soliciting CALPAC members from within their respective congressional districts.

3) The Executive Committee approved an immediate expenditure of up to $20,000 (hard dollars) to mount an extensive membership solicitation program to all CMA-member physicians who are not currently members of CALPAC. At least one of these mailings would include a questionnaire asking for their constructive criticisms and why they had not joined CALPAC. A different questionnaire would be sent to a current CALPAC member soliciting their views.

ACTION

The Executive Committee approved all three recommendations above.

In addition, the Membership Committee recommended that:

RECOMMENDATION

CALPAC's $35 be included on the 1976 county medical society dues statement as part of the CMA dues figure with an asterisk pointing out that membership in CALPAC is voluntary and if an individual does not wish to join to subtract the $35 from the total amount of his dues.

ACTION

The Executive Committee voted to table this recommendation pending a legal opinion from CMA's legal counsel.

B POLITICAL EDUCATION REPORT

Doctor William Clark, Committee Chairman, reported that the Political Education Committee had met and recommended to the Executive Committee that:

RECOMMENDATION:

CALPAC and CAL-D-PAC jointly sponsor a political education conference in October of 1975.

ACTION

Approved, subject to sending approval by CAL-D-PAC's Executive [illegible]

Doctor Clark then reported that the committee felt CALPAC should re-emphasize to county medical societies to include an agenda item at their annual workshops on political action and involvement of local physicians and their spouses in support of candidates seeking state and federal office. Doctor Clark then informed the Executive Committee regarding several survey research proposals that the Political Education Committee had considered. Dr. Clark reported that a special subcommittee will be appointed to study this subject in depth and to arrive at recommendations in the near future for Executive Committee action.

2 3 3 3 3 3 0 1 0 2 3 9 1 8

II. CALPAC's Role in the Professional Liability Crisis

Doctor Rose discussed the possibility of using CALPAC key contacts with state legislators in the professional liability crisis. It was agreed to by the Executive Committee that the names of these key local physicians would be given to CMA leadership and that they would be called upon as necessary to communicate our positions on key proposals with state legislators.

III. Candidate Support Requests

A. Representative George Danielson (Democrat). The Executive Committee approved a $1,000 contribution from CALPAC and voted to request $1,000 from AMPAC.

B. Representative James Lloyd (Democrat). The Executive Committee approved a $1,000 contribution for Mr. Lloyd and voted to request $1,000 from AMPAC.

IV. CALPAC Policy Paper - Rationale for Contributing to Two Candidates

The Executive Committee discussed a draft of a paper defining a policy and procedure for CALPAC to follow in supporting two opposing candidates seeking the same office.

RECOMMENDATION

To accept the policy paper as drafted with an amendment under Section 3, headed "Criteria," sub-paragraph A. to change the word "must" to "should."

ACTION

The policy paper was approved as amended. (See attachment)

INFORMATION ITEMS

I. Legislative Races

Doctor Rose reported that CALPAC contributed to the winning candidate in the 15th Assembly district, Floyd Mori, and in the 29th Senate district, Bill Greene. He reported that Mrs. Shirley... is was receiving strong support from the medical profession in the 37th Congressional District to succeed her late husband and that the primary election is on April 29, with a runoff on May 27, if needed.

II. CALPAC Constitutional Amendments

Doctor Rose reported that the proposed CALPAC Constitutional amendments were approved by the Board with little or no opposition.

III. Old business

Doctor Poe reported that most of the contributions which CAUSA's Executive Committee had approved [illegible] had been distributed to the caucus chairmen and had been gratefully received.

IV. Adjournment

The Chairman then called an Executive Session and the open meeting was adjourned at 10 a.m.

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CALPAC EXECUTIVE COMMITTEE MEETING

Sunday, 10: a.m.
February 2, 1975

Highlands Inn
Carmel

ATTENDANCE:

James C. MacLaggan, M.D.
Chairman

Thomas Elmendorf, M.D.
Sidney E. Foster, M.D.
Ralph Milliken, M.D.
Mrs. Salvadore Lask
Ward Hart, M.D.
David B. Horner, M.D.
Carl Goetsch, M.D.
E. Kash Rose, M.D.
Theodore Steinberg, M.D.

STAFF

Will Babb
Linda Gano
Al Pross
Don Test

The Executive Committee considered various requests for campaign contributions and made the following recommendations:

RECOMMENDATIONS:

U.S. House of Representatives CALPAC and a request to AMPAC for $2,500	William Ketchum	(R)	$2,500
CALPAC	George Brown	(D)	$ 500

The Committee also requested that the check to each candidate read: "This money represents _____ number of individual physician contributions.

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Ev # 337

MINUTES

CALPAC EXECUTIVE COMMITTEE

Wednesday
June 25, 1975
3:00 p.m.

Director's 608
Hilton Inn
San Francisco

ATTENDANCE: E. Kash Rose, MD, Chairman
Sidney E. Foster, MD
Ward Hart, MD
David Horner, MD
David Olch, MD
Theodore Steinberg, MD
J. E. Vaughan, MD

Absent:
Rush Blodget, MD
Mrs. James Goettl
James MacLaggan, M
Jokichi Takamine,

Staff:
Linda Gano
Jack Light
Al Pross
Don Test

I. OLD BUSINESS

A. Membership Campaign

Al Pross reported on the progress of the membership campaign. The first letter has brought in 304 memberships, more than enough to pay for the mailing. The second letter was mailed on June 25 and the third will be sent on July 13, 1975.

Mr. Pross also reported on the AMPAC action on CALPAC's request to share the cost of the membership project, up to $6,000. The AMPAC Board took the following action:

"It was moved, seconded and carried to commend CALPAC on its direct membership solicitation program and indicate that if AMPAC has funds available at the end of the year in its educational account that AMPAC would participate in the project to the ex at possible."

B. Comprehensive Billing Proposal

Al Pross reported to the Committee that the lawyers have indicated that it would be legal for CMA to include CALPAC as part of their dues on the billing statement. The Committee took no further action on the plan at this time.

C. CALPAC Political Leadership Conference

The Committee discussed plans for a proposed fall political leadership conference. After the discussion the Committee voted that:

ACTION: CALPAC WILL HOLD A POLITICAL EDUCATION CONFERENCE ON OCTOBER 19, 1975 IN LOS ANGELES. CHAIRMAN ROSE WILL APPOINT A COMMITTEE TO PLAN THE PROGRAM.

The Committee also indicated that the potential invitees were to include the presidents of county medical societies, med execs, the CMA Commissions on State and Federal Legislation, the CMA Council and CMA/CALPAC key men in addition to the CALPAC Board.

D. Key Man Program

Doctor Rose and Don Test reported on the status of the Key Man Program. Approximately 90% of the potential Key Men have been contacted and have agreed to serve as liaison with state legislators. CMA and CALPAC will share the cost of this program and these individuals will be utilized by CMA to contact specific legislators on key health proposals and legislation.

II. NEW BUSINESS

A. State Candidate Selection Committee Report

3102929?53

B. Federal Candidate Selection Committee Report

Dr. David Horner, Committee Chairman, reported on the deliberations of the Federal Candidate Selection Committee and presented the following recommendations:

1) A MAILING BE SENT TO ALL PHYSICIANS IN THE 1st AND 7th CONGRESSIONAL DISTRICTS ASKING FOR AN EVALUATION OF THE INCUMBENT AND POTENTIAL OPPONENTS.

2) CONTRIBUTION OF $1,250 TO EACH OF THE FOLLOWING LEGISLATORS:

Name	Party	District
Burgener, Clair	R	13
Burke, Yvonne B	D	28
Clausen, Don	R	2
Clawson, Del	R	33
Ketchum, Bill	R	18
Lagomarsino, Bob	R	19
McCloskey, Paul	R	12
McFall, John	D	14
Mineta, Norman	D	13
Moorhead, Carlos	R	22
Moss, John	D	3
Pettis, Shirley	R	37
Rousselot, John	R	26
Ryan, Leo	D	11
Sisk, B.F.	D	15
Talcott, Burt	R	16
Waxman, Henry	D	24
Wiggins, Charles	R	39
Wilson, Bob	R	41
Wilson, Charles	D	31

The Executive Committee also took the position that each Republican recipient of the above contribution would be given the option of having CALPAC's $1,250 sent instead as a non-earmarked contribution to the California Republican Congressional Target Committee.

3) CALPAC CONTRIBUTE $5,000 TO THE REPUBLICAN CONGRESSIONAL TARGET COMMITTEE AND TO REQUEST A MATCHING AMOUNT FROM AMPAC. THIS MONEY IS TO BE USED PRIMARILY FOR VULNERABILITY SURVEYS IN SELECT CALIFORNIA CONGRESSIONAL DISTRICTS.

4) A QUESTIONNAIRE BE SENT TO THE MEMBERS OF THE CALPAC BOARD TO DETERMINE THEIR CURRENT FEELINGS REGARDING POTENTIAL CANDIDATES FOR U.S. SENATE IN 1976 AND TO SEEK THEIR ADVICE AS TO WHETHER CALPAC SHOULD CONSIDER PRE-PRIMARY FINANCIAL INVOLVEMENT.

ACTION: THE COMMITTEE APPROVED ALL THE ABOVE RECOMMENDATIONS OF THE FEDERAL CANDIDATE SELECTION COMMITTEE.

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In addition, Dr. Berner requested that the Committee strongly urged CMA to send a delegation of key physicians to Washington to lobby on the Health Manpower Act and to notify the members of our delegation of CALPAC's 1975 campaign contributions.

Accordingly, the Executive Committee voted to recommend to CMA that: -

ACTION: CMA SEND A DELEGATION OF KEY PHYSICIANS TO WASHINGTON REPRESENTING THE COMMISSION ON FEDERAL LEGISLATION AND CALPAC TO LOBBY ON THE HEALTH MANPOWER ACT AND TO NOTIFY THE CONGRESSMEN OF CALPAC'S ACTION REGARDING 1975 CAMPAIGN CONTRIBUTIONS.

C. Bicentennial Trip

Don Test reported on the prospect of arranging a charter for CALPAC members and their families to go to Washington during the Bicentennial celebration. The cost would be approximately $370 per person for air fare, ground accomodations for five days and transfers excluding meals.

ACTION: THE EXECUTIVE COMMITTEE ASKED THAT THE MATTER BE INVESTIGATED FURTHER AND THAT A REPORT BE PREPARED FOR THE NEXT MEETING.

III. ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

8104020070

Ex # 338

M I N U T E S

Executive Committee Conference Call

Thursday
October 14, 1976 — 4:00 p.m.

ON THE LINE: Jokichi Takamine, MD
Chairman

Sidney Foster, MD
Franklin Glanz, MD
David Horner, MD
James MacLaggan, MD
Ralph Milliken, MD
David Olch, MD
Ted Steinberg, MD

STAFF: Jack Light
Al Pross
Don Test

I. Doctor David Olch, Chairman of CALPAC's Federal Candidate Selection Committee submitted to the Executive Committee the recommendations eminating from CALPAC's Federal Candidate Selection Committee meeting held on October 13, 1976.

Accordingly, CALPAC's Executive Committee unanimously approved the following:

Transaction #	Candidate	Amount
373	John Krebs	$500
374	Bob Dornan	Up to $1000
375	Daniel Lundgren	$2500 (if matched by AMPAC)
376	Louis Brutacao	$1500
377	Robert Badham	$500
378	Mills Dinner Committee	$150

III. Doctor Takamine recommended that CALPAC staff members Al Pross and Don Test be made available for assignments to specific campaigns beginning on or around October 22nd. It was agreed that Mr. Pross would discuss potential areas of staff involvement with Mr. Jack Light, CMA's Association Director and that final approval would rest with the California Medical Association.

IV. There being no further business, the conference call was adjourned at 4:35 p.m.

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Ex. # 339

M I N U T E S

Executive Committee Conference Call

Thursday
October 21, 1976 — 8:00 p.m.

ON THE LINE:

Jokichi Takamine, MD
Chairman

William Clark, MD
Brad Cohn, MD
Mrs. James Goettle
Ward Hart, MD
David Horner, MD
Ralph Milliken, MD
David Olch, MD
Theodore Steinberg, MD

STAFF:

Al Pross
Don Test

I. The Committee discussed the $5000 pre-primary contribution which CALPAC gave to Senator Robert Stevens. Senator Stevens, after receiving the contribution which was specifically earmarked for his reelection campaign, announced that he did not intend to seek reelection. Despite correspondence and personal contact with the Senator requesting that the $5000 be refunded CALPAC has not received this money. Accordingly, the Executive Committee voted to exercise every effort to recover the $5000 from Senator Robert Stevens.

II. The Committee then discussed the recommendations from the State Candidate Selection Committee meeting held on October 20, and took the following actions:

A. Post-Election Survey Research. The Executive Committee unanimously approved: The Expenditure of up to $10,000 of 1977 CALPAC dues money to finance post-election surveys in selected state legislative districts.

B. Candidate Contributions. The Executive Committee took the following action on the recommendations of the State Candidate Selection Committee regarding candidate support:

1) SENATE

District	Candidate	Amount Recommended by Committee	Amount Approved by Exec. Comm.

2) ASSEMBLY

District	Candidate	Amount Recommended by Committee	Amount Approved by Exec. Comm.

C. The Committee also discussed the 27th Congressional District race between Gary Familian and Robert Dornan. Dr. Takamine reported that Mr. Dornan's physician support committee has raised approximately $1600 to date. The Committee unanimously approved the following: that an additional $2000 be requested from AMPAC providing the physicians match this amount.

III. There being no further business, the call was concluded at approximately 9:00 p.m.

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Ex. 340

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

Monday, April 26, 1976

1:30 p.m.

PARTICIPANTS: Rex Kenyon, M.D., (not available for the call)
Ed Beddingfield, M.D.
W. J. "Jack" Lewis, M.D.
William Cooper, M.D.
James MacLaggan, M.D., Ex-Officio
Mrs. Lee Ann Elliott
Mike Riley

9102902 74

ALABAMA

In the 6th Congressional district the Committee considered and approved an ~~a11~~ Alapac request in the amount of $1,000 to be used to support Incumbent Congressman John Buchanan (R).

In the 7th Congressional District the Committee considered and approved an ~~a11~~ Alapac request for Walter Flowers (D).

CALIFORNIA

The Committee considered tentative requests in six Congressional Districts and gave tentative approval to some of the requests if requested.

2nd Congressional District - Don Clausen (R) $2,500
5th District - Branwell Fanning (R) $5,000
11th District - Leo Ryan (D) $1,000
16th District - Bert Talcott $2,500
31st District - Charles Wilson (D) $1,000

In the 41st Congressional District the Committee considered a $1,000 expenditure for Arnold Flick, M.D. (D) but did not approve

more-

an expenditure. The Committee felt that they could not support Dr. Flick since the seat was currently held by a friendly incumbent, Dr. Flick had never held public office of any sort before, He was not likely to win in a field of eight Democratic candidates in the primary. The Committee will re-evaluate the race if Dr. Flick wins the Democratic primary.

KENTUCKY

In the 5th Congressional District the Committee considered and approved an expenditure of $5,000 to be used to support Incumbent Congressman Tim Lee Carter (R).

FLORIDA

In the 5th Congressional District the Committee considered and approved an expenditure of $5,000 to be used to support Incumbent Congressman Richard Kelly(R).

TEXAS

In the 6th Congressional District the Committee approved an additional expenditure of $3,000 to be used to support Incumbent Congressman Olin Teague.

Record approved.

Action of the AMPAC
Congressional Review Committee
April 26, 1976

Rex Kenyon, M.D.

Edgar Beddingfield, M.D.

W. J. Lewis, M.D.

William Cooper, M.D.

James MacLaggan, M.D., Ex-Officio

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Ex. # 341

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

Friday, October 29th, 1976

2:00 p.m.

PARTICIPANTS: Rex Kenyon, M.D., Chairman
William Cooper, M.D.
Edgar T. Beddingfield, M.D. (Not available)
William J. Lewis, M.D. (Not available)
James MacLaggan, M.D., Ex Officio
William L. Watson
Mrs. Lee Ann Elliott

CALIFORNIA

In the 17th congressional district, the Committee considered the contribution for Henry Andreas but decided to make no contribution at this time.

In the 34th congressional district, the Committee discussed a contribution for Daniel Lungren at great length and discussed the efforts that were being made in this race. The Committee finally concluded that they would make no expenditure in this race.

HAWAII

In the Senate race, the Committee approved an additional contribution of $3,000 to be used to support William Quinn in the general election.

ILLINOIS

In the 9th congressional district, the Committee considered but did not approve contribution for Thomas J. Wajerski.

Action of the AMPAC
Congressional Review Committee
October 29th, 1976

NEW YORK

In the 39th congressional district the Committee discussed a contribution for Richard Snowden but felt that more information was necessary before contribution could be made.

NORTH CAROLINA

In the 1st congressional district the Committee considered an additional contribution for Joseph Ward, M.D. but decided that no further contribution should be made at this time.

PENNSYLVANIA

In the Senate race, the Committee considered a contribution for William Green, but decided that AMPAC should not make a contribution in this race.

TEXAS

In the 8th congressional district the Committee approved the contribution in the amount of $1,000 to be used to support Nick Gearhart (R).

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

The Committee discussed an additional contribution to the Democratic Senate Campaign Committee and approved the contribution of $2,400.

Action of the AMPAC
Congressional Review Committee
October 29th, 1976

Record approved,

Rex Kenyon, M.D., Chairman

William Cooper, M.D.

W. J. "Jack" Lewis, M.D.

Edgar T. Beddingfield, M.D.

James MacLaggan, M.D.

Ex. 342

ACTION OF THE AMPAC CONGRESSIONAL REVIEW COMMITTEE

BY CONFERENCE CALL

Monday, June 30th, 1975

1:30 p.m.

PARTICIPANTS: Rex Kenyon, M.D., (was not available for the call)
W.J."Jack" Lewis, M.D.
Edgar T. Beddingfield, M.D.
William Cooper, M.D.
James C. MacLaggan, M.D., Ex Officio

Mrs. Lee Ann Elliott

CALIFORNIA

The Committee considered and approved an expenditure of $1,250 for each of the following California Congressmen:

2nd C.D.	Don Clausen	(R)
3rd C.D.	John Moss	(D)
11th C.D.	Leo J. Ryan	(D)
12th C.D.	Paul McCloskey, Jr.	(R)
13th C.D.	Norman Mineta	(D)
14th C.D.	John McFall	(D)
15th C.D.	B.F. Sisk	(D)
16th C.D.	Burt Talcott	(R)
18th C.D.	William Ketchum	(R)
19th C.D.	Robert Lagomarsino	(R)
22nd C.D.	Carlos Moorhead	(R)
24th C.D.	Henry Waxman	(D)
26th C.D.	John Rousselot	(R)
28th C.D.	Yvonne B. Burke	(D)
31st C.D.	Charles Wilson	(D)
33rd C.D.	Del Clawson	(R)
37th C.D.	Shirley Pettis	(R)
39th C.D.	Charles Wiggins	(R)
41th C.D.	Bob Wilson	(R)
43th C.D.	Clair Burgener	(R)

GEORGIA

The Committee considered but did not approve a request of $1,000 for participation in the Governor's Club -- The Democratic Party of Georgia.

more -

Action of the AMPAC
Congressional Review Committee
June 30th, 1975

The Committee has never backed a gubernatorial candidate and felt that this action would break precedent which should not be considered at this time.

ILLINOIS

In the 6th congressional district, the Committee considered and approved a request in the amount of $1,500 to be used for the 1974 deficit of Henry Hyde.

Record approved,

Rex Kenyon, M.D., Chairman

W.J. "Jack" Lewis, M.D.

Edgar T. Beddingfield, M.D.

William Cooper, M.D.

James C. MacLaggan, M.D., Ex Officio

Ex. 343

MINUTES OF THE CALPAC EXECUTIVE COMMITTEE

Saturday, September 24, 1977 12:15 p.m. Los Angeles Marriott

ATTENDANCE:

Jokichi Takamine, MD, Co-Chairman
James C. MacLaggan, MD, Co-Chairman
David B. Horner, MD, Vice-Chairman
Douglas A. Liddicoat, MD, Secretary
Sidney E. Foster, MD, Treasurer
Mrs. Robert Evert, Chair-woman, Auxiliary
Ward L. Hart, MD, Chairman of the State Candidate Selection Committee
David I. Olch, MD, Chairman of the Federal Candidate Selection Committee
Irwin S. Barg, MD
Franklin S. Glanz, MD
Marshall P. Stonestreet, MD

STAFF
Jack M. Light

ABSENT FOR CAUSE
William L. Clark, MD
Ralph M. Milliken, MD, ex officio
Brad Cohn, MD, ex officio

I. CALL TO ORDER

The meeting was called to order at approximately 12:15 p.m. The Chairman's intent was to conduct this meeting in two stages -- a luncheon session to be followed by a second meeting, beginning at approximately 3:30 p.m.

II. FINANCE REPORT

The Committee reviewed and approved the offici ' finance report, showing total liabilities and surplus of $153,247.

III. STAFFING AND POLICY

CALPAC staffing and administrative policies were discussed in depth by Doctors Barg, MacLaggan, Takamine and others. The rationale for assigning federal legislation to the Director of Governmental Relations was also analyzed. The Committee expressed interest in the manner in which the CALPAC soft dollar budget is expended. (Once this budget is approved, all projects and activities may be carried out within the limitations of the budget, subject to normal administrative requirements and controls.) Members of the Committee also expressed viewpoints on the mechanics of recruiting and hiring CALPAC senior staff.

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IV. MEMBERSHIP DRIVE

At its previous meeting, the Executive Committee had decided upon a membership drive to consist of one hard-hitting letter to all non-CALPAC members of CMA. A budget was established (approximately $2500) and draft letters were prepared by staff. In addition, labels were obtained for the mailing. A serious discussion ensued as to whether a mailing at this relatively late date might preempt 1978 membership. This is particularly critical because of the impending dues increased to $60 for basic membership. While Doctor Horner pointed out that the timing for a membership solicitation is never "right," it would seem unlikely that a targeted solicitation could occur next year until late May because of factors involved in establishing a computerized membership file. Finally, a majority of the Committee voted not to send out a mass solicitation at this time but rather to send an effective, hard-hitting letter immediately following the mailing of association dues billings to physicians.

Doctor Horner has requested and will receive two sets of LACMA labels, one for CALPAC members and one for those who are non-CALPAC LACMA members. Doctor Horner is giving consideration to a special solicitation mailing to LACMA alone under his direction and funding.

V. REPORT OF THE CHAIRMAN OF THE STATE CANDIDATE SELECTION COMmittee, DOCTOR WARD L. HART

VI. LACPAC REQUEST FOR AN EXTRA $5

LACPAC has presented a formal request for an additional $5 to be returned to them from next year's dues. The present arrangement is that the CALPAC dues show on the LACMA dues billing for $45. Thirty-five dollars of this is divided between CALPAC ($25), AMPAC ($10) and the remaining $10 stays with LACPAC. In 1978, CALPAC dues will be $60. LACPAC has proposed that we collect $70 but rebate $15, rather than $10, to LACPAC. Doctors MacLaggan and Takamine expressed the conviction that local pacs should strongly emphasize local rather than state and federal races. It was also emphasized that reversionary funds should not be used for administrative purposes and that equal funding opportunity should be available to all local pacs which meet necessary qualifications. Doctors Liddicoat, Barg and others pointed out the advantages which can obtain from conscientious use of funds at the local level. Doctor Glanz noted that local pacs have not worked especially well in San Diego. Doctor Barg noted that the local pac in Fresno had become dormant but emphasized the value of rebuilding it.

There are legal considerations as to how funds might be transmitted. For example, in theory, CALPAC could dedicate specific funds for local supervisorial, mayoralty and board races or elect to transmit a given sum to local pacs for use on a targeted basis at their discretion.

ACTION: *IT WAS MOVED, SECONDED AND APPROVED: THAT STAFF WORK WITH DOCTORS BARG AND LIDDICOAT TO DEVELOP A POSITION PAPER-CLEARED THROUGH LEGAL COUNSEL -- WHICH WILL SET FORTH THE ALTERNATIVES OF FUNDING LOCAL PAC ACTIVITY. THIS PAPER, ONCE APPROVED BY DOCTORS BARG AND LIDDICOAT, WILL BE PRESENTED TO THE EXECUTIVE COMMITTEE FOR REVIEW.*

VII. SUBSCRIPTIONS TO "THE POLITICAL ANIMAL," A CURRENT INSIDERS' POLITICAL NEWSLETTER.

After some discussion, the following action was taken:

ACTION: *IT WAS MOVED, SECONDED AND APPROVED: THAT MEMBERS OF THE CALPAC EXECUTIVE COMMITTEE RECEIVE SUBSCRIPTIONS TO THIS PUBLICATION FOR ONE YEAR.*

VIII. CMA-CALPAC AUXILIARY -- FALL WORKSHOP

Mrs. Doreen Evert commented upon the presentation made by Mr. Paul Newman at their workshop. Staff was directed to develop a paper, giving a more concise explanation of the Auxiliary role on the CALPAC Board and on CALPAC activities generally.

Staff was requested to determine the feasibility of bringing an AMPAC speaker, such as Chenault or Lee Ann Elliott, the Assistant Director of AMPAC, to the Auxiliary Annual Session.

Doctor Liddicoat commented on the fact that Mrs. Liddicoat is an elected member on the Board of Supervisors and is also on an HSA. He suggested that perhaps she might wish to attend, and even possibly address, the Auxiliary House.

After some discussion, and in an effort to further enhance the role of the Auxiliary in CALPAC, the following action was taken:

ACTION: *IT WAS MOVED, SECONDED AND APPROVED: THAT THE AUXILIARY CALPAC CHAIRMAN BECOME AN EX OFFICIO NON-VOTING MEMBER OF THE CALPAC EXECUTIVE COMMITTEE.*

If this arrangement proves advantageous, then consideration will be given in the future to changing the bylaws to qualify this as a permanent Executive Committee membership with voting privileges.

IX. CALPAC BOARD MEETING

The co-chairman discussed the pros and cons of holding an interim Board meeting for the next CMA Annual Session. It was noted that communications with the Board have not been noteworthy for their excellence. After considerable

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discussion, the co-chairmen directed staff to investigate the feasibility of adding a day to the CMA Annual Session (preferably a day preceding the Session), during which we could hold a structured and meaningful Session for the Board members. There have been suggestions, particularly from Doctor Takamine, that we bring in a nationally known speaker. In addition, Doctor Hart has made some strong recommendations as to the desirability of bringing to the Board an educational program on how to communicate with legislators, a description of the Key Man System and an explanation of how the Sacramento office does its work. Such a Session, combined with a nationally known speaker, could be extremely helpful to the Board.

A feasibility report will be forthcoming within the next week or two.

X. RESOLUTION 15-76

It was the considered opinion of the Executive Committee that referral of this Resolution to them might not have been appropriate. Staff was requested to review the rationale for re-referring this Resolution to the Liaison Committee to the State Bar. It was also suggested that legal counsel be asked for recommendations.

XI. FUND RAISER CONTRIBUTIONS

The following contributions were approved:

Congressman Jerry Patterson	*(No. 483)*	*$ 250*
Congressman Clare Burgener	*(No. 484)*	*$1000*

(AMPAC is to be encouraged to support this candidate in a like amount)

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XII. ADJOURNMENT

The Committee went into Executive Session at approximately 4:45 p.m. and adjourned at approximately 5:15 p.m.

Respectfully submitted,

Jokichi Takamine, MD
Co-Chairman

James C. MacLaggan, MD
Co-Chairman

Jack M. Light, Sec'y.
September 30, 1977

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Ev# 344

MINUTES OF CONFERENCE CALL OF CALPAC EXECUTIVE COMMITTEE

2:00 p.m.
October 21, 1974

ATTENDANCE: On the line

James C. MacLaggan, M.D., Chairman
Sidney Foster, M.D.
Ward Hart, M.D.
David Horner, M.D.
Richard Wallrich, M.D.
Harold Wilkins, M.D.
Theodore Steinberg, M.D.

STAFF: Paul Brown
Al Pross
Don Test
Dick Perry

The Executive Committee took the following actions:

1) STATEWIDE RACES

2) U.S. STATE SENATE

	Paul Laxalt (R)	2,500.00

3) CONGRESSIONAL

17th District	John Krebs (D)	no action at this t
22nd	Carlos Moorhead (R)	700.00

The call was adjourned at 2:30 p.m.

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Ex # 345

MINUTES OF CONFERENCE CALL OF CALPAC EXECUTIVE COMMITTEE

8:15 p.m.
October 22, 1974

ATTENDANCE: On the line

James C. MacLaggan, M.D., Chairman
Sidney Foster, M.D.
Ward Hart, M.D.
Mrs. Salvadore Lask
Ralph Milliken, M.D.
Richard Wallrich, M.D.
Harold Wilkins, M.D.
Theodore Steinberg, M.D.

STAFF: Paul Brown
Linda Cano
Al Pross
Don Test
Dick Perry

The Executive Committee took the following actions:

1) UNITED STATES SENATE

(N") Paul Laxalt (R) Increased contributions to: $5,000.00

2) CONGRESSIONAL

5th District	John Burton (D)	1,500.00
5th	Thomas Caylor (R)	no action at this time
8th	Jack Redden (R)	250.00
13th	George Milias (R)	2,000.00
17th	John Krebs (D)	5,000.00

3) STATE SENATE

The call was adjourned at 9:00 p.m.

Ex. 346

M I N U T E S

CALPAC Executive Committee

July 21, 1976
Wednesday
10:00 a.m.

Sheraton Universal
Los Angeles

ATTENDANCE: Jokichi Takamine, MD, Chairman

William Clark, MD
Franklin Glanz, MD
Mrs. James Goettle
Ward Hart, MD
David Horner, MD
James MacLaggan, MD
David Olch, MD

CMA Executive Committee

Ralph Milliken, MD

STAFF: Jack Light
Mike Mahoney
Jay Michael
Al Pross
Don Test

GUEST: Peter Lauer, AMPAC

The following subjects were discussed and appropriate action was taken by the CALPAC Executive Committee as follows:

I. CALPAC MEMBERSHIP

It was agreed that Board members should continue to be encouraged to solicit individual CALPAC memberships via face-to-face contact or through personal letters written by the Board member himself. It was suggested that if possible, future mass solicitations to physicians should include the signature of a local physician.

II. LIAISON WITH SPECIALTY SOCIETIES

In light of the fact that several specialty societies have formed, or are thinking of forming PACS, Doctor Takamine, as CALPAC Chairman, should meet with specialty society leaders to discuss their interaction and relationship with CALPAC's candidate support activities.

In addition, it was agreed that Doctor Takamine should ask to be included on the next agenda of the newly-formed CMA Committee on Specialty Societies, to inform them about CALPAC and our interest

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in having their input into our decision-making process.

III. REORGANIZATION OF THE CALPAC BOARD OF DIRECTORS

It was the feeling of the Executive Committee that CALPAC should take a critical look at the current structure of the Board and the method of representation. Accordingly, Doctor Takamine has appointed CALPAC's Vice-Chairman, David Horner, MD, to chair an ad hoc committee. This committee will be asked to review our structure and make specific recommendations for changes in our Constitution and By-laws for consideration by the CALPAC Board of Directors.

IV. PURCHASE OF "WE THE PEOPLE" 1976 CANDIDATE GUIDEBOOK

Due to the increased financial demand for candidate support in this election year and the fact that CALPAC's membership is down approximately 1,500 members to date, the Executive Committee rescinded its previous action to spend up to $6,000 hard dollars for the purchase of "We the People" for all 1976 CALPAC Members. As an alternative it was agreed that CALPAC Board Members, CMA Councilors, CMA Committee Chairmen and current sustaining members of CALPAC. In addition, extra copies will be purchased for those physicians who have not rejoined as 1976 sustaining members. They will receive "We the People" and an accompanying letter encouraging them to send in their additional $64.99.

V. CALPAC "AWARD OF EXCELLENCE"

The CALPAC Executive Committee voted to establish an annual political action "award of excellence" to be given to a physician or spouse whose activities on behalf of medicine in candidate campaign support were outstanding.

It was unanimously agreed that Doctor Lonnie Bristow would be the first recipient of this award to be presented at the CMA Annual Session in 1977.

VI. WIDENER FOR ASSEMBLY CAMPAIGN

VII. CANDIDATE SUPPORT

A. The CALPAC Executive Committee discussed at some length CALPAC's current candidate support procedure and requirements. It was the general feeling that an incumbent's voting record, responsiveness

to our legislative advocates and votes in committee, should be the main criteria in determining whether CALPAC makes a contribution to his or her campaign.

Mr. Jay Michael, CMA Director of Government Relations, agreed to write an article for the next issue of CALPAC Reports explaining the methods used by our legislative advocates to arrive at recommendations to CALPAC's State Candidate Selection Committee.

B. The Executive Committee met with Dr. S. I. Hayakawa, Republican candidate for U.S. Senate, and his campaign manager, Mr. Richard Woodward. Dr. Hayakawa presented his philosophy and views regarding the involvement of government in society. He answered specific questions regarding his attitudes toward national health insurance and government involvement in medicine in general. Following the discussion with Dr. Hayakawa, the Executive Committee voted to:

1) Ask CMA's Executive Committee to send a letter to the entire CMA's membership at CMA expense to communicate CMA's support for Dr. Hayakawa and to ask for contributions to his campaign. The Executive Committee also voted to request a legal opinion from CMA legal counsel reviewing the legal ramifications of this type of solicitation.

2) Approve a $5,000 CALPAC contribution in support of Dr. Hayakawa's candidacy.

C. Request that AMPAC make a maximum contribution to Dr. Hayakawa's campaign; and

D. Form a Health Issues Advisory Committee to consult with Dr. Hayakawa on medical and health issues. The Chairman will be Doctor William Clark, together with Doctors Milliken, Olch, Takamine, and Rasmussen.

E. At the request of Doctor David Horner, CALPAC Vice-Chairman, the Executive Committee approved $1,500 to purchase ten (10) tickets to the Senate Democrat Caucus Dinner to be held in Los Angeles on August 13.

VIII. STAFF ATTENDANCE AT REPUBLICAN NATIONAL CONVENTION

The Committee discussed the participation of CALPAC's Executive Director, Mr. Al Pross, at the Republican National Convention in Kansas City, as a member of the faculty for a workshop on "Making Your PAC Work". The Executive Committee voted unanimously to request that CMA finance Mr. Pross' travel expenses for participation in this meeting.

IX. CANDIDATE SUPPORT COMMITTEES

In light of the number of critical elections this year, the CALPAC Executive Committee voted unanimously to request that all available time be spent by Messrs. Pross and Best in assisting physicians in the formation of physician candidate support committees wherever necessary.

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7-19-24-76 (H-T)
Ex. #347

MEMORANDUM

TO: Bill Watson

FROM: Pete Lauer PBL

DATE: July 27, 1976

SUBJECT: CALPAC -- July 19-23

Met with Al Pross and CALPAC staff on Monday morning to review the week's activities.

At lunch we met Gene Taylor, San Mateo County Executive Director, to review his key man legislative program for county offices. An effective program using the principles of Key Man on the state and national level.

That evening, Al and I drove to San Rafael to speak to the Marin County Society about CSC's. As usual, most of the evening was consumed with the education process of just what CALPAC/AMPAC is all about. Dr. Bill Clark is the county political activist and is very pro PAC. He will head a committee of Marin doctors for the purpose of candidate evaluation and support. It is interesting to note that Marin County organized tne California M.D. slowdown during the PLI crisis.

The following day, Don Test and I drove to the Sonoma County Society to help organize a candidate support program. The meeting was well attended, but I question whether they will organize an effective CSC. Most felt that once they gave money, their duty was done. All comments by staff could not sway them. They were too busy!

On Wednesday, we flew to Burbank for the CALPAC Executive Committee meeting. An analysis of national and state races was made with recommendations for support.

Following lunch, Dr. S. I. Hayakawa came before the committee asking for assistance on medical issues. A committee headed by Bill Clark was formed to serve as a resource unit for the Hayakawa staff.

Dr. Hayakawa was most interesting and handled the age questions (70 years old) very well. The polls indicate a close race between Tunney and Hayakawa.

Following the L.A. meeting, Don Test and I flew to Fresno to meet two members of the CALPAC Board.

The next morning I sat in on a group of California PAC Executives while they swapped notes concerning support of assembly races. There seems to be very good rapport between these groups, M.D.'s., D.D.S.'s, Realtors and Republican State Central Committee.

CALPAC has undertaken an ambitious effort to elect favorable state legislators. Physician support for CALPAC has shown some decline due to the lack of responsible PLI legislation.

PBL/chs

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July 7, 1976

Mr. Allen Pross
Executive Secretary, CALPAC
731 Market Street
San Francisco, California 94103

Dear Al:

Made it back from Dallas in one place, and wanted to touch base with you one more time before I leave on Monday.

I will arrive in San Francisco early Sunday evening, July 18, and will headquarter myself at the Sheraton Palace. It might help if you would leave a message at the desk on Monday's activities.

Please do not be concerned about not being able to take me around the area due to meetings you must attend. Just point me in the right direction and I'm off.

Looking forward to working with you and CALPAC.

Cordially,

Peter E. Lauer
Political Education Coordinator

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July 26, 1976

Mr. Don Test
CALPAC
731 Market Street
San Francisco, California 94103

Dear Don:

Thanks for your time and advice on my recent visit. I hope I answered some of your questions concerning AMPAC.

I hope to be back in California in a few months and would appreciate your keeping me posted on the Congressional scene.

Thanks again, Don, and please feel free to contact me if I can be of any help.

Cordially,

Peter B. Lauer
Political Education Coordinator

PBL/cha

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July 26, 1976

David I. Olch, M.D.
9735 Wilshire Boulevard, #302
Beverly Hills, California 90212

Dear Doctor Olch:

It was good seeing you again, though all too brief.

If I can be of any assistance in the future, I hope you will feel free to call on me.

Cordially,

Peter D. Lauer
Political Education Coordinator

PDL/chs

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July 26, 1976

Mr. Allen Pross
Executive Secretary, CALPAC
731 Market Street
San Francisco, California 94103

Dear Al:

Thank you for your time and counsel on my recent visit.

Please feel free to contact me if I can provide any assistance.

Cordially,

Peter B. Lauer
Political Education Coordinator

PBL/chs

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July 26, 1976

Jokichi Takamine, M.D.
Chairman, CALPAC
11600 Wilshire Boulevard
Los Angeles, California 90025

Dear Doctor Takamine:

I certainly enjoyed my visit with you and the CALPAC Executive Committee. I hope to be back in Southern California in a few months and would look forward to talking with you again.

Please feel free to contact me if I can be of any assistance.

Cordially,

Peter B. Lauer
Political Education Coordinator

PBL/chs

July 26, 1976

William L. Clark, M.D.
712 D Street
San Rafael, California 94901

Dear Doctor Clark:

I certainly enjoyed my visits with you on my trip to CALPAC.

Please feel free to contact me if I can be of any assistance.

Cordially,

Peter B. Lauer
Political Education Coordinator

PBL/chs

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Ex # 348

MEMORANDUM

TO: Bill Watson

FROM: Pete Lauer PBL

DATE: January 10, 1978

RE: CALPAC Visitation, January 6 & 7

I arrived late Friday afternoon in Los Angeles and after checking into the hotel I met Brad Davis for dinner. As expected, the main topic of interest was the Moss decision to retire. This has thrown the Liggett district for a loop. Both districts are side by side and some of Liggett's possible opponents are now going to go for the Moss seat. The case in point is one Vic Fazio, a state assemblyman, Democrat.

The next day during a meeting of the CALPAC Executive Committee, I was asked to address the issue of independent expenditures. There seems to be a strong feeling against this technique by members of the committee. The fear centers around possible adverse publicity to medicine. Brad and his staff man, Jerry Simpson, are very excited about the possibilities of independent expenditure and would like to see this technique used in California.

PBL/js

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California Medical Political Action Committee 711 Market Street San Francisco, California 94401 415/777-2000

Ex. # 349

April 28, 1976

James C. MacLaggan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

I was pleased to learn that AMPAC has acted favorably upon our recent requests for candidate support and would like to request that AMPAC issue and send checks accordingly to the following:

Candidate - Branwell Fanning
District - 5th C.D.
Amount - $5,000
Check Made Out to:
Fanning for Congress
625 Market Street, Room 211
San Francisco, CA 94105
Hayden Henderson - Treasurer
Send Check to:
William L. Clark, MD
712 D Street
San Rafael, CA 94901
Send Carbons to:
Charles Hoffman, MD, President
Marin Medical Society
Post Office Box 4344
San Rafael, CA 94901
John A. Driscoll, MD, President
San Francisco Medical Society
250 Masonic Avenue
San Francisco, CA 94118

Sidney E. Foster, MD
490 Post Street
San Francisco, CA 94102

Candidate - Leo Ryan
District - 11th C.D.
Amount - $1,000
Check Made Out to:
Leo J. Ryan for Congress Committee
Post Office Box 755
San Mateo, CA 94401
Melvin Kerwin - Treasurer
Send Check to:
Leo Bell, MD
36 North San Mateo Drive
San Mateo, CA 94401
Send Carbons to:
Charles L. Ceraci, MD, President
San Mateo County Medical Society
1303 San Carlos Avenue
San Carlos CA 94070
Ward L. Hart, MD
1100 Laurel Street
San Carlos, CA 94070

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

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Candidate - Charles H. Wilson
District - 31
Amount - $1,000
Check Made Out to:
Charles H. Wilson Campaign Committee
Post Office Box 1968
Washington, D.C. 20515
John Moorcones - Treasurer
Send Check to:
David Horner, MD
811 Alisal Court
Santa Monica, CA
Send Carbons to:
John R. White, MD, President, LACMA District 9
4101 Torrance Boulevard
Torrance, CA 90503

George S. Buehler, MD, President
Los Angeles County Medical Association
Post Office Box 3465
Terminal Annex
Los Angeles, CA 90054

If you have any questions regarding the check distribution, please do not hesitate to give me a call.

Sincerely,

Jokichi Takamine, MD
Chairman, CALPAC

JT:jl

31102230301

California Medical Political Action Committee 731 Market Street San Francisco, California 94103 415/777-2000

Ex #350

May 17, 1976

James C. MacLaggan, MD, Chairman
American Medical Political Action
Committee
Post Office Box 4449
Chicago, Illinois 60680

Dear Jim:

The Executive Committee of CALPAC, on Thursday, May 13, approved a contribution of $1,250 in support of the re-election campaign of Congresswoman Yvonne Burke.

At the same time our committee voted to request a matching contribution from AMPAC.

Mrs. Burke has been an excellent friend of medicine and has been very supportive of the views of the physicians within her district who are solidly united behind her re-election effort.

Should AMPAC act favorably upon our request, the contribution should be sent to Doctor Dave Horner, 811 Alisal Court, Santa Monica, CA; and the check should be made payable to Committee to Re-elect Yvonne Brathwaite Burke, P.O. Box 1675 Inglewood, Ca. 90301.

Sincerely,

Yoichi Takamine, MD
Chairman

JT:jl

31042280322

Ex. # 351

membership

September 12, 1975

Mrs. Lee Ann Elliott
Associate Executive Director
American Medical Political Action Committee
P.O. Box 4449
Chicago, Illinois 60680

Dear Lee Ann:

Enclosed is a copy of the billing statement that you requested. As you know each county is able to determine how their statement will list CALPAC and we have to reverify it every year.

I have also sent a copy along to Bob Kjellander.

Sincerely,

Allen L. Pross
Executive Secretary

ALP/lrg

Enclosure

9104290373

AMERICAN | MEDICAL | POLITICAL | ACTION | COMMITTEE

Post Office Box 1449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585 Offices located at 535 North Dearborn

September 10, 1975

Mr. Al Pross
Executive Secretary
CALPAC
731 Market Street
San Francisco, California 94103

Dear Al:

I have just had a call from Bob Kjellander of the Illinois State Medical Society asking if we had a copy of California's dues billing which shows no sub totals for PAC billing. I have looked through our files and I do not find a copy.

I would be very appreciative if you would send me a copy of your dues statement and send Bob Kjellander one also.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

cc: Bob Kjellander

9104223334

Ex. 352

cc: Bill Rhodes

May 3, 1972

Mr. Al Pross
Executive Secretary, CALPAC
693 Sutter Street
San Francisco, California

Dear Al:

We acknowledge with gratitude, your most recent check in the amount of $53,660.00 from California physicians and others for membership in AMPAC for the year 1972.

We have finished processing these names and find that your reports represent 4,906 active members at $10.00 each and 2 sustaining members at $50.00 each, for a grand total of 4,908 members at $49,160.00. This leaves a credit balance for CALPAC of $4,500.00. As was discussed by telephone, we will hold this credit for CALPAC since it is our understanding that you have additional AMPAC members which you are ready to report to us.

We are most appreciative of CALPAC's early reporting and thank you for all of your help in assisting us with this report.

Sincerely,

William L. Watson
Executive Director

WLW:sd
cc: Merlin Hendrickson, M. D.
James C. MacLaggan, M. D.
Mr. Richard Perry

45 10.00 / 0.00

81040290373

81049290336

November 10, 1972

Dr. William L. Watson, Executive Director
American Medical Political Action Committee
520 North Michigan Avenue
Chicago, Illinois 60611

Dear Bill:

Enclosed is a check for $5,500 for CALPAC's additional membership since our last report in July. Also enclosed are the additive computer lists with the physicians' names and a separate list of the sustaining members, staff members, and Kamal's auxiliary. The breakdown for this report is as follows:

3 Sustaining Members - $50 ea.	150
3 Staff - $10 ea.	30
22 Active Physicians Wives	220
510 Physician Members - $10	5,100
Total 538 Additional Members	$5,500

This should bring our total membership for CALPAC as of October 30, 1972 to 6,741 members. We should have an additional report to you in December when we do the final accounting on the CALPAC books for the year. Thanks for your patience.

Look forward to seeing you on the 19th.

Sincerely,

Allen L. Frost
Executive Secretary

ALP:fp

Enclosures

check mailed under separate cover.

CALPAC DUES REPORT
AS OF 10-30-72

Sustaining Members

9104022727

Ex # 354

June 17, 1974

William Watson
Executive Director
American Medical Political Action Committee
520 N. Michigan
Chicago, Illinois

Dear Bill:

Enclosed is our check for $30,570 for the last membership information I gave you in New Orleans. Also enclosed is the latest print out and the check for the following:

510 regular members	$5,100
22 sustaining members with $10 already paid	880
	$5,980

Also

203 Friends of AMPAC	$2030

Thanks for the kind words about the workshop - it would have been fine if you had only not worn your pajamas and lead the chorus.

Sincerely,

Allen L. Pross
Executive Secretary
CALPAC

81040230279

California Medical Political Action Committee 711 Market Street San Francisco, California 94103 415/777-2000

May 6, 1976

William Watson, Executive Director
AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. Box 4449
Chicago, Illinois 60680

Dear Bill:

Sorry about no money for Mrs. Fleming, but the computer errored -- she is not a sustaining member.

The breakdown for the enclosed check is:

<u>March Printout</u>		
Regular members of AMPAC	654	$ 6,540.00
Friends of AMPAC	354	3,540.00
<u>April Printout</u>		
Regular members of AMPAC	893	8,930.00
Friends of AMPAC	311	3,110.00
Sustaining for entire period*	12	480.00
Sustaining Friends of AMPAC	1	40.00
		$ 22,640.00

Sincerely,

Linda

Linda R. Gann
Membership Assistant

LRG:mef

*Sustaining list attached.

A copy of our report filed with the Federal Election Commission is available for purchase from the Federal Election Commission, Washington, D.C.

9104022800322

SUSTAINING MEMBERS

9104022903 10

Ev # 356

July 22, 1977

Mr. William Watson
American Medical Political Action Committee
P.O. Box 4449
Chicago, Illinois

Dear Bill:

Enclosed for my last time is the computer print out for the AMPAC members for the month of June, as well as CALPAC's check for $5,880. The represents 508 regular members, 28 Friends of AMPAC, 5 sustaining listed on the printout, 1 sustaining Friend of AMPAC on the print out and 5 sustaining Friends previously listed as regular members (Friends) and 2 sustaining previously entered. The attached list details the name and category of each sustaining member.

Thanks for all your help over the years and keep Pross in line for me, will you.

Sincerely,

Linda Cano
Membership Coordinator

Enclosures

3104229031!

Sustaining Members

9104022903312

MINUTES

CALPAC Board of Directors

January 8, 1977
10:00 a.m.

Pacifica Hotel
Los Angeles

ATTENDANCE: Jokichi Takamine, MD, Chairman

Irwin S. Barg, MD	Rush M. Blodget, Jr. MD	William Clark, MD
Sidney E. Foster, MD	Franklin S. Glanz, MD	Ward L. Hart, MD
Robert N. Helton, MD	David Horner, MD	William Hyman, MD
Robert Karns, MD	Ralph Kirk, MD	Douglas Liddicoat, MD
Jack McCleary, MD	Kenneth McNiece, MD	Emile Meine, MD
Ross Miller, MD	David Olch, MD	Stephen Proffitt, MD
Richard Rihn, MD	Frank Rogers, MD	Norman Rudy, MD
Harrison Silver, MD	Theodore Steinberg, MD	Marshall Stonestreet, MD
Jerome Taurek, MD	Captane Thomson, MD	John Vaughan, MD
Elmer Werner, MD	William Wilson, MD	Mrs. Harry Alton
Mrs. William Anthony	Mrs. Jacques Couacuad	Mrs. Robert Evert
Mrs. Gwynn Gelderman	Mrs. James Goettle	Mrs. Frank Kendrick
Mrs. Salvadore Lask	Mr. John Ford	Mrs. DeLois Basnett
Mrs. Kay Marsh	James C. MacLaggan, MD	Holger Rasmussen, MD

STAFF: Mr. Jack Light, Mr. Al Pross, Ms. Linda Gano

GUESTS: Dudley Moore, DDS; Albert Greenberg, MD; Mr. Stan Johnson; Mrs. Kay Marsh; Mr. Jay Michael; Mr. Eldon Geisert

I. The meeting was called to order at 10 a.m. and began with introductions of each Board member. Doctor Takamine discussed the general purpose and outlines of the meeting and the plans for the day.

II. FINANCIAL REPORT

Doctor Sidney Foster, treasurer of CALPAC, reported that CALPAC has a cash balance, as of January 8, 1977, of $11,551.00. He briefly went through the statement of operations of CALPAC for the year of January 1, 1976 through January 1, 1977.

III. MEMBERSHIP REPORT

Mr. Al Pross, CALPAC's Executive Secretary, reported on the CALPAC membership for 1976. The final total for the year was 8,293, which was 901 less than 1976. He indicated CALPAC in 1976 had more Auxiliary and sustaining members than ever before. For 1977, FAMILY-PAC will again be on the dues statements in Tulare and San Bernardino counties and that CALPAC was listed on all component county medical society dues statements.

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IV. 1976 ELECTION REPORT

A. Federal Races

Doctor David Olch, chairman of the Federal Candidate Selection Committee, reported on the results of the CALPAC participation in state and federal elections. CALPAC and/or AMPAC contributed to 28 candidates, 17 Republicans and 11 Democrats in the House of Representatives. The four losers were all Republicans and they included Daniel Lungren in the 34th District and Louis Brutocao in the 35th District. In both instances, AMPAC contributed to their successful Democratic opponents. The major defeat occured in the 16th Congressional District were long-time Republican incumbent Representative Burt Talcott was retired by Leon Panetta, a former HEW appointee.

B. State Races

3 1 1 9 2 9 0 3 1 4

V. DISCUSSION GROUPS

Doctor Takamine then broke the Board into Discussion Groups to meet from 11:00 to 12:30 p.m. followed by lunch. Following lunch, Mr. Charles Rund, President of the Public Sector, Inc., a survey research firm in San Francisco, discussed the findings of a post-election survey that his firm conducted in the 17th State Senate District, financed jointly by CALPAC and the Senate Republican Caucus. Copies of his presentation and conclusions will be mailed to each CALPAC Board member.

REPORTS FROM THE DISCUSSION GROUPS

A. Federal Candidate Selection

Doctor David Olch, chairman of the Federal Candidate Selection Committee, reported that after thorough discussion, the Committee reached the following recommendations:

1) To target up to 6 districts in California where CALPAC should seek to develop a candidate for Congressional office. This should be completed by June of 1977. In conjunction with the Auxiliary, CALPAC should then sponsor a political workshop in these areas. By January, 1978, CALPAC should make a determination as to whether or not the district will remain a high priority for the June and November elections.

2) In districts where friendly incumbents are in office and have token opposition, CALPAC should limit the amount of our contribution and notify the candidate early, explaining the reason for a reduced amount.

3) There should be a consensus of the physicians in a district supporting a specific candidate before CALPAC support is given.

4) The Committee also felt that there is a need to disseminate information on legislative voting records. They should also include what the legislator has done behind the scenes or on their committees affecting medical legislation. This information should be mailed to the Board on a frequent and timely basis.

B. State Candidate Selection Committee.

81010280315

C. Communications & Publicity

Doctor Franklin Glanz, chairman, discussed the problems of getting the CALPAC word out to the members of our profession, and came up with the following recommendations:

1) To encourage the membership participation of medical assistants and physicians, medical assistants should be solicited to get her physician employer to join.

2) CALPAC Board members should seek the help of their medical assistants to write letters of solicitation to non-member MDs in her physician's Congressional District.

3) The committee also recommended the following way to communicate with the physicians:

   a) That CALPAC develop a speaker's bureau to publicize and explain CALPAC at hospital staff meetings.

b) A regular bulletin should be written highlighting political issues of concern to a physician's survival. This bulleting should be mailed to all hospitals to place on their bulletin boards in the medical staff rooms.

c) A monthly letter or article should be written by each Board member for inclusion in the county medical society bulletin.

d) CALPAC should encourage meetings of the president and president-elect of component medical societies to educate them regarding CALPAC its function.

4) CALPAC Board members should appear before their county councils to present a monthly CALPAC report.

5) CALPAC should encourage CMA to include information items on CALPAC in each issue of regular CMA publications and newsletters.

D. Membership Report

The Committee chaired by David Horner, MD, discussed ways to increase membership and made the following recommendations:

1) Each Board member should have the responsibility to initiate local membership campaigns.

2) CALPAC should give membership cards and send a letter of thanks to each CALPAC member. Consideration should also be given to providing a membership pin on request of the member.

3) The CALPAC Board should sponsor a series of local political action workshops for physicians and their spouses.

4) There is a need for the CALPAC Board to enunciate clearly, loudly and to all, CALPAC's goals, objectives and purposes.

E. Auxiliary Report

Mrs. Salvadore Lask indicated that her committee concurred with the other committees recommendations and stated that instituting FAMILY-PAC would be the most expeditous way for CALPAC to gain members and dollars. She reiterated the need for workshops designed to educate physicians and spouses concerning political action.

VI. GENERAL DISCUSSION

Doctor Frank Rogers felt that CALPAC Reports should remain a regular publication and that it be published on a schedule; he also recommended that the Executive Committee seriously consider the implementation of a Speakers Bureau as recommended. These proposals were passed unanimously by the Board. In addition, Doctor Rogers again suggested that perhaps the Chiefs of Staffs Medical Conference sponsored by CMA should include information regarding CALPAC.

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VII. NEW BUSINESS

Doctor Jack McCleary presented to the Board a by-law change that was referred to the Executive Committee concerning specialty society representation on the CALPAC Board. His proposal would add up to ten members to the Board on the basis of specialty society representation within CALPAC's membership. The Board voted that a Constitution and by-law committee be developed to consider potential changes in the CALPAC constitution and by-laws with particular emphasis on specialty society representation and input.

IX. The meeting was adjourned at 4:15 p.m.

The next meeting of the CALPAC Board will be March 8, 1977, at the Disneyland Hotel, Anaheim, California.

3102233317

Ex. #358

ATTENDEES

TO THE SECOND ANNUAL ELECTION LAW CONFERENCE

April 8, 1978 -- Hyatt Regency O'Hare

Chicago, Illinois

ALABAMA

Richard Whitaker
John Mooresmith

ALASKA

David McGuire, M.D.
Mrs. Martha McDermaid

ARIZONA

Steve Wheeler, Esq.

ARKANSAS

Leah Richmond
Ken MaMastus

CALIFORNIA

Brad Davis

DELAWARE

COLORADO

Chris Stein

DISTRICT OF COLUMBIA

Bernadette Budde
William M. Creason, DDS
John R. Carson
Irvin O. Kanat, D.P.M.

FLORIDA

William Thompson, M.D.
John Thrasher, Esq.
Francis Coleman, M.D.
George Palmer, Jr.

GEORGIA

E. Culver "Rusty" Kidd, III
Ms. Emily Bisplinghoff

HAWAII

Attendees to the Second Annual
Election Law Conference

IDAHO

Don Sower
Karen Davis

ILLINOIS

Herbert Sohn, M.D.
Jeff Holden
Pam Taylor
Mrs. Betty Kararo
Juanita Liesse Pierman
Lois Schell

INDIANA

Fred Smith, Jr., M.D.
Rick King
Mark Miles

IOWA

Wendell Smith Stone
Tom Kiernan, M.D.
Jackson Ver Steeg, M.D.

KANSAS

Antonio Huaman, M.D.

KENTUCKY

Fay Miles
Jim Moyer
Martha Walls

LOUISIANA

Vicki Gordy

MARYLAND

Joseph J. Harrison

MASSACHUSETTS

William Baker, M.D.

8112230312

Attendees to the Second Annual
Election Law Conference

MICHIGAN

Gary Anderson
Bruce Ambrose
A. Stewart Kerr, Esq.

MINNESOTA

Leon J. Nesvacil, M.D.
Chuck Wiger
Marilyn MacQueen

NEBRASKA

Bill Schellpeper
Charles Palleson

NEVADA

Jacki Masi

NEW JERSEY

Frank Y. Watson, M.D.
James F. Watson
June O'Hare

NEW MEXICO

Thomas A. Bodnar

NEW YORK

John ~~Kennels~~ Carmelo, Esq.

NORTH CAROLINA

Stuart Shadbolt
John H. Anderson, Esq.

NORTH DAKOTA

Vernon E. Wagner
L. Michael Howell

Attendees to the Second Annual
Election Law Conference

OHIO

D. Brent Mulgrew, Esq.
Craig Barclay, Esq.
Dave Rader

OREGON

Barney H. Speight

PENNSYLVANIA

Jerry Rothenberger
Robert H. Craig, Jr.
Fred Speaker, Esq.

RHODE ISLAND

John J. Cunningham, M.D. Roy Hudson

SOUTH CAROLINA

Mrs. Iris M. Croft

SOUTH DAKOTA

Mrs. Patty Butler

TENNESSEE

Bill Williams

TEXAS

Robert A. Stluka, Jr.
Jack Maroney, Esq.

UTAH

Joseph L. Hatch, M.D.

VERMONT

Orion Johnson

3102029032?1

Attendees to the Second Annual
Election Law Conference

VIRGINIA

Robert G. Stuart
Edith D. Hakola, Esq.

WASHINGTON

Jamey Carmody

WISCONSIN

Ken Opin

31040230322

Ev. # 359

1976 AMA-AMPAC PUBLIC AFFAIRS WORKSHOP, SHOREHAM HOTEL

	NEW	ADVANCE	TOTAL
Alabama		6	6
Alaska		1	1
Arizona		1	1
Arkansas		2	2
California	1	8	9
Canal Zone			
Colorado		3	3
Connecticut		3	3
Delaware		3	3
Dist. of Columbia	2	13	15
Florida	2	16	18
Georgia			
Guam			
Hawaii		1	1
Idaho		1	1
Illinois		11	11
Indiana	1	12	13
Iowa		4	4
Kansas		16	16
Kentucky	1	11	12
Louisiana	1	5	6
Maine			
Maryland		14	14
Massachusetts		5	5
Michigan	5	13	18
Minnesota		16	16
Mississippi		5	5
Missouri		6	6
Montana			
Nebraska		5	5
Nevada		1	1
New Hampshire		2	2
New Jersey	1	14	15
New Mexico		2	2
New York	2	11	13
North Carolina		9	9
North Dakota			
Ohio		8	8
Oklahoma			
Oregon		1	1
Pennsylvania	2	18	20
Puerto Rico			
Rhode Island	3	1	4
South Carolina		2	2
South Dakota		2	2
Tennessee		3	3
Texas		4	4
Utah		3	3
Vermont			
Virginia	2	9	11
Virgin Islands			
Washington		2	2
West Virginia		1	1
Wisconsin		16	16
Wyoming	1		1
TOTAL	24	290	314

MONIES COLLECTED	
IN ADVANCE	$19,590.00
ON SITE	2,119.50
TOTAL	$21,709.50

NEW	24
ADVANCE	290
AMA STAFF	24
WORKSHOP STAFF	18
SPEAKERS	24
SPECIAL GUESTS	40
AMA BOARD	17
AMPAC BOARD	10
AMPAC STAFF	4
TOTAL REGISTRANTS	451

#360, p.1

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED

PENNSYLVANIA MEDICAL SOCIETY



20 ERFORD ROAD
LEMOYNE, PENNSYLVANIA 17043
(717) 238-1635

'77 MAR 10 PM

PRESIDENT
William J. Kelly, M.D., Pittsburgh
PRESIDENT ELECT
John V. Brady, M.D., Philadelphia
VICE PRESIDENT
John B. Lovette, M.D., Johnstown
CHAIRMAN OF THE BOARD OF TRUSTEES
George A. Rowland, M.D., Millville
SECRETARY
G. Winfield Yarnall, M.D., Camp Hill
EXECUTIVE VICE PRESIDENT
John F. Rineman, Lemoyne

March 9, 1977

CC # 1336

William Oldaker, Esquire
General Counsel
Federal Election Commission
1325 K Street, N.W.
Washington, DC 20463

Dear Mr. Oldaker:

This is in response to your communication of February 24, 1977 which was received in this office on February 28. The information you requested follows:

1. The Pennsylvania Medical Society is currently a member of the Federation of the American Medical Association as described in Article III of the AMA Constitution.

2. Copies of all constitution and bylaws which have governed the Pennsylvania Medical Society since January 1, 1972 are enclosed as Exhibit A.

3. A list of all officers, trustees or directors of the Pennsylvania Medical Society since January 1, 1972 is attached as Exhibit B. With regard to their respective duties, this can be found in Articles VIII and X of the Constitution and Chapters V, VI and VII of the Bylaws of the Society.

4. The method used by the Pennsylvania Medical Society in selecting members to serve in the AMA House of Delegates is described in Chapter IV and Chapter XIV, Section 2e of the Bylaws. Attached as Exhibit C are all members of the Pennsylvania Medical Society who have served in the AMA House of Delegates since January 1, 1972.

5. Yearly membership totals for the Pennsylvania Medical Society for each year since January 1, 1972 and the percentage of each year's membership that belonged to the AMA is as follows:

Year	Total Membership	% to AMA
1972	12,840	87.4%
1973	13,191	86.6%
1974	13,508	86.4%
1975	13,690	83.8%
1976	14,230	76.0%

6. The name of the political action committee established by the Pennsylvania Medical Society is the Pennsylvania Medical Political Action Committee.

Sincerely,

John F. Rineman

John F. Rineman
Executive Vice President

MD:B/x
Enclosures

8107220323

EXHIBIT A p.3

PENNSYLVANIA MEDICAL SOCIETY



20 ERFORD ROAD
LEMOYNE, PENNSYLVANIA 17043
(717) 238-1635

PRESIDENT
William J. Kelly, M.D., Pittsburgh
PRESIDENT ELECT
John V. Brady, M.D., Philadelphia
VICE PRESIDENT
John B. Lovette, M.D., Johnstown
CHAIRMAN OF THE BOARD OF TRUSTEES
George A. Rowland, M.D., Millville
SECRETARY
G. Winfield Yarnall, M.D., Camp Hill
EXECUTIVE VICE PRESIDENT
John F. Rineman, Lemoyne

January 11, 1977

TO: Presidents, Secretaries, and Executive Secretaries of Component County Medical Societies

FROM: G. Winfield Yarnall, M.D., Secretary

The Pennsylvania Medical Society's 1976 annual House of Delegates adopted six amendments to the Society's Constitution and Bylaws. It has been decided to not republish the Constitution and Bylaws this year, but rather to reflect these changes by the issuance of this memorandum, which should be filed with all copies of the Constitution and Bylaws dated October 7, 1975.

The newly adopted changes to the Constitution and Bylaws are as follows (note that those sections enclosed in brackets [] have been deleted, while those underlined have been added):

1. CHANGE IN QUALIFICATIONS FOR AFFILIATE MEMBER STATUS
Constitution
Article IV. Membership

Section 6. Affiliate Member. Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of the Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the art and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, [public health] or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth

provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

2. REVISED TIME LIMITS FOR SPECIAL SESSIONS OF THE HOUSE OF DELEGATES

Constitution
Article VII--Sessions and Assemblies

Section 2. Special Sessions. Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than [forty] fourteen and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than [thirty] fourteen days prior to the holding of the session.

3. TERM OF SUSPENSION FOR THOSE NOT MEETING CONTINUING EDUCATION REQUIREMENT

Bylaws
Chapter I--Membership

Section 6--Suspension from Membership. The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1976) if he is an Active or Senior-Active dues-paying or Associate member who has failed to qualify for the American Medical Association's Physician's Recognition Award provided the Office of the Executive Vice President has given such member sixty days notice prior to December 31, and such suspension shall [be for a period of one year.] remain in force until such member submits sufficient supplemental records to fulfill the award requirement. (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XII of these Bylaws, of an

order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the rights and privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

Section 7. Termination of Membership. The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active or Associate Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of [the] a one year period of suspension. (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these Bylaws, or (iii) three months after ceasing to be eligible for membership herein in the class of membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice President of this Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these Bylaws. Any Active or Senior Active dues-paying or Associate member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

4. DISCIPLINARY AMENDMENT

Bylaws

Chapter XIII--Disciplinary Proceedings and Appeals

Section 4. Appeals to District Boards of Censors. Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by the

Component Society or any Component Society aggrieved by the decision of another Component Society's Board of Censors shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

5. EXPULSION OF UNQUALIFIED WITNESS

Bylaws

Chapter XIII--Disciplinary Proceedings and Appeals

Section 10. Expulsion of Unqualified Witness. Any member of this Society who testifies as an expert witness without meeting the qualifications set forth in this Section shall be subject to expulsion after a due process hearing as set forth in this Chapter An expert witness must have basic educational and professional knowledge as a general foundation for his testimony, and in addition, have current personal experience and practical familiarity with the problems that are being considered and be actively engaged in the practice of the medical subject under discussion.

(This section is to be inserted as Section 10 of Chapter XIII of the Bylaws. That section formerly numbered as Section 10 - Reinstatement After Suspension - is now Section 11.)

6. CLARIFICATION OF MEMBERSHIP ON COUNCILS AND COMMITTEES

Bylaws

Chapter XIV. Committees, Administrative Councils and Commissions

Section 1. (d iii) Qualification for Membership on Committees, Administrative Councils and Commissions.
[No member shall serve consurrently as (a) member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.] A member may serve concurrently only as (a) member of one administrative council and one commission under that council, or (b) a member of one council or one commission and one standing committee, or (c) as an appointed member of not more than two standing committees.

CHARTER,
CONSTITUTION
and
BYLAWS
of the
PENNSYLVANIA MEDICAL SOCIETY

3117102333333

As amended October 7, 1975

as Memo January 11, 1977
as Amended September 18, 1976

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CHARTER

IN THE COURT OF COMMON PLEAS
FOR THE COUNTY OF DAUPHIN,
PENNSYLVANIA

In Re:
MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA } No. 1171
TERM September 1959

APPLICATION FOR AMENDMENT OF
CHARTER AND ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION

To The Honorable, the Judges of the Said Court:

The Application of The Medical Society of the State of Pennsylvania (herein called "Corporation") respectfully states as follows:

1. The initial registered office of the Corporation, as set forth in its Certificate of Incorporation, was the City of Philadelphia. Thereafter, on April 3, 1959, the registered office of the Corporation was duly changed, pursuant to Section 304 of the Non-Profit Corporation Law (1933, May 5, P.L. 289, Article III, Section No. 304, 15 P.S. 2851-304), to 230 State Street, Harrisburg, Dauphin County, Pennsylvania. In accordance with the procedure set forth in Section 316 of the Non-Profit Corporation Law, and as required thereby, notice of such change of registered office was filed with and recorded by the Recorder of Deeds of Philadelphia, the county from which the registered office was moved, on the 3rd day of April, 1959 in Misc. Book No. 265 at page 271, &c., and with the Recorder of Dauphin County on April 3, 1959 in Charter Book "Y" at page 265, and with the Secretary of the Commonwealth on April 3, 1959, and a certified copy of the Articles of the Corporation were filed with and recorded by the Recorder of Deeds of Dauphin County on April 3, 1959 in Charter Book "Y" at page 266.

2. The Corporation was incorporated in compliance with the requirements of an Act of the General Assembly of the Commonwealth of Pennsylvania entitled "An Act to Provide for the Incorporation and Regulation of Certain Corporations," approved the 29th day of April, 1874 and the supplements thereto, and the Court of Common Pleas No. 4 for Philadelphia County entered its Decree of Incorporation on the 20th day of December 1890 and the original Articles were recorded in the Office for Recording of Deeds in and for the City and County of Philadelphia in Charter Book No. 16 at page 507, etc., on the 20th day of December, 1890. A certified copy of the Certificate of Incorporation and the Decree of said court are attached hereto as Exhibits A-1 and A-2.

3. A verbatim copy of this Application was published in the PENNSYLVANIA MEDICAL JOURNAL, the official journal of the Corporation, which was mailed to every member of the Corporation not later than September 1, 1959. On October 19, 1959 at a meeting in Pittsburgh, Pennsylvania, the House of Delegates of the Corporation, the duly constituted body of the Corporation authorized under its Constitution and Bylaws to act on behalf of the membership thereof, of which meeting written notice was given on September 30, 1959 to each and every member thereof entitled to vote thereat, duly adopted by the unanimous vote of all of the delegates present and entitled to vote thereat a resolution authorizing the filing of this Application with the Court, a copy of which resolution is attached hereto as Exhibit B.

4. As set forth in the resolution referred to in Paragraph 3 above, the Corporation hereby makes application to this Honorable Court for approval of the restatement, in its entirety, of its Articles of Incorporation, said restated Articles to read as follows:

RESTATED ARTICLES OF INCORPORATION

ARTICLE I. The name of the Corporation shall be "Pennsylvania Medical Society." Said name has been registered with the Department of State of the Commonwealth of Pennsylvania within six months of the date of the application for approval of these Restated Articles of Incorporation.

ARTICLE II. The registered office of the Corporation will be in Lemoyne, Cumberland County, Pennsylvania, and its address shall be 20 Erford Road, Lemoyne, Cumberland County, Pennsylvania.

ARTICLE III. The said corporation is formed for the purpose of federating the medical profession in the Commonwealth of Pennsylvania; to unite with similar state medical societies to constitute the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education, and to uphold the ethics and dignity of the medical profession.

ARTICLE IV. The Corporation is to have perpetual existence.

ARTICLE V. The Corporation shall have no capital stock.

ARTICLE VI. No members of the Corporation shall receive any pecuniary gain or profit, incidental or otherwise, from its activities.

ARTICLE VII. Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the Bylaws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members or special members from among persons who are not members in good standing of affiliated county medical societies.

5. As stated in the Restated Articles of Incorporation of the Corporation, the new corporate name as set forth therein has been duly registered with the Department of State of the Commonwealth of Pennsylvania, as evidenced by its Certificate dated November 20, 1959, attached hereto as Exhibit C and made a part hereof.

6. As provided in Section 706 of the Non-Profit Corporation Law, the Corporation has caused due notice of its intention to apply to this Honorable Court for an amendment to its charter to be advertised in two newspapers and proofs of publication thereof are attached hereto as Exhibits D-1 and D-2.

In view of the foregoing, the Corporation requests this Honorable Court to issue its Order and Decree that the Restated Articles of Incorporation of the Corporation be approved as the charter of the Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and affixed the corporate seal of the Corporation this 23rd day of November, 1959.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA
By A. W. Cowley, M.D.
President
Harold B. Gardner, M.D.
Secretary

HULL, LEIBY AND METZGER
By William H. Wood
Attorneys for Medical Society of the State of Pennsylvania
(SEAL)
Arthur H. Clephane
Of Counsel

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF DAUPHIN } ss.

On the 23rd day of November, 1959, before me, the Subscriber, a Notary Public in and for the Commonwealth of Pennsylvania, with office in the County of Dauphin, personally appeared the within-named A. W. Cowley, President and Harold B. Gardner, Secretary, the subscribers to the foregoing Application for Amendment of Charter and Restated Articles of Incorporation, and in due form of law, acknowledged the same to be their act and deed, and the act and deed of their associates for the purposes therein specified.

WITNESS my hand and Notarial Seal the day and year aforesaid.

(SEAL)
Geneva C. Magonel
Notary Public

DECREE

And now, this 30th day of November, 1959, an application for the Restated Articles of Incorporation and the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA under the Pennsylvania Nonprofit Corporation Law approved May 5, 1933, as amended, having been presented for approval to me, a law judge of the said County, accompanied by proof of the publication of notice of said application and a certified copy of the resolutions authorizing the Restated Articles of Incorporation, I do hereby certify that I have perused and examined the said instruments and that I find them to be in the proper form within the provisions and requirements of the Act of the General Assembly of the Commonwealth of Pennsylvania, known as the "Nonprofit Corporation Law," approved May 5, 1933, as amended, and that the proposed Restated Articles of Incorporation appear to be lawful and that they will be beneficial and not injurious to the community. It is, therefore, ordered and decreed that the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA be and the same are hereby approved and upon the recording of the said Restated Articles of Incorporation and this Decree, the said Restated Articles of Incorporation shall become the Articles of Incorporation and the Charter of said Corporation.

WITNESS my hand and seal of the Court.

(SEAL)
Homer L. Kreider
Judge

Entered in the Court of Common Pleas of Dauphin County to No. 1171 September Term, 1959.

Certified December 15, 1959 Russel G. Hummel
Prothonotary

Recorded in the office for the Recording of Deeds for the County of Dauphin in Charter Book "Z", page 103.

WITNESS my hand and seal of office this 3rd day of December, 1959.

(SEAL)
Marion Anderson
Recorder of Deeds

CONSTITUTION

ARTICLE I.—NAME

The name and title of this organization is Pennsylvania Medical Society.

ARTICLE II.—PURPOSES OF THIS SOCIETY.

The purposes of this Society shall be to federate the medical profession of the Commonwealth of Pennsylvania; to unite with similar state medical societies to form the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education; to uphold the ethics and dignity of the medical profession; to advocate and support the enactment of such legislation as will accrue to the health and well-being of the public, and to enlighten and direct public opinion in regard to health and hygiene.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall be those county medical societies whose several constitutions and by-laws have been approved by this Society, and whose constitutions and bylaws continue thereafter to be in accord with the Constitution and Bylaws of this Society. Notwithstanding the foregoing, Component Societies shall continue as such until action is taken by this Society to terminate the relationship as provided by the Bylaws of this Society.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Definition.*—As used in this Constitution except as otherwise herein expressly qualified, the term "physician" means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2. *Active Members.*—The Active Members of this Society shall be physicians who are members of the Component Societies.

SECTION 3. *Senior Active Member.*—A Senior Active Member of this Society shall be a physician who (i) is not an Associate Member hereof, (ii) is sixty-five years of age or over, and (iii) has been an Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of not less than thirty years. Such Senior Active Member shall enjoy full benefits, but shall be required to pay only 50 percent of the annual assessment. Such Senior Active Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society.

No member of this Society qualified to be a Senior Active Member hereunder who is in a non-assessment membership category at the time this Section becomes effective shall be required to pay any annual assessment unless and until such member shall cease to hold such non-assessment membership in his component Society.

SECTION 4. *Associate Member.*—An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment.

SECTION 5. *Full-Time Federally Employed Physicians.*—Full-time civilian physicians employed by all federal agencies including but not limited to the Veteran's Administration, who do not have an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, and regular commissioned medical officers and commissioned medical officers of the reserve components, who hold the degree of Doctor of Medicine or Bachelor of Medicine or Doctor of Osteopathy, on extended active duty (more than two years) with the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service, who upon application have been nominated by the Surgeons General of their respective services, may become Active members of the Society enjoying all the rights and privileges thereof provided they pay the annual assessment.

SECTION 6. *Affiliate Member.*—Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health, or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

SECTION 7. *Intern and Resident Members.*—Intern and Resident Members shall be persons serving an accredited hospital internship, residency, or other form of recognized full-time post-graduate training. Intern and Resident

members shall be required to pay 10 per cent of the annual assessment.

SECTION 8. *Honorary Member.*—Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assessment.

SECTION 9. *Special Student Member.*—The President of each Active Chapter of the American Medical Students Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 10. *Rights and Privileges of Members, Including Voting Rights.*—All members of the Society shall have all of the rights and privileges of membership except as otherwise provided in this Constitution and the Bylaws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and By-laws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 11. *Admission and Tenure of Members.*—Admission to and suspension or termination of membership in this Society shall be determined as provided in the By-laws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 12. *Continuing Medical Education Requirement.*—In order for an Active or Senior Active dues-paying or Associate Member of this Society to remain a member in good standing of the Society after June 30, 1976, he must show evidence of engaging in continuing medical education as prescribed by the Bylaws of this Society.

ARTICLE V. SEPARATION OF POWERS

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by Bylaws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently:

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-elect, Vice-President, Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI.—HOUSE OF DELEGATES.

SECTION 1. *Duties.*—The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and the Bylaws of this Society. It shall fill all elective offices as provided in this Constitution and the By-laws of this Society.

SECTION 2. *Composition.* The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's Bylaws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Vice President of the Pennsylvania Medical Society as instructed by the Executive Vice President, and in January of each year the Executive Vice President of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) specialty section members, delegates elected by the American Medical Association Board certified specialties having organized societies in Pennsylvania on the basis of one delegate for each such specialty society, such specialty delegates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society; (d) special student members (or their alternates) as defined in Sections 9 and 10 of Article IV; and (e) ex-officio, but without the right to vote, the Speaker, Vice Speaker, and Immediate Past Speaker, of the House of Delegates, the President, President Elect, the Vice President, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice Speaker when serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. *Alternates.*—Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Vice-President, as set forth in Section 2. Alternate delegates shall be seated as determined by the

Chairman of the delegation from each county society, or in the absence of the Chairman, the Secretary of the county society, or in the absence of either of these by the Credentials Committee. No Chairman of a delegation shall have the power to unseat a delegate involuntarily.

Specialty societies shall be entitled to elect at the time of electing their delegate, one alternate. Such alternates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society.

Although automatically an ex-officio member of the House without the right to vote (Section 2) the President of any Component Society may be elected as one of the county's regular elected delegates or alternates, pursuant to the customary rules of electing delegates and alternates to the House of Delegates.

If any Component Society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern or Resident Member or Members registered in attendance from that Component Society may select himself or one delegate from their number, as the case may be, who shall be the representative of that Component Society and shall serve in the place of an accredited delegate.

If any special student member is unable to serve he may designate an alternate to serve in his place from the active membership of his Chapter of the American Medical Students Association.

SECTION 4. *Seating of Members.* — A delegate whose credentials have been accepted by the Committee on Credentials shall remain a seated delegate until final adjournment of that Convention, however, if such delegate is unable to be present, his place may be taken during the period of his absence by a certified alternate and further should no certified alternate be present then a member of his component society may be seated in accordance with Section 3 above. A voting delegate elected as Speaker of the House during any session thereof may be immediately replaced by an alternate delegate, and the Vice Speaker, if a voting delegate, may be temporarily replaced by an alternate delegate while acting as Speaker. Each seated member of the House of Delegates shall be entitled to one vote and no seated member of the House of Delegates shall be permitted to vote for any other seated member.

ARTICLE VII—SESSIONS AND ASSEMBLIES.

SECTION 1. *Annual Session.*—This Society and the House of Delegates shall convene in Annual Session at such place to be determined by the House of Delegates and at such time to be determined by the Board of Trustees and Councilors, and each session shall continue for three days, or longer if required by the business of this Society. In case of strikes, governmental regulations, catastrophes or other reasons beyond the control of this Society, the Board of Trustees and Councilors shall have the power to cancel or change the date or place of meeting of the Annual Session of this Society.

At least sixty days prior to the Annual Session, the Secretary shall issue a call to each of the members of this Society, as their names and addresses appear on the records in the office of the Executive Vice President, which call may be either by mail or by publication in the JOURNAL of this Society, if there be such, and shall contain the time and place of the meeting and such other information as is required by the Constitution and Bylaws or appropriate to such call. In the event it becomes necessary to change the time or place of the Annual Session after the call has been issued, an additional call in the manner provided above shall be made by the Secretary not later than fifteen days prior to convening the session.

SECTION 2. *Special Sessions.*—Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians, for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than forty and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than thirty days prior to the holding of the session.

SECTION 3. *Business to be Conducted.*—No business shall be conducted at any Annual Session or special session of the House of Delegates which is not within the jurisdiction of the House, and, as to any special session thereof, which is not also expressly stated in the request and call for the special session. No business of any character shall be conducted at any Annual Session or special session of the membership of this Society except (i) business, if any, which under the laws of the Commonwealth of Pennsylvania requires action by the voting membership of the Society, (ii) scientific business, and (iii) such business as may be permitted to be conducted at such session by any provision of the Bylaws, provided, however, that nothing herein shall be construed to prohibit any such session from discussing any matter related to this Society or from rendering with respect thereto an advisory opinion to any body of this Society subject to the limitation that no matter may be considered at any special session of the membership of this Society which has not been expressly stated in the request and call for the session.

SECTION 4. *Scientific Assemblies.*—Scientific Assemblies of this Society may be held at such places and at such times as determined by the Board of Trustees and Councilors.

ARTICLE VIII—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.*—The Board of Trustees and Councilors shall be the policy-making body of this Society between sessions of the House of Delegates, but it may not establish any policies that are inconsistent with prior policies established by the House of Delegates. It shall have charge of the property and financial affairs of the Society and shall perform such other duties as are prescribed by law governing directors of corporations or as may be prescribed in the Constitution and Bylaws of this Society.

SECTION 2. *Composition.*—The Board of Trustees and Councilors shall consist of the President, the President Elect, the Vice President, and the Immediate Past President, ex-officio with the right to vote, and the Speaker and the Vice Speaker of the House of Delegates, ex-officio without the right to vote, and one Active, Senior Active, Intern or Resident Member from each Councilor District of this Society as determined by the Bylaws. Each Trustee and Councilor shall be elected for a term of five years and shall serve until his successor shall have been elected and qualified. No Trustee and Councilor shall serve more than two consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than two years, and for this purpose a year shall be deemed to be the period between annual sessions of the House of Delegates.

SECTION 3. *Election.*—The Trustee and Councilor from each Councilor District shall be nominated by the voting members in the House of Delegates from the Councilor District which the Trustee and Councilor is to represent, and shall be elected by all the voting members present at the Annual Session of the House of Delegates at the expiration of the term of the Trustee and Councilor from that Councilor District, or when a vacancy exists as set forth in Section 4 below. This section shall not be construed to require a new election of any Trustee and Councilor whose term has not expired at the first session of the House of Delegates following the adoption of this section of the Constitution, nor shall it be construed as creating a vacancy in the office of any Trustee and Councilor, it being the intention that the terms of Trustees and Councilors shall continue to be arranged so that the terms of no more than three Trustees and Councilors expire at any Annual Session as at the time of the adoption of this section.

SECTION 4. *Vacancies.*—In the event of a vacancy in the office of any Trustee and Councilor the Board of Trustees and Councilors shall fill the vacancy within ninety days by the appointment of a member from that Councilor District, such appointee to serve until the next Annual Session of the House of Delegates. In the event of the death, resignation or inability to act of any of the Trustees and Councilors, temporary Councilors may be appointed in such manner, for such periods of time and under such circumstances as may be provided in the Bylaws of this Society.

ARTICLE IX.—THE JUDICIAL COUNCIL.

SECTION 1. *Duties.*—The judicial power of this Society shall be vested in the Judicial Council, whose decisions shall be final, subject to the right of appeal to the Judicial Council of the American Medical Association as provided in the Constitution and Bylaws of the American Medical Association and in the Bylaws of this Society.

SECTION 2. *Original Jurisdiction.*—The Council shall have original jurisdiction in (a) all questions involving membership in this Society or in a Component Society, or the rights and standing of members, whether in relation to other members, to Component Societies, to the Society, or to the public, except as such questions arise in connection with disciplinary proceedings instituted by any Component Society or any board of censors or other similar group thereof; (b) all controversies arising under the Constitution or Bylaws of this Society, and under the Principles of Medical Ethics, including cases where a member has been convicted of an offense or committed to an institution under a charge, for which his medical license may be revoked, but excluding all other controversies involving the discipline of a member; and (c) controversies between two or more Component Societies or their members.

SECTION 3. *Appellate Jurisdiction.*—The Council shall have appellate jurisdiction to review the record of the proceedings in disciplinary cases before any intermediate appellate body of this Society created under the By-laws hereof, or if none exists, before any final tribunal of any Component Society in appeals taken pursuant to the provisions of the Bylaws of this Society.

SECTION 4. *General Jurisdiction.*—The Council shall have jurisdiction on all questions of medical ethics and the interpretation of the Constitution, Bylaws, resolutions and rules of this Society. In the event that the Council shall determine that any provision, or the manner of adoption of any provision, of the Constitution or Bylaws of this Society or any resolution, rule or other action of the House of Delegates is contrary to law or to the Constitution or Bylaws or to the duly adopted procedures, resolutions or rules of this Society, and is therefore invalid in whole or in part, it shall forthwith report its action to the Executive Vice President of this Society, and in the absence thereof to any officer of this Society, and the Executive Vice President or such officer shall promptly call a meeting of the Board of Trustees and Councilors to convene within twenty-one days from the date of such action by the Council for the purpose of effecting the intent of the House of Delegates by some other means if such is possible within the powers granted to the Board of Trustees and Councilors by the Constitution and Bylaws of this Society. In acting on matters within its jurisdiction as set forth in this Article IX, the Council shall not make any determinations based on its own policies nor shall any of its decisions constitute legislation for this Society, however, nothing contained in this sentence shall be deemed to prohibit the Council from interpreting the policies established by the House of Delegates or the Board of Trustees and Councilors if the statement of such policy being interpreted is ambiguous. It shall also have power, at its discretion, to investigate general professional conditions and all matters pertaining to the relations of physicians to one another or to the public, and may make such recommendations to the House of Delegates or the Component Societies as it deems necessary.

SECTION 5. *Composition.*—The Judicial Council shall consist of five members, qualified as provided in Section 6 of this Article IX, elected by the House of Delegates on nomination by the Board of Trustees and Councilors or from the floor of the House, for terms of three years. At least thirty days prior to each Annual Session of the House of Delegates, the Board of Trustees and Councilors shall nominate at least three qualified persons for each vacancy on the Judicial Council and shall promptly publish their names to the membership of this Society in the Journal of this Society, if there be such, or by some other appropriate means, however, the failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which is otherwise validly conducted by the House of

Delegates. The Judicial Council annually shall select, at its first meeting, a Chairman and a Vice-Chairman who shall be members thereof. The Secretary of this Society shall serve as Secretary of and alternate member of the Council. The Secretary shall become a voting member of the Judicial Council when any regular member thereof shall be unable to attend a meeting. In any event three members, including the alternate member, shall constitute a quorum, without which the Council can not properly conduct its business.

SECTION 6. *Qualifications of Members.*—No member of this Society shall be eligible for election to the Judicial Council unless: (a) he has served as (i) a President of this Society; or (ii) a member of the Board of Trustees and Councilors for at least one full term; or (iii) a member of the House of Delegates for at least five years; and (b) he shall not be a member of a Component Society, a member of which (i) is then serving as a member of the Judicial Council and whose term will continue during any portion of the period for which the new member is to be elected, or (ii) has previously been elected to the Judicial Council at the same election. Notwithstanding qualifications as set forth above, no person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year, and for this purpose a year shall be deemed to be the period between Annual Sessions of the House of Delegates.

SECTION 7. *Vacancies.*—In the event a vacancy shall occur in the membership of the Judicial Council between Annual Sessions of the House of Delegates, the Board of Trustees and Councilors shall have the power to fill such vacancy by majority vote, and such appointed member shall serve until the next Annual Session of the House of Delegates.

SECTION 8. *Quorum.*—Three members of the Judicial Council shall constitute a quorum for the transaction of business.

ARTICLE X.—OFFICERS.

SECTION 1. *Designations.*—The officers of this Society shall be a President, a President Elect, a Vice President, a Treasurer, a Secretary, a Speaker and a Vice Speaker of the House of Delegates, as many District Censors as there are Component Societies and such Assistant Treasurers and Assistant Secretaries as the Board of Trustees and Councilors may from time to time designate by resolution.

SECTION 2. *Qualifications.*—All officers of this Society must be Active, Senior Active, Interns or Resident Members, except that the Treasurer may be a corporation or an employee of this Society and the Assistant Treasurers and Assistant Secretaries may be employees of this Society. The Speaker and Vice Speaker must be members of the House of Delegates at the time of their election.

SECTION 3. *Term of Vice President, President Elect, and President.*—The Vice President shall be elected annually by the House of Delegates. He shall serve as Vice President until the first general meeting of the Annual Session of the Society next ensuing after his election at which time he automatically shall accede to the office of President Elect. He shall serve as President Elect until the succeeding Annual Session, at which time he automatically shall accede to the office of President and shall serve as President until the installation of his successor. In the event that circumstances beyond the control of the Society prevent the holding of the Annual Session, the Vice President shall automatically accede to the office of President Elect and the President Elect shall automatically accede to the office of President at the previously announced time for the Annual Session.

SECTION 4. *Terms of Other Officers.*—A Secretary, a Speaker and Vice Speaker of the House of Delegates and the District Censors shall be elected annually by the House of Delegates, each to serve until the end of the next Annual Session of the House of Delegates of this Society or until his successor is elected and installed. The Treasurer shall be appointed annually by the Board of Trustees and Councilors.

SECTION 5. *Successor to the President, President Elect, and Vice President.*—If the office of President should become vacant, the President Elect shall immediately become President and shall serve for the remainder of the term of his immediate predecessor. If a President Elect succeeds to the presidency, he shall serve as President until the second Annual Session of this Society following his accession as President elect. If the office of President Elect becomes vacant, the Vice President shall immediately become President Elect and shall serve for the remainder of the term of his immediate predecessor. If the office of Vice President becomes vacant, such shall remain vacant until the next Annual Session of this Society at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of both President and President Elect become vacant, the Vice President shall immediately become President and shall serve as President until the second Annual Session of this Society following his election as Vice President. If the offices of both President Elect and Vice President become vacant, the Board of Trustees shall designate from the Board of Trustees one who shall act as President Elect and one who shall act as Vice President, each of whom shall so act until the next Annual Session of this Society, at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of President, President Elect and Vice President should become vacant, the Board of Trustees shall designate from among the Board of Trustees one who shall

act as President, one who shall act as President Elect, and one who shall act as Vice President, each of whom shall so act until the next Annual Session of the House of Delegates, at which time the House of Delegates shall elect an eligible person as President, an eligible person as President Elect, and an eligible person as Vice President.

Should the President, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the President Elect shall act in his stead. Should the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the Vice President shall act in his stead. Should both the President and the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of their offices, the Vice-President shall act in their stead.

SECTION 6. *Vacancies in Other Offices.*— Vacancies in any office, other than that of Speaker of the House of Delegates, and those mentioned in Section 5 of this Article X occurring between Annual Sessions of the House of Delegates shall be filled by the Board of Trustees and Councilors, and the persons so elected to fill vacancies shall serve until the next Annual Session of this Society and until their successors are elected and installed. The Vice Speaker of the House of Delegates shall act for the Speaker in the event of a vacancy in the office of the Speaker or in the absence of the Speaker or in the event of his inability to act.

SECTION 7. *Duties.*—The officers of this Society shall have such duties as are prescribed by the By-laws of this Society and such additional duties as may be normally incident to their respective offices, or as may be directed from time to time by the Board of Trustees and Councilors.

ARTICLE XI.—FUNDS

SECTION 1. *Annual Assessment.*—Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 per cent of the annual assessment. Interns or Residents during their period of training shall be required to pay only 10 per cent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (c) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the Bylaws of this Society.

SECTION 2. *Other Income.*—Money may also be raised by voluntary contributions and in any other legal manner approved by the House of Delegates.

SECTION 3. *Expenses.*—All appropriations for expenses shall be made by the Board of Trustees and Councilors.

SECTION 4. *Special Funds.*—The House of Delegates may by resolution or Bylaw establish special funds for educational, scientific, charitable, benevolent, endowment, medical defense, or other purposes, in the form of trusts or otherwise and with such trustees or managers, and under such terms and conditions as it shall determine, and in fixing the annual assessment as provided in Section 1 above may require specific portions of such assessments to be allocated to such fund or funds by the Board of Trustees and Councilors. Notwithstanding the foregoing, the Board of Trustees and Councilors shall always have the power to establish reserves and special funds consistent with good accounting practice and to establish and manage, or delegate to trustees or managers the management of, trusts and funds comprised of monies donated or contributed to this Society.

ARTICLE XII.—PRINCIPLES OF ETHICS

The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public, and to this end each member shall conduct himself so as not to defeat or tend to defeat the purposes for which this Society is organized and is operating.

ARTICLE XIII.—BYLAWS.

The House of Delegates shall have the power to enact, alter and repeal Bylaws, not inconsistent with this Constitution and, in such manner as it shall determine.

ARTICLE XIV.—SEAL.

This Society shall have a corporate seal which shall contain the monogram "A.M.A." and "1847" within a circle on a keystone, at the sides of which shall appear "Organized 1848. Chartered 1890", and the whole surrounded by a double circle containing the words, "Pennsylvania Medical Society."

ARTICLE XV.—AMENDMENTS.

The House of Delegates may amend this Constitution at any session by an affirmative vote of two-thirds of the delegates present provided the text of the proposed amendment has been (a) submitted not less than four months, and not more than fifteen months, prior thereto, to a session of the House of Delegates, or to the Secretary of this Society by (i) the Committee on Constitution and Bylaws, if the Bylaws provide for such committee, or (ii) fifteen Active, Senior Active, Intern and or Resident Members of this Society, whose signatures shall be appended thereto, and (b) at least two months prior thereto, published in the JOURNAL of this Society, if there be such, and in the call for the session. The House of Delegates may determine the effective date of any amendment.

BYLAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1.—*Definition.* In conformity with the Constitution of this Society the term "physician" as used in these Bylaws, except as otherwise expressly qualified in the Constitution in any particular related provision, means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2.— *Membership Compulsory.* Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society within three months after his election to any class of membership therein, unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

SECTION 3.—*Admission to Membership.* Every member of a Component Society eligible to become an Active Member or a Senior Active Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification and assessment required by Section 4 of Chapter XVI of these Bylaws. The Continuing Education Requirement as provided in Section 5 of this Chapter I will not be invoked until the third year of membership. Every member of a Component Society eligible to become an Associate Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws. Every member of a Component Society eligible to become an Affiliate Member of this Society shall become such upon his election to such membership by the Board of Trustees and Councilors as provided in the Constitution. Every member of a Component Society eligible to become an Intern or Resident Member of this Society shall become such upon receipt by the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws.

SECTION 4.—*Limitations on Privileges of Membership.* In addition to the limitations on the rights and privileges of membership contained in the Constitution of this Society and elsewhere in these Bylaws, neither Affiliate Members nor Special Student Members shall be entitled to the benefits of any Medical Benevolence or similar fund established by this Society.

SECTION 5.— *Continuing Medical Education Requirement.* In order for an Active or Senior Active dues-paying or Associate member of this Society to remain a member in good standing of the Society after June 30, 1976, he must have qualified for the American Medical Association's Physician's Recognition Award, which award is currently based upon a three-year qualifying period. Each Active or Senior Active dues-paying or Associate member once he has qualified for the American Medical Association's Physician's Recognition Award, must continue to qualify for such award in order to remain a member in good standing of the Pennsylvania Medical Society. The Board of Trustees and Councilors shall, in accordance with procedures established by such Board, have the power to waive such requirements in those cases involving Active or Senior Active or Associate members of this Society serving temporarily in the Armed Forces or other Government service of the United States or prevented from the practice of medicine by reason of illness or disability or in such other cases as in its judgment such waiver should be granted. The Board shall waive such requirements upon application from any Associate member not actively engaged in the practice of medicine. Special student members are exempt from the Continuing Education Requirement.

SECTION 6. *Suspension from Membership.* The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1976) if he is an Active or Senior Active dues-paying or Associate member who has failed to qualify for the American Medical Association's Physician's Recognition Award provided the Office of the Executive Vice President has given such member sixty days notice prior to December 31 that such suspension will be invoked against him unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall be for a period of one year, (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the right or privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

SECTION 7.—*Termination of Membership.* The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active or Associate Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of the one year period of suspension, (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these Bylaws, or (iii) three months after ceasing to be eligible for membership herein in the class of

membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice President of this Society, and(c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year, and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these Bylaws. Any Active or Senior Active dues-paying or Associate member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

CHAPTER II.—GENERAL MEETINGS AND SCIENTIFIC ASSEMBLIES

SECTION 1.—*General Meetings.* The Annual Session of the Society and special sessions of the Society shall be presided over by the President, the President Elect or the Vice President or a delegated chairman. The program at the Annual Session may include: (a) introduction of special guests and officers of the Society; (b) report on necrology; (c) installation of the incoming President and other officers; (d) any business within the jurisdiction of the membership; and (e) appropriate entertainment.

SECTION 2.—*Scientific Assemblies.* The Board of Trustees shall determine the scope and number of scientific assemblies and be responsible for the direction thereof. Scientific Assemblies shall be presided over by the Chairman of the Council on Education and Science or a delegated substitute.

SECTION 3.—*Registration.* No member or invited guest shall take part in any proceedings of the Annual Session or any special session or any scientific assembly unless he shall have first registered in the manner prescribed by the Executive Vice President.

CHAPTER III.—HOUSE OF DELEGATES

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution of this Society and these Bylaws, the House of Delegates shall:

(a) Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body and subject to the provisions of Section 1 of Chapter IV of these By-laws; and

(b) Take such steps as may be necessary or appropriate to further the purposes of this Society as expressed in Article II of its Constitution.

SECTION 2.—*Meetings.* The House of Delegates shall meet on the day fixed by the Board of Trustees and Councilors as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business. It shall also meet in special session at the time and place fixed by the Secretary as required by Article VII of the Constitution of this Society.

SECTION 3.—*Credentials Committee.* There shall be a Committee on Credentials consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. All questions regarding the registration and credentials of delegates and alternates at any session of the House of Delegates shall be referred to this Committee, and it shall have such other duties as are specified in these Bylaws.

SECTION 4.—*Credentials of Delegates.* Prior to the opening of any session of the House of Delegates, the Secretary of each Component Society, under the seal of the same, shall certify to this Society the names of each voting delegate and each alternate who has been legally and regularly designated as a voting delegate or alternate delegate to this Society. The Secretary of each specialty Society in Pennsylvania shall certify to this society the names of the voting delegate and the alternate who have been legally and regularly designated as that society's voting delegate and alternate to this society's House of Delegates. Each Special Student Member or his alternate shall deposit with the Committee on Credentials a certificate signed by the Secretary of this Society under the Society's seal which states that he is the duly certified representative of his Chapter of the American Medical Students Association. No voting delegate and no alternate delegate may be seated until the foregoing requirement has been complied with, provided, however, that the Credentials Committee may waive this requirement in unusual cases when satisfied that the person presenting himself as a voting delegate or alternate delegate is the person who has been certified as such to the Executive Vice President in accordance with the provisions of Article VI of the Constitution, or has been duly selected in accordance with Section 3 of Article VI of the Constitution of this Society. Prior to the opening of any session of the House of Delegates, the Executive Vice President shall certify to the Committee on Credentials the names of all members of the House of Delegates as shown on his official records. Such certification shall be sufficient for the seating of the secretaries or presidents of Component Societies and for the identification of the voting and non-voting members of the House of Delegates. Any dispute that shall arise as to the seating of any voting delegate or any alternate delegate shall be determined by the House of Delegates after a report thereon by the Committee on Credentials, and the action of the House in such cases shall be final.

SECTION 5.—*Quorum.* Forty voting delegates shall constitute a quorum at any session, annual or special, of the House of Delegates.

SECTION 6.—*Rules of Order* Sturgis Standard Code of Parliamentary Procedure shall govern the proceedings of the House of Delegates unless otherwise provided in the Constitution or these Bylaws.

SECTION 7.—*Committee on Rules.* There shall be a Committee on Rules consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. This Committee shall (a) present recommendations to the House of Delegates for the adoption of any necessary or desirable rules of procedure not inconsistent with these Bylaws (b) present to every Annual Session of the House of Delegates an Order of Business for the session if none has been adopted as a Standing Rule by the House, and (c) present to any special session an Order of Business for the session, which must include any matter set forth in the call for the special session and may include any other business related thereto and properly within the jurisdiction of the House of Delegates. An Order of Business, whether at an Annual Session or special session, shall be adopted as the first order of business by a majority of the voting delegates present and voting, and once adopted may not be changed except by a two-thirds vote of all of the voting delegates seated at the session.

SECTION 8.—*Reports.* The House of Delegates shall receive reports of officers, administrative councils, and committees at each Annual Session. All reports of administrative councils and committees not previously published shall be limited to ten minutes in verbal presentation before the House of Delegates. Any report of greater length shall be printed or mimeographed and a copy furnished each delegate. The pertinent or argumentative features of a report shall then be presented in the allotted ten-minute period.

In unusual cases the foregoing rule may be suspended by a two-thirds vote of the House of Delegates, each exception to this rule to be voted on separately.

Special sessions of the House of Delegates shall consider only that business set forth in the call therefor.

SECTION 9.—*Reference Committees.* The Reference Committees of the House of Delegates shall each consist of five members, and such alternates as the Speaker of the House of Delegates may deem necessary, whose terms shall end the following May 31, appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates. The Speaker shall appoint such Reference Committees and clearly identify them as he deems necessary to expedite the business of the House.

In addition to the foregoing, the standing Committee on Constitution and Bylaws shall be a Reference Committee of the House of Delegates during the annual meeting of the House of Delegates. Each member of this Society has the right to appear and be heard before any reference committee of the House of Delegates.

Each report, resolution and proposition presented to the House of Delegates shall be referred for consideration and report to one or more of the Reference Committees, as may be appropriate and as the Speaker of the House of Delegates shall determine. The reports of the Reference Committees shall be presented to the House of Delegates before final action may be taken unless otherwise ordered by the House of Delegates by a two-thirds vote of those present and voting.

SECTION 10.—*Open, Closed and Executive Sessions.* The House of Delegates shall meet in open session, to which any person may be admitted, except as it shall move into closed session restricted to members of this Society, its legal counsel and members of the staff of this Society and Component Societies, and except as it shall move into executive session restricted to members of the House of Delegates, legal counsel and such members of the staff of this Society as are necessary for the proper functioning of the House.

SECTION 11.—*Publication of Proceedings.* The proceedings of the House of Delegates at the Annual Session, or any special session, shall be published in the JOURNAL in the first possible issue following the session except that proceedings of Closed and Executive Sessions shall not be published.

CHAPTER IV.—ELECTIONS.

SECTION 1.—*Ballot.* All elections shall be by ballot of the House of Delegates and a majority of votes cast shall be necessary to elect, except that delegates and alternates to the American Medical Association shall be elected by a plurality vote.

SECTION 2.—*Time of Elections.* The elections shall be conducted at a time and place determined by and pursuant to rules promulgated by the Committee on Rules and adopted by the House of Delegates by a majority vote. The Speaker of the House of Delegates shall appoint such number of tellers as he deems necessary for each session of the House of Delegates.

SECTION 3. —*Commencement of Terms.* All members of this Society elected to any office, except that of a delegate to the American Medical Association, shall assume their duties at the close of the last meeting of the Annual Session of the House of Delegates at which they are elected.

SECTION 4. —*Nominations.* All candidates for any office to be elected by the House of Delegates may be nominated from the floor except that candidates for the Board of Trustees and Councilors shall be nominated only by a delegate from the nominee's Councilor District. No nomination shall be accepted by the House unless the delegate moving the nomination states that the nominee meets all of the qualifications prescribed by the Constitution and Bylaws for the office. In addition to nominations from the floor, (a) candidates for delegates and alternates to the American Medical Association may and should be nominated by the Committee provided for in Section 2(e) of Chapter XIV of these Bylaws, (b) a candidate for District Censor may and should be nominated by each Component Society, and (c) candidates for the Judicial Council may and should be nominated by the Board of Trustees and Councilors.

CHAPTER V.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.* In addition to the duties set forth in the Constitution and other sections of the Bylaws of this Society, the Board of Trustees and Councilors shall exercise general supervision over the conduct of all administrative councils and committees in the interval between Annual Sessions, it shall have the right to borrow money on behalf of this Society; and to invest its funds; it shall have charge of all the properties of the Society with authority to purchase, mortgage, lease, sell, or otherwise dispose of any real estate; it shall supervise the business and editorial affairs of the JOURNAL and appoint a medical editor therefore; it shall appoint an Executive Vice President for this Society; it shall fix the salaries or other compensation and the terms of employment of the Secretary, the Treasurer, the Medical Editor of the JOURNAL and the Executive Vice President; it shall require the Treasurer, the Assistant Treasurers, the Secretary, the Assistant Secretaries, the Executive Vice President and all employees handling funds of this Society to furnish, at the cost of this Society, corporate surety bonds in such amounts as the Board of Trustees and Councilors shall determine, for the faithful discharge of their respective duties and for the return of all books, papers and documents belonging to this Society in their respective possession; it shall elect delegates and alternates to the Hou[illegible] of Delegates of the American Medical Association to fill vacancies created by an apportionment occurring between meetings of the House of Delegates of this Society and for this purpose may request the Committee to Nominate Delegates and Alternates to the American Medical Association to submit the names of one or more nominees; it shall appoint substitute delegates and substitute alternates to the House of Delegates of the American Medical Association when permitted to do so by the Bylaws of the American Medical Association; it shall have the authority to expend monies of the Society to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; and it shall render a report at each Annual Session of the House of Delegates.

SECTION 2.—*Board Officers.* At the first meeting of the Board of Trustees and Councilors after the Annual Session of this Society it shall elect a Chairman and a Vice Chairman to serve until the next organization meeting of the Board and until their successors are elected.

The Chairman of the Board of Trustees and Councilors shall preside at meetings of the Board, coordinate the work of the Board, and appoint the committees provided for in Section 3 of this Chapter V.

The Vice Chairman shall serve in the absence of the Chairman and perform such other duties as the Board may direct.

The Secretary of this Society shall serve as Secretary of the Board of Trustees and Councilors.

SECTION 3.—*Committees of the Board.* The Board shall have the following standing committees consisting of three or more members:

(a) Finance Committee.

(b) Publication Committee, to supervise the publication of the JOURNAL.

(c) Executive Committee. The Executive Committee shall have only that authority given it by the Board.

The Board of Trustees and Councilors may from time to time authorize special committees of the Board to aid it in its work, which special committees shall report directly to it. Such special committees shall have such duties and consist of such number of members, who need not be members of the Board, as the Board shall decide.

SECTION 4.—*Meetings.* Regular meetings of the Board of Trustees and Councilors shall be held immediately after the conclusion of the Annual Session of the House of Delegates and at least quarterly thereafter at such time and place as the Board shall determine.

During the Annual Session of this Society the Board of Trustees and Councilors shall hold meetings as often as may be deemed necessary and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours if so requested by the House of Delegates.

Special meetings of the Board of Trustees and Councilors may be called at any time by the Chairman or by three members of the Board, provided that due notice thereof shall be sent to each member of the Board (a) within three days thereof, if by telegram, or (b) within five days thereof, if by mail.

SECTION 5.—*Quorum.* Seven members of the Board of Trustees and Councilors shall constitute a quorum.

SECTION 6.—*Publication of Proceedings.* The actions taken by the Board of Trustees and Councilors shall be published in the first possible issue of the JOURNAL following the meetings thereof.

CHAPTER VI.—OFFICERS.

SECTION 1.—*President.* The President shall preside at all general meetings of this Society. At the first meeting of the Annual Session of the House of Delegates he shall deliver an address on such matters as he may deem of importance to this Society, and file a written report on his term as President. He shall be an ex-officio member of all committees, administrative councils and commissions, without the right to vote, and he shall perform the other duties required of his office by the Constitution of the Society and these Bylaws.

SECTION 2.—*President Elect.* The President Elect shall assist the President in the performance of his duties. He shall make all appointments specified in Section 1 of Chapter XIV of these Bylaws and perform such other duties as may be required by the Constitution and Bylaws or directed by the Board of Trustees and Councilors.

SECTION 3. *Vice President.*—The Vice President shall assist the President and the President Elect in the performance of their duties, and perform such other duties as may, from time to time, be assigned to him by the President.

SECTION 4.—*Speaker of the House of Delegates.* The Speaker or the Vice Speaker of the House of Delegates or a chairman delegated by the Speaker or the Vice Speaker shall preside over all meetings of the House of Delegates. The Speaker of the House of Delegates shall in addition perform such other duties as may be required of him by the Constitution of this Society and these Bylaws.

SECTION 5.—*Secretary.* The Secretary shall take the minutes of meetings of this Society, of the House of Delegates and the Board of Trustees and Councilors, and record them in separate minute books; he shall perform such other duties as are provided in the Constitution and these Bylaws and as may from time to time be directed by the House of Delegates and the Board of Trustees and Councilors, and shall render a report at each meeting of the Board of Trustees and Councilors and an annual report to the House of Delegates.

All matters concerned with medical ethics, other than disciplinary proceedings, which may be directed to any officer of this Society, the Board of Trustees and Councilors, or the staff of this Society, shall be referred to the Secretary. He may give advice thereon as to previous rulings of courts, or of the Judicial Council of the American Medical Association and this Society, but he shall not in so doing invade the exclusive jurisdiction of the Judicial Council to interpret the Principles of Medical Ethics.

In the event of a vacancy in the office of Secretary, the Executive Vice President shall automatically assume the duties of that office until the vacancy has been filled as provided in the Constitution of this Society.

SECTION 6.—*Treasurer.* The Treasurer shall have custody of all funds and securities of this Society, and shall deposit all monies in such depositaries, and place all securities in such places of safekeeping or with such corporate custodians, as shall be designated by the Board of Trustees and Councilors.

The Treasurer shall, except as expressly provided in these Bylaws, disburse the funds of this Society as may be ordered by the Board of Trustees and Councilors, however, the Treasurer may delegate limited authority to the Executive Vice President, an Assistant Treasurer or a bonded staff member to supervise the disbursement of money for necessary and usual operating expenses of this Society. The Treasurer shall sell and purchase securities as directed by the Board of Trustees and Councilors.

The Treasurer shall render reports at the regular meetings of the Board and at the Annual Session of the House of Delegates.

In the event that the Treasurer is an individual, the Board of Trustees and Councilors may combine this office with that of Executive Vice President.

SECTION 7.—*Assistant Treasurers.* The Assistant Treasurers, if any, shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the death, resignation or inability of the Treasurer to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Treasurers to exercise all of the powers and duties of the Treasurer until the next meeting of the Board of Trustees and Councilors.

SECTION 8.—*Assistant Secretaries.* The Assistant Secretaries of this Society shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the inability of the Secretary to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Secretaries to exercise all of the powers and duties of the Secretary until the next meeting of the Board of Trustees and Councilors.

SECTION 9.—*Execution of Documents.* The Chairman of the Board of Trustees and Councilors, the President, the President Elect, the Vice President, or the Treasurer shall execute on behalf of this Society under its seal any bonds, deeds, mortgages, or other contracts approved by the Board of Trustees and Councilors. The Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the Treasurer shall not attest to the seal affixed to any instrument which he has executed on behalf of this Society.

CHAPTER VII.—THE EXECUTIVE VICE PRESIDENT

SECTION 1. *Duties.* In addition to the Duties imposed on the Executive Vice President by the Constitution and other provisions of these Bylaws, the Executive Vice President shall be the administrative head of this Society and shall be responsible for the administration of the headquarters of this Society. He shall, within the budgetary limitations imposed by the Board of Trustees and Councilors, be empowered to (a) employ such personnel, at such salaries and under such terms and conditions of employment as he shall determine, (b) provide administrative and clerical assistance and arrange the business details and facilities for meetings for this Society and the House of Delegates, Board of Trustees and Councilors, the Judicial Council, the officers and the committees, administrative councils and commissions, as he deems necessary for the efficient operation of this Society, the conduct of its meetings and the publication of the JOURNAL, and (c) repair and maintain the real and personal property of this Society.

The Executive Vice President shall attend the meetings of the House of Delegates, the Board of Trustees and Councilors and the general meetings of this Society, and he shall be responsible for the preparation of the agenda of these meetings and for the preparation of the program for scientific assemblies.

He shall conduct the correspondence of this Society, notify all members of their election to office or their appointments to committees, administrative councils and commissions, and issue over the proper signature all notices required by the Constitution or Bylaws or by action of the House of Delegates or the Board of Trustees and Councilors. He shall be the custodian of, and supervise and maintain at the office of this Society, the membership records and roster and all other record books and papers of this Society.

He shall be responsible for the publication of the JOURNAL, under the supervision of the Publication Committee, and for the publication of the annual roster, memoirs and all other publications of this Society. He shall employ a Managing Editor who shall assist in the publication of the JOURNAL other than the portion on scientific matters which shall be under the direction of the Medical Editor.

He shall prepare a report on necrology for presentation by a representative of the Board of Trustees and Councilors at the Annual Session.

The Executive Vice President shall render a report to the Board of Trustees and Councilors at each of its meetings and to the House of Delegates at its Annual Session.

The Executive Vice President, if a member of this Society, shall not, except as expressly permitted by the Bylaws, be

eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2.—*Vacancies.* In the event of a vacancy in the position of Executive Vice President, the Board of Trustees and Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Vice President until a permanent appointment is made.

CHAPTER VIII.—LEGAL COUNSEL.

SECTION 1.—*Appointment.* The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2.—*Duties.* Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Vice President in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX.—ASSESSMENTS AND FUNDS.

SECTION 1.—*Assessments.* Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay his annual assessment to the Executive Vice President prior to March 1. New members shall pay the assessments in the same manner at the time of their certifications or applications for membership.

SECTION 2.—*Delinquent Assessments.* A member whose assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Vice President shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these Bylaws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3.—*Deposit of Monies and Special Funds.* The Executive Vice President shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these Bylaws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4.—*Appropriations and Disbursements.* All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these Bylaws.

SECTION 5.—*Audit of Accounts.* The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6.—*Medical Benevolence Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7.—*Educational Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the expenses of continuing the education of students who are (a) in high school, college or graduate school, in financial need and the children of living or deceased members of this Society, or (b) in medical school, in financial need and who do not qualify under Clause (a) of this section, but who are residents of Pennsylvania and have been certified by the Component Society of the county in which they reside as needing financial aid to complete their medical education, or (c) in medical school and residents of Pennsylvania and who by their superior scholastic achievements have shown unusual promise. The Trustees of the Educational and Scientific Trust, upon the recommendation of the Committee on Aid to Education of the Society, shall select the recipients of loans or grants on the basis of character, scholastic ability and, under Clauses (a) and (b) above, financial need. No such loans or grants may be made without the approval of a majority of the Committee on Aid to Education by resolution.

The Board of Trustees and Councilors may establish such further terms and conditions of the said Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

CHAPTER X.—FISCAL YEAR AND ASSESSMENT YEAR.

SECTION 1.—*Fiscal Year.* The calendar year shall be the fiscal year for the society.

SECTION 2.—*Assessment Year.* The calendar year shall be the assessment year for the purpose of the annual assessment of members.

CHAPTER XI.—COUNCILOR DISTRICTS.

SECTION 1.—*Area.* The Commonwealth of Pennsylvania shall be divided into twelve Councilor Districts, each of which shall be entitled to one Councilor. The Councilor Districts shall be as follows:

First Councilor District—Philadelphia County.

Second Councilor District—Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third Councilor District—Carbon, Lackawanna, Monroe, Northampton, Pike, and Wayne Counties.

Fourth Councilor District—Columbia, Montour, Northumberland, Schuylkill, and Snyder Counties.

Fifth Councilor District—Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, and York Counties.

Sixth Councilor District—Blair, Centre, Clearfield, Huntingdon, Juniata, and Mifflin Counties.

Seventh Councilor District—Cameron, Clinton, Elk, Lycoming, Potter, Tioga, and Union Counties.

Eighth Councilor District—Crawford, Erie, Forest, Mercer, McKean, and Warren Counties.

Ninth Councilor District—Armstrong, Butler, Clarion, Indiana, Jefferson, and Venango Counties.

Tenth Councilor District—Allegheny, Beaver, Lawrence, and Westmoreland Counties.

Eleventh Councilor District—Bedford, Cambria, Fayette, Greene, Somerset, and Washington Counties.

Twelfth Councilor District—Bradford, Luzerne, Sullivan, Susquehanna, and Wyoming Counties.

SECTION 2.—*General Duties of Councilors.* Each Councilor shall be the representative of this Society for his Councilor District. He shall visit the Component Societies in his Councilor District at least once a year and make a report of such visit at the next meeting of the Board of Trustees and Councilors. It shall be his function to help organize county medical societies where none exist, to inquire into the condition of the profession, and to increase the zeal of Component Societies and their members. He shall make an annual report of his work and of the profession in each county in his Councilor District at the Annual Session of the House of Delegates. He shall perform such other duties as are otherwise provided in these Bylaws and as may be assigned to him from time to time by the Board of Trustees and Councilors. Trustees and Councilors shall be reimbursed for their travel expenses in attendance at meetings of the Board and for any official business of this Society.

SECTION 3.—*Temporary Councilors.* In the event of the death, resignation or inability to act of any of the Councilors, the Chairman of the Board of Trustees and Councilors, after consultation with the Component Society or Societies in that Councilor District, may promptly appoint a temporary councilor who shall be an active member of a Component Society in that Councilor District to perform temporarily the duties of Councilor until the next meeting of the Board of Trustees and Councilors, at which time the Board shall, if conditions are unchanged, (a) fill the vacancy, if one exists and such is required by the Constitution or desirable in the opinion of the Board, or (b) continue the temporary appointment made by the Chairman of the Board.

CHAPTER XII.—DISTRICT BOARDS OF CENSORS.

SECTION 1.—*Composition.* Each Councilor District shall have a separate Board of Censors comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

SECTION 2.—*Jurisdiction.* The District Boards of Censors shall have jurisdiction in all cases of appeals from the decision of a Component Society as provided in Section 4 of Chapter XIII of these Bylaws.

CHAPTER XIII. DISCIPLINARY PROCEEDINGS AND APPEALS.

SECTION 1.—*Scope of Disciplinary Proceedings.* No disciplinary proceedings shall be conducted by any body of this Society, except (a) a Component Society, (b) original disciplinary proceedings by the Judicial Council as provided in Section 3 of this Chapter, (c) appeals to District Boards of Censors as provided in Section 4 of this Chapter, and (d) appeals to the Judicial Council as provided in Section 5 of this Chapter. Each Component Society shall establish a county board of censors to be responsible for disciplinary proceedings involving members of the Component Society, and shall file a

report on disciplinary activities annually with the Secretary of this Society. All written and signed communications received by the Secretary of this Society, containing charges against a member which could require disciplinary proceedings, shall be forwarded by the Secretary to the appropriate grievance committee. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of the communication by the grievance committee that the grievance committee has considered the charges, the Secretary may refer a copy of the communication to the county board of censors. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of a copy of the communication by the county board of censors that the county board of censors has considered the charges, the Secretary may refer a copy of the communication to the District Board of Censors, which may initiate original disciplinary proceedings.

SECTION 2.—*General Rules.* Except as the context otherwise requires, the following general rules shall apply to all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the District Boards of Censors:

(a) The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to enable the member to defend properly the charges.

(b) A copy of the written charge or charges against a member or a copy of the appeal and brief, as the case may be, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least thirty days prior to the date of any hearing thereon, which date and the place of hearing shall be set forth therein.

(c) The Judicial Council and the District Boards of Censors shall act as promptly as possible in holding hearings.

(d) The member must be accorded a fair and impartial hearing at which he may be represented by an attorney, be confronted by the witnesses and documentary evidence, if any, have an opportunity to cross-examine the witnesses and present any matter pertinent to his defense. The Judicial Council and the District Boards of Censors shall not be bound by the rules of evidence used in courts and may receive such oral or written evidence as in their respective judgments will best and most fairly present the relevant facts. Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

(e) The Judicial Council and the District Boards of Censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the District Boards of Censors shall be concurred in by a majority of the members of the District Board of Censors present at the hearing. In the event of a tie vote in original proceedings before the Judicial Council the charges against the member shall be dismissed, and in the event of a tie vote in appeals, either by a District Board of Censors or by the Judicial Council, the decision appealed from shall be sustained. All decisions of the Judicial Council and the District Boards of Censors shall be in writing and copies thereof shall be given promptly to the interested parties, and in the case of decisions of the District Boards of Censors, to the Chairman of the Judicial Council.

SECTION 3.—*Original Disciplinary Proceedings.* In all cases of original disciplinary proceedings against a member of this Society before the Judicial Council as provided in Section 2 of Article IX of the Constitution the charge or charges upon which the proceeding is based must be brought by a majority vote of either the Board of Trustees and Councilors or the Board of Censors of the Councilor District of the Component Society of the member, and if the decision of the Judicial Council finds the member guilty of any of the charges, the decision shall state the penalty, if any, to be imposed, which may be either censure, or suspension or expulsion from membership in this Society, regardless of any recommendation or suggestion for penalty made in the charges.

SECTION 4.—*Appeals to District Boards of Censors.* Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by a Component Society shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

SECTION 5.—*Appeals to the Judicial Council.* Any member of any Component Society or any Component Society aggrieved by a decision of a District Board of Censors may appeal from such decision by giving written notice of such appeal to the Judicial Council within sixty days after the date of the decision of the District Board of Censors and by submitting a brief, outlining the basis of such appeal, to the Judicial Council within ninety days after the decision of the District Board of Censors. The action of the Judicial Council in cases of appeals shall be limited, except in extraordinary circumstances, to a review of the record of the proceedings before the District Board of Censors.

SECTION 6.—*Appeals to the Judicial Council of the American Medical Association.* Any member of the American Medical Association or any Component Society aggrieved by a decision of the Judicial Council of this Society may appeal such decision to the Judicial Council of the American Medical Association in accordance with the By-laws and rules thereof, however, no such right of appeal shall be deemed to effect in any way the provisions of Section 7 of this Chapter of these Bylaws.

SECTION 7.—*Effective Date of Decisions of Component Societies, District Boards of Censors and the Judicial Council.* No action of any Component Society censuring, suspending, or expelling a member and no action of any

District Board of Censors affirming any such action shall become effective so long as the member has any right of appeal under Sections 4 and 5 of this Chapter, or during the pendency of any such appeal. All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until thirty days after the decision of the Judicial Council, and, if the member or the Component Society, if any, has given written notice to the Judicial Council of the American Medical Association during said thirty day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member to the secretary of his Component Society, until the expiration of the appeal period and the final disposition of the appeal by the Judicial Council of the American Medical Association.

SECTION 8. *Notification of Expulsion.* Written notification of all final decisions expelling a member for disciplinary reasons shall be given to the State Board of Medical Education and Licensure and the appropriate hospital medical staff.

SECTION 9. *Automatic Suspension.* Any member of this Society convicted by a court of competent jurisdiction of the commission of a felony or any crime involving moral turpitude, shall be automatically suspended for an indefinite period. It shall be the duty of the Secretary promptly to inform the appropriate county board of censors of any such conviction of any member of this Society, however, any member of the Society having any such information should promptly report the same to the county board of censors. The county board of censors shall make due inquiry and if it finds that such member has, in fact, been so convicted, it shall order a certified copy of the conviction from the court and upon receipt thereof it shall be filed with the member's records. The county board of censors shall thereupon notify the member that he will stand suspended from membership for an indefinite period, beginning ninety days following his conviction by the court, or ten days following the notice if such notice is issued more than ninety days after the conviction, unless prior to the effective date of the suspension, the member certifies to the county board of censors that he has filed an appeal from the conviction. If the member so convicted has so appealed the suspension from membership shall be stayed until such time as the appeal has been finally disposed of by a court of last resort, and such suspension shall be completely nullified in the event that the conviction of the member is reversed by such court.

SECTION 10. *Reinstatement after suspension.* Any member indefinitely suspended from membership pursuant to the provisions of Section 9 of this chapter may be reinstated to full membership after a period of six months from the effective date of the suspension. Applications for reinstatement may be submitted not earlier than four months after the effective date of the suspension, shall be in writing setting forth the reasons why the member believes he is entitled to reinstatement, and shall be filed with the county board of censors. The county board of censors, after due inquiry, shall hold a meeting to consider the application. The suspended member shall be reinstated upon a majority vote of the members of the county board of censors present and voting at the meeting, provided that there is a quorum of at least four members present at the meeting.

CHAPTER XIV. COMMITTEES, ADMINISTRATIVE COUNCILS AND COMMISSIONS

SECTION 1. *Appointment of Members, Vacancies and Qualification.* Except as otherwise provided in the Constitution and Bylaws, all appointments of chairmen, vice chairmen, and members of committees, administrative councils, and commissions, the tenure and qualification of members thereof, and the filling of vacancies therein shall be as prescribed below.

(a) *Appointment of Chairmen, Vice Chairmen, and Members of Standing Committees, Administrative Councils and Commissions.* All such appointments shall be made by the President Elect at least ninety days prior to the next Annual Session, or by the President if the President Elect shall be incapacitated or unable to perform the duties of his office or if a vacancy occurs in the office of President Elect before all appointments are made, or by the Vice President if both the President Elect and the President be incapacitated or unable to perform the duties of their offices or if a vacancy occurs in both of the offices of President and President Elect before all appointments are made. In making appointments to commissions, the President Elect may consult with the members of the related administrative council. Appointments of the chairmen, vice-chairmen, and members of administrative councils shall be subject to confirmation by the Board of Trustees and Councilors.

(b) *Appointment of Members and Chairmen of Special Committees.* Unless otherwise ordered by the House of Delegates, the number of members of special committees shall be determined, and the members and chairmen of special committees shall be appointed, by the President.

(c) *Tenure of Chairmen, Vice Chairmen, and Members of Committees, Administrative Councils and Commissions.* The terms of all appointed chairmen, vice chairmen, and members of committees, commissions and administrative councils shall be one year beginning and ending with an Annual Session.

(d) *Qualification for Membership on Committees, Administrative Councils and Commissions.* All members of this Society, except Associate, Affiliate, Honorary and Special Student Members, shall be eligible to serve as members of committees, administrative councils and commissions, except that:

(i) No member of the Judicial Council shall be eligible for appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by Article V of the Constitution.

(ii) The President, the President Elect, the Vice President and members of the Board of Trustees and Councilors shall not be appointed members of any standing committee, administrative council or commission unless required by these Bylaws.

(iii) No member shall serve concurrently as (a) a member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.

(iv) No member of an administrative council, committee or a commission shall serve more than six consecutive terms. For the purposes of this subsection, a member appointed to fill a term or unexpired term of less

than one-half the regular term of that appointment shall not be deemed to have served a term.

(e) *Vacancies.* All vacancies shall be filled in the following manner:

(i) Vacancies among elected members of standing committees shall be filled by the Board of Trustees and Councilors until the next Annual Session of the House of Delegates when successors shall be regularly elected.

(ii) Vacancies among members of standing committees, special committees and commissions originally appointed by the President Elect shall be filled by the President, with the advice, in the case of appointments to commissions, of the members of the related administrative council.

(iii) Vacancies among members of standing committees and special committees originally appointed by an individual or body other than the President Elect, shall be filled by the individual or body originally appointing them.

(iv) Vacancies among the members or in the office of chairman or vice-chairman of any administrative council shall be filled by the President. All such appointments shall be subject to confirmation by the Board of Trustees and Councilors.

SECTION 2.—*Standing Committees.* This Society shall have the following standing committees:

Advisory Committee to the Woman's Auxiliary
Committee on Constitution and Bylaws
Committee on Medical Benevolence
Committee on Aid to Education
Committee to Nominate Delegates to the American Medical Association
Committee on Objectives
Committee on Relationships with Allied Professions
Committee on Discipline

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the Executive Vice President before July 1, and shall be composed and have the functions, as follows:

(a) *Advisory Committee to the Woman's Auxiliary.* The Advisory Committee to the Woman's Auxiliary shall consist of five members. It shall act in an advisory capacity whenever called upon by the Woman's Auxiliary regarding its functions or changes in its Constitution and Bylaws.

(b) *Committee on Constitution and Bylaws.* The Committee on Constitution and Bylaws shall consist of (a) five voting members of the House of Delegates to be appointed annually by the Speaker of the House of Delegates prior to August 1 from the members already reported as members of the House of Delegates for the coming Annual Session of this Society, and (b) the Speaker and Vice Speaker of the House of Delegates, the Secretary, Legal Counsel, and the Executive Vice President as ex-officio members without vote. The Speaker may reappoint a delegate to the Chairmanship of this Committee for a maximum of six consecutive years. No member other than the Chairman may be appointed more than two consecutive years. The term of a member of this Committee shall begin with the opening session of the annual House of Delegates meeting following his appointment and shall conclude immediately prior to the next annual meeting. This Committee shall constantly study the Constitution and Bylaws and recommend revisions and modifications necessitated by changing times, methods or conditions. All proposals for amendments to the Constitution or Bylaws shall, wherever possible, be submitted to this Committee in advance by any proponent thereof for consultation and advice, and this Committee shall serve as the Reference Committee of the House of Delegates as provided in Section 9 of Chapter III of these Bylaws.

(c) *Committee on Medical Benevolence.* The Committee on Medical Benevolence shall consist of the Secretary of the Society who shall be secretary of the committee, and three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. The committee shall select its own chairman and shall perform the duties prescribed in Section 6 of Chapter IX of these Bylaws.

(d) *Committee on Aid to Education.* The Committee on Aid to Education shall consist of three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. This committee shall select its own chairman, shall perform the functions prescribed in Section 7 of Chapter IX of these Bylaws, shall encourage all members to contribute to loan and scholarship funds of the Educational and Scientific Trust of the Pennsylvania Medical Society and of the Component Societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said Association.

(e) *Committee to Nominate Delegates to the American Medical Association.* The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members with a term of three years except that at the time this amendment becomes effective two members shall be elected for one year, two shall be elected for two years, and one shall be elected for three years. This committee shall select its own chairman annually immediately upon the adjournment of the House of Delegates. It shall be the duty of this committee to submit to the House of Delegates a list of nominees for Delegates and Alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each Component Society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to two terms.

(f) *Committee on Objectives.* The Committee on Objectives shall consist of seven members, four of whom shall be appointed by the Speaker and three of whom shall be appointed by the President. When this amended paragraph becomes effective, the President shall appoint three members, one for a term of one year, one for a term of two years, one for a term of three years, and thereafter annually the President shall appoint one member to this committee for a term of three years, and the

Speaker shall appoint four members, one for a term of one year, one for a term of two years, one for a term of three years, and one for a term of four years, and thereafter annually shall appoint one member for a term of four years. Among the appointees from the Speaker shall be included one member who is either a member of AMSA, an Intern or a Resident. The Committee on Objectives shall report to the Board of Trustees and shall submit annually a written report to the House of Delegates. This committee shall select its own chairman and vice-chairman. It shall be the duty of the committee to recommend objectives to the Board of Trustees and to review annually these objectives and recommend any desirable changes.

(g) *Committee on Relationships with Allied Professions.* The Committee on Relationships with Allied Professions shall consist of five members. Appointments shall be subject to confirmation by the Board of Trustees and Councilors. The committee shall render a written report to the Board of Trustees and Councilors at appropriate times. It shall concern itself with matters requiring liaison and/or cooperation between this Society and other professional organizations.

(h) *Committee on Discipline.* The Committee on Discipline shall consist of six members, one of whom shall be the Chairman of the Board of Medical Education and Licensure of the Commonwealth of Pennsylvania with voting privileges when a member of the Pennsylvania Medical Society.

The activities of the Committee on Discipline shall not conflict with, or supersede, the provision for disciplinary proceedings and appeals contained in Chapter XIII of these Bylaws.

The Committee shall be responsible for:

(i) consulting on problems of discipline with Component Societies through their judicial boards and grievance committees,

(ii) discussing and investigating matters referred to the Committee by the State Board of Medical Education and Licensure, by a Component Society, by an individual member, or by the Pennsylvania Medical Society,

(iii) maintaining liaison between Component Societies, the Pennsylvania Medical Society, and the Board of Medical Education and Licensure by acting as a transmitting agent or clearing house on matters of discipline,

(iv) evaluating actions of a local grievance committee when requested by a Component Society, by an individual member, or by the Pennsylvania Medical Society,

(v) operating visitation programs for the discussion of disciplinary problems with Component Societies at their invitation.

SECTION 3.—*Special Committees.* This Society may have such special committees as the House of Delegates may from time to time determine.

Each such committee shall submit a written report at the Annual Session of the House of Delegates next following its creation, and at each Annual Session thereafter until the committee is discharged. The report shall be delivered to the office of the Executive Vice President before July 1.

SECTION 4.—*Administrative Councils.* The administrative councils shall conduct all of the activities and business of the Society, except as otherwise provided in the Constitution and Bylaws. The four administrative councils shall be as follows:

(a) The Council on Governmental Relations, which shall be responsible for

(i) securing legislation in the best interest of the public, scientific medicine and the medical profession,

(ii) informing the membership of the Society of important proposed legislation, and encouraging the members to be active individually in political affairs, and

(iii) liaison between the Society and the executive and legislative branches of government;

(b) The Council on Medical Service, which shall be responsible for

(i) insuring to the Society that the various Blue Cross, Blue Shield, and other medical and hospital insurance plans in the Commonwealth of Pennsylvania are being operated for the benefit of the subscribers and the public in conformity with the ideals and ethics of the medical profession,

(ii) evaluating proposals for health and medical services to be rendered in the Commonwealth by state and federal governments and private organizations; supervising the preparation of fee schedules and investigating other financial phases of medical practice; and reviewing the various group insurance plans offered to members of the Society, and

(iii) liaison with the general practice and specialty groups in Pennsylvania in regard to fee schedules;

(c) The Council on Professional Relations and Services, which shall be responsible for professional relations of the Society, including membership recruitment and indoctrination, and the development and administration of programs and services of benefit to members.

(d) The Council on Education and Science which shall be responsible for all matters relating to continuing medical education, the extension of medical knowledge, and the advancement of medical science.

The Board of Trustees and Councilors shall determine the number of members which each administrative council shall have and such members shall be appointed by the President-elect and qualified in accordance with these By-laws. A Trustee and Councilor, appointed by the chairman of the Board of Trustees and Councilors, shall be a member of each administrative council, ex-officio without right to vote. Each administrative council shall have a Chairman and a Vice Chairman appointed by the President Elect.

Each administrative council shall report directly to the Board of Trustees and Councilors, and, annually to the House of Delegates. The latter report shall be delivered to the office of the Executive Vice president before July 1. Each administrative council shall have general supervision over the commissions assigned to it. Each administrative council chairman shall, after receiving recommendations from the members of his Council, submit a budget to the Board of Trustees and Councilors covering the work of his council.

Any council or commission may be augmented by not more than eight consultants, appointed by the council with

the approval of the President. Such consultants shall be recognized authorities in their fields. Their appointments shall terminate at the Annual Session.

SECTION 5. *Commissions.* Each council shall recommend the number of commissions and the size of each commission as it shall seem to be necessary to discharge its responsibilities, and the final determination thereof shall be the responsibility of the Board of Trustees and Councilors. Members of commissions shall be appointed and qualified as provided in Section 1 of this Chapter. The chairman of each commission shall be chosen from the membership of the council to which the commission is assigned.

CHAPTER XV.—PENNSYLVANIA MEDICAL CARE PROGRAM.

SECTION 1.—*Purpose.* The Pennsylvania Medical Care Program recognizes the responsibility of the medical profession for the maintenance of high quality health care at reasonable cost. The Program shall encourage cooperation among physicians, county medical societies, hospitals, health insurance carriers, and all other groups interested in health care in working toward the attainment of the program's stated purpose.

SECTION 2.—*Organization.*

(a) *Administration of Program.*— The Council on Medical Service shall be responsible for general supervision of the Pennsylvania Medical Care Program throughout the Commonwealth.

The Council shall report on the Program directly to the Board of Trustees and Councilors in the interim between sessions of the House of Delegates and shall report annually to the House of Delegates as required by Section 4(b) of Chapter XIV of these Bylaws.

(b) *Regional Committees.*— Regional committees may be appointed by the Council on Medical Service whenever deemed necessary and for whatever region deemed advisable, upon recommendation of the trustee and councilor (or trustees and councilors) of the region.

Each regional committee shall be composed of two Active, Senior Active, Resident or Intern Members of each county medical society within the region, and ex-officio, the trustee and councilor (or trustees and councilors) serving the area. The appointments shall be made upon advice of the county medical societies located within the region and shall be subject to confirmation by the Board of Trustees and Councilors. Appointments shall be for a term of one year beginning and ending with an Annual Session. Vacancies among the membership of a regional committee occurring between Annual Sessions shall be filled for the remainder of the current term by the Council on Medical Service upon the recommendation of the trustee and councilor (or trustees and councilors) of the region.

A regional committee shall elect its own chairman. It shall be responsible for coorordinating the activities of the Pennsylvania Medical Care Program within the designated region. Upon request, a regional committee may serve as a liaison committee to resolve medical care problems arising outside its defined region. It shall utilize to the fullest extent all existing control mechanisms of the county medical societies and the hospitals. Matters within the jurisdiction of the grievance committee of a county medical society shall be referred to said grievance committee.

A regional committee shall report periodically to the Council on Medical Service, such report period to be determined by the Council on Medical Service. Minutes of each meeting of a regional committee shall be submitted to the Council on Medical Service and to the office of each county medical society within the region within fifteen days after each meeting. In addition, the regional committee immediately shall send a written report to the county medical society of any action taken affecting one of its members.

(c) *Sub-committees.*— Each regional committee may establish whatever sub-committees it deems necessary to implement the Pennsylvania Medical Care Program within the region. A regional committee shall be responsible for defining the purpose of the sub-committee, including the number of members to serve thereon. Establishment of and appointments to sub-committees shall be subject to confirmation by the Council on Medical Service.

CHAPTER XVI.—COMPONENT SOCIETIES.

SECTION 1.—*Admission.* Any county medical society hereafter organized in the Commonwealth of Pennsylvania in a county, or in sparsely settled areas in two or more counties, in which no Component Society exists may, on application to the Board of Trustees and Councilors, become a Component Society, provided (a) its purposes are generally in accord with the purposes of this Society, (b) its Constitution and Bylaws are not inconsistent with the Constitution and Bylaws of this Society and have been approved by the Board of Trustees and Councilors, and (c) its application has been approved unanimously by the District Censors of the Councilor District in which it is located.

SECTION 2.—*Termination of Affiliation.* The House of Delegates may terminate the affiliation of any Component Society by a vote of two-thirds of the voting members thereof in the event reasonable evidence is presented to the House of Delegates that (a) the constitution or bylaws of the Component Society is not in accord with the Constitution and Bylaws of this Society, (b) the activities of the Component Society are not in accord with the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the Component Society has refused after reasonable notice to comply with any requirement of the Constitution or Bylaws of this Society, as the same may from time to time be amended.

SECTION 3.—*Investigation of Applicants for Membership.* Remembering that the Component Society is the only portal to this Society and to the American Medical Association, each Component Society shall make a thorough investigation of applicants for membership therein, including a formal inquiry to the Biographic Department of the American Medical Association, so that only reputable physicians, licensed to practice their profession in Pennsylvania, and only bonafide interns and residents may be admitted to active membership in the Component Society.

SECTION 4.—*Membership Records.* The secretary of each Component Society shall keep a roster of its members in which shall be shown the full name, current address, medical or osteopathic school and date of graduation, date of registration and license to practice in this state, and such

other information as may be necessary or appropriate. The secretary of each Component Society shall note on such roster (a) any changes in membership, with appropriate dates, caused by changes in membership classification, death, resignation, transfer, suspension, termination, expulsion, or new admissions, and (b) changes of address, and promptly forward such information to the office of the Executive Vice President in appropriate form, which shall be on blanks, if any, supplied by this Society. In the case of a new member such report shall be accompanied by an appropriate form furnished by this Society (a) in the case of Active Members, certifying that the member possesses the qualifications of such membership set forth in Section 2 of Article IV of the Constitution, or (b) in the case of Senior Active Members certifying that the member possesses the qualifications of such membership set forth in Section 3 of Article IV of the Constitution, or (c) in the case of Associate Members, certifying that the member possesses the qualifications of such membership set forth in Section 4 of Article IV of the Constitution, or (d) in the case of full-time federally employed physicians, certifying that the member possesses the qualifications for such membership set forth in Section 5 of Article IV, or (e) in the case of Affiliate Members, certifying that the member possesses the qualifications of such membership set forth in Section 6 of Article IV of the Constitution or (f) in the case of Intern or Resident Members, certifying that the member possesses the qualifications of such membership set forth in Section 7 of Article IV of the Constitution. At the time of reporting new members the amount of the annual assessment then payable shall be remitted. The secretary shall also promptly notify the Executive Vice President of the suspension of any member, including full details of the action taken by the Component Society. The secretary of each Component Society shall also report to the office of the Executive Vice President the names of the officers of the Component Society within fifteen days after their election.

SECTION 5.—*Membership Assessments.* The secretary or the treasurer of each Component Society shall, prior to January 1 of each year, render a statement to each of its members of the annual assessment of this Society, which statement shall indicate that the annual assessment is due to this Society on January 1 and must be paid before March 1, and shall render a similar statement to every new member thereof upon his election to membership, except that such statement shall indicate that the annual assessment is payable prior to the member becoming a member of this Society. The secretary or treasurer of the Component Society, as the case may be, shall, promptly upon receipt, remit all assessments of this Society to the Executive Vice President thereof.

SECTION 6.—*Delinquent Members.* No Component Society shall permit any member thereof to remain as a member for a period of more than sixty days after the membership of such member in this Society has been terminated for any reason whatsoever.

SECTION 7.—*Membership Transfers.* A member in good standing of any Component Society moving to another county in Pennsylvania shall, on request, be recommended by his Society for admission to membership in the Component Society into whose jurisdiction he moves without the delay attendant upon ordinary applications for membership.

SECTION 8.—*Choice of Membership.* Any physician living near a county line or living in one county and maintaining an office in another county may hold membership in the Component Society most convenient for him to attend on permission of the Councilor of the Councilor District in which he resides, but no person may concurrently hold membership in more than one Component Society, except that a member who has full membership or proper membership in one county medical society in Pennsylvania may be eligible to hold affiliate membership in any other county medical society in the state.

SECTION 9.—*Direction of Affairs of Component Societies.* Each Component Society shall have general direction of its own affairs and of the admission to membership therein. It shall, however, constantly exert its influence for the betterment of the scientific, moral and economic conditions of every physician within its jurisdiction and it shall make systematic efforts to increase its membership until it includes every qualified physician within its jurisdiction. It shall file with the Executive Vice President a copy of all amendments to its constitution or by-laws within fifteen days after the adoption thereof and may submit in advance copies of proposed amendments for review and advance approval.

SECTION 10.—*Delegates to this Society.* Each Component Society shall at some meeting held prior to June 1 of each year elect, from among its members who are Active, Senior Active, Intern or Resident Members of this Society, delegates and alternates to the House of Delegates of this Society in accordance with the provisions of Article VI of the Constitution. A Component Society may, if it so desires, hold the election of such delegates and alternates during the preceding year. In such event the Bylaws of the Component Society shall contain appropriate provisions for determining the manner in which the elected delegates and alternates shall be reduced should they prove to be a number in excess of those to which the Component Society is entitled on the basis of the number of its members as of December 31 of such preceding year, and appropriate provisions for the designation prior to June 1 of additional alternates and delegates should the Component Society be entitled to more than those elected at the earlier election.

CHAPTER XVII.—AMENDMENTS

These Bylaws may be amended at any Annual Session of the House of Delegates by an affirmative vote of three-fourths of the delegates present after lying over one day. If there be a majority but less than a three-fourths favorable vote, the amendment shall lie over until the next session of the House of Delegates and the adoption thereof shall be in the manner and in accordance with the procedure for amendments to the Constitution.

These Bylaws may be amended at any special session of the House of Delegates in the same manner as amendments to the Constitution. The House of Delegates may determine the effective date of any amendment.

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SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

Chapter XIV, Section 3 of the Bylaws authorizes the House of Delegates to establish special committees to assist in its work. The membership of these committees is determined by the President of the Society unless otherwise specified by the House. They report annually to the House of Delegates. Following is a brief outline of the origins and duties of the special committees of the House:

COMMITTEE ON MEDICINE, RELIGION AND BIOETHICS

In 1963, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee on Medicine and Religion.

(Page 86, Proceedings, 1963 House of Delegates) At the meeting of the Society's Board of Trustees and Councilors, November 13, 1974, the name of the committee was changed to Committee on Medicine, Religion, and Bioethics.

COMMITTEE TO STUDY RELATIONS BETWEEN MEDICINE AND OSTEOPATHY

In 1961, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee to Study Relations Between Medicine and Osteopathy. The House of Delegates stipulated:

"a. That the Committee develop a plan for future relations between Medicine and Osteopathy.

"b. That individual county societies be notified to consult and cooperate with this committee, rather than engage in independent action with regard to this problem."

In 1962, the Committee presented its plan for the ultimate merger of medicine and osteopathy. The House of Delegates adopted the plan and directed that the Committee achieve these stated objectives.

(Page 229, Proceedings, 1961 House of Delegates, Supplemental Report D, as amended; Page 75, Official Reports, 1961-62)

SPECIAL COMMITTEES OF THE BOARD OF TRUSTEES

Chapter V, Section 3 of the Bylaws authorizes the Board of Trustees and Councilors to create special committees to aid in its work. Under this provision the Board has the authority to determine the duties and membership of its committees. Following is a brief summary of the functions and origins of the special committees of the Board.

COMMITTEE ON LIBRARY AND ARCHIVES

This committee was established by the Board on August 4, 1965. The responsibilities of the committee are to determine adequate protection for the Society's archives and to make recommendations with regard to the disposition of surplus archival items. The committee is also responsible for assuring the effectiveness of the library service.

(Pages 9-10, Minutes, Board of Trustees, August 4, 1965; Pages 5-7, Minutes, Board of Trustees, January 19-20, 1966)

COMMITTEE ON BENJAMIN RUSH AWARDS

On January 23, 1948, the Board of Trustees decided that an annual award program should be created which would recognize outstanding contributions to the health and welfare of Pennsylvanians by laymen and lay organizations. To this end, the Board created a special Award Committee. Subsequently the awards were named in honor of Benjamin Rush. The recipients of these awards are selected by the Board of Trustees upon recommendation by the committee..

(Pages 5-6, Minutes, Board of Trustees, January 23, 1948)

COMMITTEE ON DISTINGUISHED SERVICE AWARD

On November 17, 1955, the Board of Trustees established an award program to be known as the Distinguished Service Award. This award is to be given to members of the Pennsylvania Medical Society who make outstanding scientific contributions to medicine. The award is not given on an annual basis; recipients are chosen by the Board upon recommendation by the committee. Membership of the committee is composed of the three living immediate past presidents of the Society.

(Page 23, Minutes, Board of Trustees, November 17, 1955)

COMMITTEE ON OFFICERS' CONFERENCE

On August 7, 1958, the House of Delegates discontinued its special committee on the Secretaries and Editors Conference and the Board of Trustees appointed a special committee to plan the program for a meeting of state and county officers. On January 8, 1959, the committee was given the name of the Committee on Officers' Conference. Tenure of the Officers Conference Committee shall be a maximum of five one-year terms. The Committee is also responsible for planning a Socio-Economic Seminar in conjunction with the Annual Business Session.

(Page 8, Minutes, Board of Trustees, August 7, 1958; Page 38, Minutes, Board of Trustees, January 8, 1959; Page 12, Minutes, Board of Trustees, May 13, 1970; Page 8, Minutes, Board of Trustees, May 15, 1968)

COMMITTEE ON SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

On January 26, 1967 the Board of Trustees created this committee to assume responsibility for the Susquehanna Valley Regional Medical Program. The committee consists, among others, of the Trustees from the Councilor Districts involved in the program.

(Page 27, Minutes, Board of Trustees, January 26, 1967)

INTERSPECIALTY COMMITTEE

On October 8, 1969, the Board of Trustees created this Committee to: (a) Make readily available to the Officers, Board of Trustees, and House of Delegates the knowledge,

wisdom, facilities, and energy of the medical specialty societies of Pennsylvania; (b) To facilitate access of medical specialists to policy making of Pennsylvania Medical Society; (c) To improve coordination of professional effort in the community. On August 8, 1973 the Board established a maximum of six one year terms on the Interspecialty Committee.

(Minutes, Board of Trustees, October 8, 1969)

COMMITTEE ON FAMILY PRACTICE

In his address before the 1964 House of Delegates, Richard A. Kern, M.D., then President-Elect of the Society, delineated the future role of the general practitioner as he envisioned it and made the following suggestion:

"I therefore suggest to this House of Delegates the appointment of an ad hoc committee to study the subject of group practice, including the training of the general practitioner for his role in such groups, the establishment of an American Board of General Practice, and such other measures as may further this program, and that this House of Delegates instruct our delegates to the American Medical Association to advocate such measures therein."

This portion of Dr. Kern's speech was referred to the Reference Committee on Miscellaneous Business, and the House of Delegates approved its recommendation as follows:

"Your reference committee also considered that portion of the address of the President-Elect on the future of the general practitioner and recommends that the Board of Trustees promptly appoint a Special Committee on General Practice. The purpose of this committee will be to study the problems of general practice, including those outlined in Dr. Kern's address. It is further recommended that this committee have adequate representation from the Pennsylvania Academy of General Practice."

(Page 78, Proceedings, 1964 House of Delegates)

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

Preamble.—These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

SECTION 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

SECTION 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

SECTION 3.—A physician should practice a method of healing founded on a scientific basis, and he should not voluntarily associate professionally with anyone who violates this principle.

SECTION 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

SECTION 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

SECTION 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

SECTION 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

SECTION 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

SECTION 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

SECTION 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

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PMS—AMA Membership Categories, Dues and Benefits at a Glance

The PMS Benefits designated below as "all" include participation in or eligibility for:

- Appointment to commissions, committees and councils; election to office; the right to vote
- Automobile Leasing Program
- Group insurance programs
  - PMS Professional Liability Insurance Program
  - Disability Income Plans
  - Exceptional Risk Disability Income Plan
  - Executive Major Medical Coverage
  - Excess Major Medical Coverage
  - Business Overhead Expense Plan
  - Accidental Death and Dismemberment Plan
  - Individual Life Insurance Program
  - Automobile Insurance Program
  - Group Life Insurance for Professional Corporations
  - Personal Professional Umbrella Liability Insurance Program
  - Workmen's Compensation Dividend Plan
- Medical Benevolence Fund
- Medical Education Resource Center
- Educational Fund
- Pennsylvania Medical Continuing Education Institute
- Pennsylvania Medical Care Foundation
- PSRO Information
- Legal opinions on medico-legal questions
- Counsel on questions of medical ethics
- Peer review on request in disputes involving third parties
- Input on legislative matters through an effective lobby
- Medical Staff Bylaws Information
- PENNSYLVANIA MEDICINE
- Physicial Placement Service
- PaMPAC
- Speech writing service
- Public Relations Counsel
- Free Health Education pamphlets
- There are other programs and services in addition to those listed.

* * *

Membership Classifications
PMS and AMA Dues Purposes

ACTIVE MEMBER - Any physician who is fully licensed to practice medicine and surgery in the Commonwealth of Pennsylvania and is a member of a component society. Also, any physician who is employed full-time by the federal government in a civilian or military capacity and does not hold an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

Dues	PMS -	$150.00
	AMA -	$110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, (2) if member is retired from active practice, or (3) over age 70.
Benefits	PMS -	All
	AMA -	All except publications for AMA dues exempt are available only by subscription.

MILITARY - (ACTIVE MEMBER) - Any active member serving temporarily in the armed forces or other federal government service (before March 1).

Dues	PMS and AMA -	Dues-exempt
Benefits	PMS -	All
	AMA -	Same as AMA dues exempt (1) and (2) above.

DISABILITY - (ACTIVE MEMBER) - Any Active Member who is prevented from the practice of medicine by reason of illness or disability.

Dues:	PMS and AMA -	Dues-exempt
Benefits:	PMS -	All
	AMA -	Same as AMA dues exempt (1) and (2) above.

INTERN and RESIDENT - Any Member serving a hospital internship, residency, or other recognized full-time postgraduate training.

Dues:	PMS -	$10.00 (10% of regular assessment)
	AMA -	$20.00
Benefits:	PMS -	All
	AMA -	All

SENIOR ACTIVE MEMBER - Any member at least 65 years of age on January 1 with at least 30 years continuous membership (membership in other states or AMA may be included).

Dues:	PMS -	$75.00 (50% of regular assessment)
	AMA -	$110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, or (2) if member is retired from active practice or (3) over age 70).
Benefits:	PMS -	All
	AMA -	Same as Active Member except publications for AMA dues exempt are available only by subscription.

AFFILIATE MEMBER - Any member of a component society not engaged in active practice within the jurisdiction of the component society who belongs to one of the following classes:

(a) members of national medical societies or foreign countries
(b) American physicians whether or not licensed to practice medicine and surgery in Pennsylvania engaged in missionary or philanthropic labors
(c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania
(d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health or administrative medicine
(e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice
(f) physicians in active practice who move out of the Commonwealth of Pennsylvania if they maintain active membership in a county society and the state society in their new state of residence. Members in this category are not eligible for any Society-endorsed insurance programs.

Dues:	PMS and AMA -	Dues-exempt
Benefits:	PMS -	cannot vote or hold any office, serve as a delegate, member of a commission, committee, or council, and is not entitled to benefits of Medical Benevolence Fund or Educational Fund
	AMA -	Same as Associate Member

ASSOCIATE MEMBER - Any Active or Senior Active Member who is at least 70 years of age and who has at least 30 years continuous membership (membership in other states or AMA may be included).

Dues:	PMS and AMA -	Dues-exempt
Benefits:	PMS -	All - except cannot vote, hold any office, serve as delegate, member of commission, committee, or council.
	AMA -	May not vote or hold office and will not receive scientific publications except by direct subscription.

EXHIBIT A

CHARTER,

CONSTITUTION

and

BYLAWS

of the

PENNSYLVANIA MEDICAL SOCIETY

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As amended October 11, 1974

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CHARTER

IN THE COURT OF COMMON PLEAS
FOR THE COUNTY OF DAUPHIN,
PENNSYLVANIA

In Re:
MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA } No. 1171
TERM September 1959

APPLICATION FOR AMENDMENT OF
CHARTER AND ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION

To The Honorable, the Judges of the Said Court:

The Application of The Medical Society of the State of Pennsylvania (herein called "Corporation") respectfully states as follows:

1. The initial registered office of the Corporation, as set forth in its Certificate of Incorporation, was the City of Philadelphia. Thereafter, on April 3, 1959, the registered office of the Corporation was duly changed, pursuant to Section 304 of the Non-Profit Corporation Law (1933, May 5, P.L. 289, Article III, Section No. 304, 15 P.S. 2851-304), to 230 State Street, Harrisburg, Dauphin County, Pennsylvania. In accordance with the procedure set forth in Section 316 of the Non-Profit Corporation Law, and as required thereby, notice of such change of registered office was filed with and recorded by the Recorder of Deeds of Philadelphia, the county from which the registered office was moved, on the 3rd day of April, 1959 in Misc. Book No. 265 at page 271, &c., and with the Recorder of Dauphin County on April 3, 1959 in Charter Book "Y" at page 265, and with the Secretary of the Commonwealth on April 3, 1959, and a certified copy of the Articles of the Corporation were filed with and recorded by the Recorder of Deeds of Dauphin County on April 3, 1959 in Charter Book "Y" at page 266.

2. The Corporation was incorporated in compliance with the requirements of an Act of the General Assembly of the Commonwealth of Pennsylvania entitled "An Act to Provide for the Incorporation and Regulation of Certain Corporations," approved the 29th day of April, 1874 and the supplements thereto, and the Court of Common Pleas No. 4 for Philadelphia County entered its Decree of Incorporation on the 20th day of December 1890 and the original Articles were recorded in the Office for Recording of Deeds in and for the City and County of Philadelphia in Charter Book No. 16 at page 507, etc., on the 20th day of December, 1890. A certified copy of the Certificate of Incorporation and the Decree of said court are attached hereto as Exhibits A-1 and A-2.

3. A verbatim copy of this Application was published in the PENNSYLVANIA MEDICAL JOURNAL, the official journal of the Corporation, which was mailed to every member of the Corporation not later than September 1, 1959. On October 19, 1959 at a meeting in Pittsburgh, Pennsylvania, the House of Delegates of the Corporation, the duly constituted body of the Corporation authorized under its Constitution and Bylaws to act on behalf of the membership thereof, of which meeting written notice was given on September 30, 1959 to each and every member thereof entitled to vote thereat, duly adopted by the unanimous vote of all of the delegates present and entitled to vote thereat a resolution authorizing the filing of this Application with the Court, a copy of which resolution is attached hereto as Exhibit B.

4. As set forth in the resolution referred to in Paragraph 3 above, the Corporation hereby makes application to this Honorable Court for approval of the restatement, in its entirety, of its Articles of Incorporation, said restated Articles to read as follows:

RESTATED ARTICLES OF INCORPORATION

ARTICLE I. The name of the Corporation shall be "Pennsylvania Medical Society." Said name has been registered with the Department of State of the Commonwealth of Pennsylvania within six months of the date of the application for approval of these Restated Articles of Incorporation.

ARTICLE II. The registered office of the Corporation will be in Lemoyne, Cumberland County, Pennsylvania, and its address shall be 20 Erford Road, Lemoyne, Cumberland County, Pennsylvania.

ARTICLE III. The said corporation is formed for the purpose of federating the medical profession in the Commonwealth of Pennsylvania; to unite with similar state medical societies to constitute the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education, and to uphold the ethics and dignity of the medical profession.

ARTICLE IV. The Corporation is to have perpetual existence.

ARTICLE V. The Corporation shall have no capital stock.

ARTICLE VI. No members of the Corporation shall receive any pecuniary gain or profit, incidental or otherwise, from its activities.

ARTICLE VII. Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the Bylaws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members or special members from among persons who are not members in good standing of affiliated county medical societies.

5. As stated in the Restated Articles of Incorporation of the Corporation, the new corporate name as set forth therein has been duly registered with the Department of State of the Commonwealth of Pennsylvania, as evidenced by its Certificate dated November 20, 1959, attached hereto as Exhibit C and made a part hereof.

6. As provided in Section 706 of the Non-Profit Corporation Law, the Corporation has caused due notice of its intention to apply to this Honorable Court for an amendment to its charter to be advertised in two newspapers and proofs of publication thereof are attached hereto as Exhibits D-1 and D-2.

In view of the foregoing, the Corporation requests this Honorable Court to issue its Order and Decree that the Restated Articles of Incorporation of the Corporation be approved as the charter of the Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and affixed the corporate seal of the Corporation this 23rd day of November, 1959.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA
By. A. W. Cowley, M.D.
President
Harold B. Gardner, M.D.
Secretary

HULL, LEIBY AND METZGER
By: William H. Wood
Attorneys for Medical Society of the State of Pennsylvania

(SEAL)

Arthur H. Clephane
Of Counsel

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF DAUPHIN } ss.

On the 23rd day of November, 1959, before me, the Subscriber, a Notary Public in and for the Commonwealth of Pennsylvania, with office in the County of Dauphin, personally appeared the within-named A. W. Cowley, President and Harold B. Gardner, Secretary, the subscribers to the foregoing Application for Amendment of Charter and Restated Articles of Incorporation, and in due form of law, acknowledged the same to be their act and deed, and the act and deed of their associates for the purposes therein specified.

WITNESS my hand and Notarial Seal the day and year aforesaid.

(SEAL)

Geneva C. Magonel
Notary Public

DECREE

And now, this 30th day of November, 1959, an application for the Restated Articles of Incorporation and the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA under the Pennsylvania Nonprofit Corporation Law approved May 5, 1933, as amended, having been presented for approval to me, a law judge of the said County, accompanied by proof of the publication of notice of said application and a certified copy of the resolutions authorizing the Restated Articles of Incorporation, I do hereby certify that I have perused and examined the said instruments and that I find them to be in the proper form within the provisions and requirements of the Act of the General Assembly of the Commonwealth of Pennsylvania, known as the "Nonprofit Corporation Law," approved May 5, 1933, as amended, and that the proposed Restated Articles of Incorporation appear to be lawful and that they will be beneficial and not injurious to the community. It is, therefore, ordered and decreed that the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA be and the same are hereby approved and upon the recording of the said Restated Articles of Incorporation and this Decree, the said Restated Articles of Incorporation shall become the Articles of Incorporation and the Charter of said Corporation.

WITNESS my hand and seal of the Court.

(SEAL)

Homer L. Kreider
Judge

Entered in the Court of Common Pleas of Dauphin County to No. 1171 September Term, 1959.

Certified December 15, 1959 Russel G. Hummel
Prothonotary

Recorded in the office for the Recording of Deeds for the County of Dauphin in Charter Book "Z", page 103.

WITNESS my hand and seal of office this 3rd day of December, 1959.

(SEAL)

Marion Anderson
Recorder of Deeds

CONSTITUTION

ARTICLE I.—NAME

The name and title of this organization is Pennsylvania Medical Society.

ARTICLE II.—PURPOSES OF THIS SOCIETY.

The purposes of this Society shall be to federate the medical profession of the Commonwealth of Pennsylvania; to unite with similar state medical societies to form the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education; to uphold the ethics and dignity of the medical profession; to advocate and support the enactment of such legislation as will accrue to the health and well-being of the public, and to enlighten and direct public opinion in regard to health and hygiene.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall be those county medical societies whose several constitutions and by-laws have been approved by this Society, and whose constitutions and bylaws continue thereafter to be in accord with the Constitution and Bylaws of this Society. Notwithstanding the foregoing, Component Societies shall continue as such until action is taken by this Society to terminate the relationship as provided by the Bylaws of this Society.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Definition.*—As used in this Constitution except as otherwise herein expressly qualified, the term "physician" means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2. *Active Members.*—The Active Members of this Society shall be physicians who are members of the Component Societies.

SECTION 3. *Senior Active Member.*—A Senior Active Member of this Society shall be a physician who (i) is not an Associate Member hereof, (ii) is sixty-five years of age or over, and (iii) has been an Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of not less than thirty years. Such Senior Active Member shall enjoy full benefits, but shall be required to pay only 50 percent of the annual assessment. Such Senior Active Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society.

No member of this Society qualified to be a Senior Active Member hereunder who is in a non-assessment membership category at the time this Section becomes effective shall be required to pay any annual assessment unless and until such member shall cease to hold such non-assessment membership in his component Society.

SECTION 4. *Associate Member.*—An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment.

SECTION 5. *Full-Time Federally Employed Physicians.*—Full-time civilian physicians employed by all federal agencies including but not limited to the Veteran's Administration, who do not have an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, and regular commissioned medical officers and commissioned medical officers of the reserve components, who hold the degree of Doctor of Medicine or Bachelor of Medicine or Doctor of Osteopathy, on extended active duty (more than two years) with the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service, who upon application have been nominated by the Surgeons General of their respective services, may become Active members of the Society enjoying all the rights and privileges thereof provided they pay the annual assessment.

SECTION 6. *Affiliate Member.*—Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health, or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

SECTION 7. *Intern and Resident Members.*—Intern and Resident Members shall be persons serving an accredited hospital internship, residency, or other form of recognized full-time post-graduate training. Intern and Resident

members shall be required to pay 10 per cent of the annual assessment.

SECTION 8. *Honorary Member.*—Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assesament.

SECTION 9. *Special Student Member.*—The President of each Active Chapter of the Student American Medical Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 10. *Rights and Privileges of Members, Including Voting Rights.*—All members of the Society shall have all of the rights and privileges of membership except as otherwise provided in this Constitution and the Bylaws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission.

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and By-laws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 11. *Admission and Tenure of Members.*—Admission to and suspension or termination of membership in this Society shall be determined as provided in the By-laws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 12. *Continuing Medical Education Requirement.*—In order for an Active or Senior Active dues-paying or Associate Member of this Society to remain a member in good standing of the Society after December 31, 1975, he must show evidence of engaging in continuing medical education as prescribed by the Bylaws of this Society.

ARTICLE V.—SEPARATION OF POWERS.

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by Bylaws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently:

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-elect, Vice president Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI.—HOUSE OF DELEGATES.

SECTION 1. *Duties.*—The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and the Bylaws of this Society. It shall fill all elective offices as provided in this Constitution and the By-laws of this Society.

SECTION 2. *Composition.*—The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's Bylaws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Vice President of the Pennsylvania Medical Society as instructed by the Executive Vice President, and in January of each year the Executive Vice President of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) specialty section members, delegates elected by the American Medical Association Board certified specialties having organized societies in Pennsylvania on the basis of one delegate for each such specialty society, such specialty delegates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society; (d) special student members (or their alternates) as defined in Sections 9 and 10 of Article IV; and (e) ex-officio, but without the right to vote, the Speaker, Vice Speaker, and Immediate Past Speaker, of the House of Delegates, the President, President Elect, the Vice President, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex-officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice Speaker when serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. *Alternates.*—Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Vice-President, as set forth in Section 2. Alternate delegates shall be seated as determined by the

Chairman of the delegation from each county society, or in the absence of the Chairman, the Secretary of the county society, or in the absence of either of these by the Credentials Committee. No Chairman of a delegation shall have the power to unseat a delegate involuntarily.

Specialty societies shall be entitled to elect at the time of electing their delegate, one alternate. Such alternates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society.

Although automatically an ex-officio member of the House without the right to vote (Section 2) the President of any Component Society may be elected as one of the county's regular elected delegates or alternates, pursuant to the customary rules of electing delegates and alternates to the House of Delegates.

If any Component Society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern or Resident Member or Members registered in attendance from that Component Society may select himself or one delegate from their number, as the case may be, who shall be the representative of that Component Society and shall serve in the place of an accredited delegate.

If any special student member is unable to serve he may designate an alternate to serve in his place from the active membership of his Chapter of the Student American Medical Association.

SECTION 4. *Seating of Members.* — A delegate whose credentials have been accepted by the Committee on Credentials shall remain a seated delegate until final adjournment of that Convention; however, if such delegate is unable to be present, his place may be taken during the period of his absence by a certified alternate and further should no certified alternate be present then a member of his component society may be seated in accordance with Section 3 above. A voting delegate elected as Speaker of the House during any session thereof may be immediately replaced by an alternate delegate, and the Vice Speaker, if a voting delegate, may be temporarily replaced by an alternate delegate while acting as Speaker. Each seated member of the House of Delegates shall be entitled to one vote and no seated member of the House of Delegates shall be permitted to vote for any other seated member.

ARTICLE VII.—SESSIONS AND ASSEMBLIES.

SECTION 1. *Annual Session.*—This Society and the House of Delegates shall convene in Annual Session at such place to be determined by the House of Delegates and at such time to be determined by the Board of Trustees and Councilors, and each session shall continue for three days, or longer if required by the business of this Society. In case of strikes, governmental regulations, catastrophes or other reasons beyond the control of this Society, the Board of Trustees and Councilors shall have the power to cancel or change the date or place of meeting of the Annual Session of this Society.

At least sixty days prior to the Annual Session, the Secretary shall issue a call to each of the members of this Society, as their names and addresses appear on the records in the office of the Executive Vice President, which call may be either by mail or by publication in the JOURNAL of this Society, if there be such, and shall contain the time and place of the meeting and such other information as is required by the Constitution and Bylaws or appropriate to such call. In the event it becomes necessary to change the time or place of the Annual Session after the call has been issued, an additional call in the manner provided above shall be made by the Secretary not later than fifteen days prior to convening the session.

SECTION 2. *Special Sessions.*—Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians, for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than forty and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than thirty days prior to the holding of the session.

SECTION 3. *Business to be Conducted.*—No business shall be conducted at any Annual Session or special session of the House of Delegates which is not within the jurisdiction of the House, and, as to any special session thereof, which is not also expressly stated in the request and call for the special session. No business of any character shall be conducted at any Annual Session or special session of the membership of this Society except (i) business, if any, which under the laws of the Commonwealth of Pennsylvania requires action by the voting membership of the Society, (ii) scientific business, and (iii) such business as may be permitted to be conducted at such session by any provision of the Bylaws, provided, however, that nothing herein shall be construed to prohibit any such session from discussing any matter related to this Society or from rendering with respect thereto an advisory opinion to any body of this Society subject to the limitation that no matter may be considered at any special session of the membership of this Society which has not been expressly stated in the request and call for the session.

SECTION 4. *Scientific Assemblies.*—Scientific Assemblies of this Society may be held at such places and at such times as determined by the Board of Trustees and Councilors.

ARTICLE VIII. BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.* The Board of Trustees and Councilors shall be the policy-making body of this Society between sessions of the House of Delegates, but it may not establish any policies that are inconsistent with prior policies established by the House of Delegates. It shall have charge of the property and financial affairs of the Society and shall perform such other duties as are prescribed by law governing directors of corporations or as may be prescribed in the Constitution and Bylaws of this Society.

SECTION 2. *Composition.*—The Board of Trustees and Councilors shall consist of the President, the President Elect, the Vice President, and the Immediate Past President, ex-officio with the right to vote, and the Speaker and the Vice Speaker of the House of Delegates, ex-officio without the right to vote, and one Active, Senior Active, Intern or Resident Member from each Councilor District of this Society as determined by the Bylaws. Each Trustee and Councilor shall be elected for a term of five years and shall serve until his successor shall have been elected and qualified. No Trustee and Councilor shall serve more than two consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than two years, and for this purpose a year shall be deemed to be the period between annual sessions of the House of Delegates.

SECTION 3. *Election.*—The Trustee and Councilor from each Councilor District shall be nominated by the voting members in the House of Delegates from the Councilor District which the Trustee and Councilor is to represent, and shall be elected by all the voting members present at the Annual Session of the House of Delegates at the expiration of the term of the Trustee and Councilor from that Councilor District, or when a vacancy exists as set forth in Section 4 below. This section shall not be construed to require a new election of any Trustee and Councilor whose term has not expired at the first session of the House of Delegates following the adoption of this section of the Constitution, nor shall it be construed as creating a vacancy in the office of any Trustee and Councilor, it being the intention that the terms of Trustees and Councilors shall continue to be arranged so that the terms of no more than three Trustees and Councilors expire at any Annual Session as at the time of the adoption of this section.

SECTION 4. *Vacancies.*—In the event of a vacancy in the office of any Trustee and Councilor the Board of Trustees and Councilors shall fill the vacancy within ninety days by the appointment of a member from that Councilor District, such appointee to serve until the next Annual Session of the House of Delegates. In the event of the death, resignation or inability to act of any of the Trustees and Councilors, temporary Councilors may be appointed in such manner, for such periods of time and under such circumstances as may be provided in the Bylaws of this Society.

ARTICLE IX.—THE JUDICIAL COUNCIL.

SECTION 1. *Duties.*—The judicial power of this Society shall be vested in the Judicial Council, whose decisions shall be final, subject to the right of appeal to the Judicial Council of the American Medical Association as provided in the Constitution and Bylaws of the American Medical Association and in the Bylaws of this Society.

SECTION 2. *Original Jurisdiction.*—The Council shall have original jurisdiction in (a) all questions involving membership in this Society or in a Component Society, or the rights and standing of members, whether in relation to other members, to Component Societies, to the Society, or to the public, except as such questions arise in connection with disciplinary proceedings instituted by any Component Society or any board of censors or other similar group thereof; (b) all controversies arising under the Constitution or Bylaws of this Society, and under the Principles of Medical Ethics, including cases where a member has been convicted of an offense or committed to an institution under a charge, for which his medical license may be revoked, but excluding all other controversies involving the discipline of a member; and (c) controversies between two or more Component Societies or their members.

SECTION 3. *Appellate Jurisdiction.*—The Council shall have appellate jurisdiction to review the record of the proceedings in disciplinary cases before any intermediate appellate body of this Society created under the By-laws hereof, or if none exists, before any final tribunal of any Component Society in appeals taken pursuant to the provisions of the Bylaws of this Society.

SECTION 4. *General Jurisdiction.*—The Council shall have jurisdiction on all questions of medical ethics and the interpretation of the Constitution, Bylaws, resolutions and rules of this Society. In the event that the Council shall determine that any provision, or the manner of adoption of any provision, of the Constitution or Bylaws of this Society or any resolution, rule or other action of the House of Delegates is contrary to law or to the Constitution or Bylaws or to the duly adopted procedures, resolutions or rules of this Society, and is therefore invalid in whole or in part, it shall forthwith report its action to the Executive Vice President of this Society, and in the absence thereof to any officer of this Society, and the Executive Vice President or such officer shall promptly call a meeting of the Board of Trustees and Councilors to convene within twenty-one days from the date of such action by the Council for the purpose of effecting the intent of the House of Delegates by some other means if such is possible within the powers granted to the Board of Trustees and Councilors by the Constitution and Bylaws of this Society. In acting on matters within its jurisdiction as set forth in this Article IX, the Council shall not make any determinations based on its own policies nor shall any of its decisions constitute legislation for this Society, however, nothing contained in this sentence shall be deemed to prohibit the Council from interpreting the policies established by the House of Delegates or the Board of Trustees and Councilors if the statement of such policy being interpreted is ambiguous. It shall also have power, at its discretion, to investigate general professional conditions and all matters pertaining to the relations of physicians to one another or to the public, and may make such recommendations to the House of Delegates or the Component Societies as it deems necessary.

SECTION 5. *Composition.*—The Judicial Council shall consist of five members, qualified as provided in Section 6 of this Article IX, elected by the House of Delegates on nomination by the Board of Trustees and Councilors or from the floor of the House, for terms of three years. At the time this amendment becomes effective, one member will be completing his first year, one his second year, one his third year, and one his fourth year of five year elected terms, and one member shall be completing his five-year term thereby creating a vacancy which shall be filled by electing one member for a term of three years, and in the case of the remaining four members, those members with two years and one year remaining of their five-year terms shall remain in office for a period of one year, at the end of which period such two positions shall be filled by electing

two persons for terms of three years each; and those members with four and three years remaining of their five year terms shall remain in office for a period of two years, at the end of which period such two positions shall be filled by electing two members for terms of three years each. Thereafter, in the first year, one position will be filled for a term of three years; in the second year, two positions will be filled for periods of three years; and in the third year, two positions will be filled for periods of three years; and so forth thereafter. At least thirty days prior to each Annual Session of the House of Delegates, the Board of Trustees and Councilors shall nominate at least three qualified persons for each vacancy on the Judicial Council and shall promptly publish their names to the membership of this Society in the Journal of this Society, if there be such, or by some other appropriate means; however, the failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which is otherwise validly conducted by the House of Delegates. The Judicial Council annually shall select, at its first meeting, a Chairman and a Vice-Chairman who shall be members thereof. The Secretary of this Society shall serve as Secretary of and alternate member of the Council. The Secretary shall become a voting member of the Judicial Council when any regular member thereof shall be unable to attend a meeting. In any event three members, including the alternate member, shall constitute a quorum, without which the Council can not properly conduct its business.

SECTION 6. *Qualifications of Members.*—No member of this Society shall be eligible for election to the Judicial Council unless: (a) he has served as (i) a President of this Society; or (ii) a member of the Board of Trustees and Councilors for at least one full term; or (iii) a member of the House of Delegates for at least five years; and (b) he shall not be a member of a Component Society, a member of which (i) is then serving as a member of the Judicial Council and whose term will continue during any portion of the period for which the new member is to be elected, or (ii) has previously been elected to the Judicial Council at the same election. Notwithstanding qualifications as set forth above, no person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year, and for this purpose a year shall be deemed to be the period between Annual Sessions of the House of Delegates.

SECTION 7. *Vacancies.*—In the event a vacancy shall occur in the membership of the Judicial Council between Annual Sessions of the House of Delegates, the Board of Trustees and Councilors shall have the power to fill such vacancy by majority vote, and such appointed member shall serve until the next Annual Session of the House of Delegates.

SECTION 8. *Quorum.* Three members of the Judicial Council shall constitute a quorum for the transaction of business.

ARTICLE X.—OFFICERS

SECTION 1. *Designations.*—The officers of this Society shall be a President, a President Elect, a Vice President, a Treasurer, a Secretary, a Speaker and a Vice Speaker of the House of Delegates, as many District Censors as there are Component Societies and such Assistant Treasurers and Assistant Secretaries as the Board of Trustees and Councilors may from time to time designate by resolution.

SECTION 2. *Qualifications.*—All officers of this Society must be Active, Senior Active, Intern or Resident Members, except that the Treasurer may be a corporation or an employee of this Society and the Assistant Treasurers and Assistant Secretaries may be employees of this Society. The Speaker and Vice Speaker must be members of the House of Delegates at the time of their election.

SECTION 3. *Term of Vice President, President Elect, and President.*—The Vice President shall be elected annually by the House of Delegates. He shall serve as Vice President until the first general meeting of the Annual Session of the Society next ensuing after his election at which time he automatically shall accede to the office of President Elect. He shall serve as President Elect until the succeeding Annual Session, at which time he automatically shall accede to the office of President and shall serve as President until the installation of his successor. In the event that circumstances beyond the control of the Society prevent the holding of the Annual Session, the Vice President shall automatically accede to the office of President Elect and the President Elect shall automatically accede to the office of President at the previously announced time for the Annual Session.

SECTION 4. *Terms of Other Officers.*—A Secretary, a Speaker and Vice Speaker of the House of Delegates and the District Censors shall be elected annually by the House of Delegates, each to serve until the end of the next Annual Session of the House of Delegates of this Society or until his successor is elected and installed. The Treasurer shall be appointed annually by the Board of Trustees and Councilors.

SECTION 5. *Successor to the President, President Elect, and Vice President.*—If the office of President should become vacant, the President Elect shall immediately become President and shall serve for the remainder of the term of his immediate predecessor. If a President Elect succeeds to the presidency, he shall serve as President until the second Annual Session of this Society following his accession as President elect. If the office of President Elect becomes vacant, the Vice President shall immediately become President Elect and shall serve for the remainder of the term of his immediate predecessor. If the office of Vice President becomes vacant, such shall remain vacant until the next Annual Session of this Society at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of both President and President Elect become vacant, the Vice President shall immediately become President and shall serve as President until the second Annual Session of this Society following his election as Vice President. If the offices of both President Elect and Vice President become vacant, the Board of Trustees shall designate from the Board of Trustees one who shall act as President Elect and one who shall act as Vice President, each of whom shall so act until the next Annual Session of this Society, at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of President, President Elect and Vice President should become vacant, the Board of Trustees shall designate from among the Board of Trustees one who shall

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act as President, one who shall act as President Elect, and one who shall act as Vice President, each of whom shall so act until the next Annual Session of the House of Delegates, at which time the House of Delegates shall elect an eligible person as President, an eligible person as President Elect, and an eligible person as Vice President.

Should the President, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the President Elect shall act in his stead. Should the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the Vice President shall act in his stead. Should both the President and the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of their offices, the Vice-President shall act in their stead.

SECTION 6. *Vacancies in Other Offices.*— Vacancies in any office, other than that of Speaker of the House of Delegates, and those mentioned in Section 5 of this Article X occurring between Annual Sessions of the House of Delegates shall be filled by the Board of Trustees and Councilors, and the persons so elected to fill vacancies shall serve until the next Annual Session of this Society and until their successors are elected and installed. The Vice Speaker of the House of Delegates shall act for the Speaker in the event of a vacancy in the office of the Speaker or in the absence of the Speaker or in the event of his inability to act.

SECTION 7. *Duties.*—The officers of this Society shall have such duties as are prescribed by the By-laws of this Society and such additional duties as may be normally incident to their respective offices, or as may be directed from time to time by the Board of Trustees and Councilors.

ARTICLE XI.—FUNDS

SECTION 1. *Annual Assessment.*—Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 per cent of the annual assessment. Interns or Residents during their period of training shall be required to pay only 10 per cent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (c) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the Bylaws of this Society.

SECTION 2. *Other Income.*—Money may also be raised by voluntary contributions and in any other legal manner approved by the House of Delegates.

SECTION 3. *Expenses.*—All appropriations for expenses shall be made by the Board of Trustees and Councilors.

SECTION 4. *Special Funds.*—The House of Delegates may by resolution or Bylaw establish special funds for educational, scientific, charitable, benevolent, endowment, medical defense, or other purposes, in the form of trusts or otherwise and with such trustees or managers, and under such terms and conditions as it shall determine, and in fixing the annual assessment as provided in Section 1 above may require specific portions of such assessments to be allocated to such fund or funds by the Board of Trustees and Councilors. Notwithstanding the foregoing, the Board of Trustees and Councilors shall always have the power to establish reserves and special funds consistent with good accounting practice and to establish and manage, or delegate to trustees or managers the management of, trusts and funds comprised of monies donated or contributed to this Society.

ARTICLE XII.—PRINCIPLES OF ETHICS.

The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public, and to this end each member shall conduct himself so as not to defeat or tend to defeat the purposes for which this Society is organized and is operating.

ARTICLE XIII.—BYLAWS.

The House of Delegates shall have the power to enact, alter and repeal Bylaws, not inconsistent with this Constitution and, in such manner as it shall determine.

ARTICLE XIV.—SEAL.

This Society shall have a corporate seal which shall contain the monogram "A.M.A." and "1847" within a circle on a keystone, at the sides of which shall appear: "Organized 1848: Chartered 1890", and the whole surrounded by a double circle containing the words, "Pennsylvania Medical Society."

ARTICLE XV.—AMENDMENTS.

The House of Delegates may amend this Constitution at any session by an affirmative vote of two-thirds of the delegates present provided the text of the proposed amendment has been (a) submitted not less than four months, and not more than fifteen months, prior thereto, to a session of the House of Delegates, or to the Secretary of this Society by (i) the Committee on Constitution and Bylaws, if the Bylaws provide for such committee, or (ii) fifteen Active, Senior Active, Intern and/or Resident Members of this Society, whose signatures shall be appended thereto, and (b) at least two months prior thereto, published in the JOURNAL of this Society, if there be such, and in the call for the session. The House of Delegates may determine the effective date of any amendment.

BYLAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1.—*Definition.* In conformity with the Constitution of this Society the term "physician" as used in these Bylaws, except as otherwise expressly qualified in the Constitution in any particular related provision, means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2.— *Membership Compulsory.* Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society within three months after his election to any class of membership therein, unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

SECTION 3.—*Admission to Membership.* Every member of a Component Society eligible to become an Active Member or a Senior Active Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification and assessment required by Section 4 of Chapter XVI of these Bylaws. The Continuing Education Requirement as provided in Section 5 of this Chapter I will not be invoked until the third year of membership. Every member of a Component Society eligible to become an Associate Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws. Every member of a Component Society eligible to become an Affiliate Member of this Society shall become such upon his election to such membership by the Board of Trustees and Councilors as provided in the Constitution. Every member of a Component Society eligible to become an Intern or Resident Member of this Society shall become such upon receipt by the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws.

SECTION 4.—*Limitations on Privileges of Membership.* In addition to the limitations on the rights and privileges of membership contained in the Constitution of this Society and elsewhere in these Bylaws, neither Affiliate Members nor Special Student Members shall be entitled to the benefits of any Medical Benevolence or similar fund established by this Society.

SECTION 5 — *Continuing Medical Education Requirement* In order for an Active or Senior Active dues-paying or Associate member of this Society to remain a member in good standing of the Society after December 31, 1975, he must have qualified for the American Medical Association's Physician's Recognition Award, which award is currently based upon a three-year continuing medical education program, which in this instance commences on July 1, 1972. Each Active or Senior Active dues-paying or Associate member once he has qualified for the American Medical Association's Physician's Recognition Award, must continue to qualify for such award in order to remain a member in good standing of the Pennsylvania Medical Society. The Board of Trustees and Councilors shall, in accordance with procedures established by such Board, have the power to waive such requirements in those cases involving Active or Senior Active or Associate members of this Society serving temporarily in the Armed Forces or other Government service of the United States or prevented from the practice of medicine by reason of illness or disability or in such other cases as in its judgment such waiver should be granted. The Board shall waive such requirements upon application from any Associate member not actively engaged in the practice of medicine. Special student members are exempt from the Continuing Education Requirement.

SECTION 6. – *Suspension from Membership.* The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1975) if he is an Active or Senior Active dues-paying or Associate member who has failed to qualify for the American Medical Association's Physician's Recognition Award provided the Office of the Executive Vice President has given such member sixty days notice prior to December 31 that such suspension will be invoked against him unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall be for a period of one year, (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the right or privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

SECTION 7.—*Termination of Membership.* The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active or Associate Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of the one year period of suspension, (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these Bylaws, or (iii) three months after ceasing to be eligible for membership herein in the class of

membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice President of this Society, and(c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year, and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these Bylaws. Any Active or Senior Active dues-paying or Associate member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

CHAPTER II.—GENERAL MEETINGS AND SCIENTIFIC ASSEMBLIES.

SECTION 1. — *General Meetings.* The Annual Session of the Society and special sessions of the Society shall be presided over by the President, the President Elect or the Vice President or a delegated chairman. The program at the Annual Session may include: (a) introduction of special guests and officers of the Society; (b) report on necrology; (c) installation of the incoming President and other officers; (d) any business within the jurisdiction of the membership; and (e) appropriate entertainment.

SECTION 2.— *Scientific Assemblies.* The Board of Trustees shall determine the scope and number of scientific assemblies and be responsible for the direction thereof. Scientific Assemblies shall be presided over by the Chairman of the Council on Education and Science or a delegated substitute.

SECTION 3.—*Registration.* No member or invited guest shall take part in any proceedings of the Annual Session or any special session or any scientific assembly unless he shall have first registered in the manner prescribed by the Executive Vice President.

CHAPTER III.—HOUSE OF DELEGATES

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution of this Society and these Bylaws, the House of Delegates shall:

(a) Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body and subject to the provisions of Section 1 of Chapter IV of these By-laws; and

(b) Take such steps as may be necessary or appropriate to further the purposes of this Society as expressed in Article II of its Constitution.

SECTION 2.—*Meetings.* The House of Delegates shall meet on the day fixed by the Board of Trustees and Councilors as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business. It shall also meet in special session at the time and place fixed by the Secretary as required by Article VII of the Constitution of this Society.

SECTION 3.—*Credentials Committee.* There shall be a Committee on Credentials consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. All questions regarding the registration and credentials of delegates and alternates at any session of the House of Delegates shall be referred to this Committee, and it shall have such other duties as are specified in these Bylaws.

SECTION 4. – *Credentials of Delegates.* Prior to the opening of any session of the House of Delegates, the Secretary of each Component Society, under the seal of the same, shall certify to this Society the names of each voting delegate and each alternate who has been legally and regularly designated as a voting delegate or alternate delegate to this Society. The Secretary of each specialty Society in Pennsylvania shall certify to this society the names of the voting delegate and the alternate who have been legally and regularly designated as that society's voting delegate and alternate to this society's House of Delegates. Each Special Student Member or his alternate shall deposit with the Committee on Credentials a certificate signed by the Secretary of this Society under the Society's seal which states that he is the duly certified representative of his Chapter of the Student American Medical Association. No voting delegate and no alternate delegate may be seated until the foregoing requirement has been complied with, provided, however, that the Credentials Committee may waive this requirement in unusual cases when satisfied that the person presenting himself as a voting delegate or alternate delegate is the person who has been certified as such to the Executive Vice President in accordance with the provisions of Article VI of the Constitution, or has been duly selected in accordance with Section 3 of Article VI of the Constitution of this Society. Prior to the opening of any session of the House of Delegates, the Executive Vice President shall certify to the Committee on Credentials the names of all members of the House of Delegates as shown on his official records. Such certification shall be sufficient for the seating of the secretaries or presidents of Component Societies and for the identification of the voting and non-voting members of the House of Delegates. Any dispute that shall arise as to the seating of any voting delegate or any alternate delegate shall be determined by the House of Delegates after a report thereon by the Committee on Credentials, and the action of the House in such cases shall be final.

SECTION 5. *Quorum.* Forty voting delegates shall constitute a quorum at any session, annual or special, of the House of Delegates.

SECTION 6.—*Rules of Order* Sturgis Standard Code of Parliamentary Procedure shall govern the proceedings of the House of Delegates unless otherwise provided in the Constitution or these Bylaws.

SECTION 7.—*Committee on Rules.* There shall be a Committee on Rules consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. This Committee shall (a) present recommendations to the House of Delegates for the adoption of any necessary or desirable rules of procedure not inconsistent with these Bylaws (b) present to every Annual Session of the House of Delegates an Order of Business for the session if none has been adopted as a Standing Rule by the House, and (c) present to any special session an Order of Business for the session, which must include any matter set forth in the call for the special session and may include any other business related thereto and properly within the jurisdiction of the House of Delegates. An Order of Business, whether at an Annual Session or special session, shall be adopted as the first order of business by a majority of the voting delegates present and voting, and once adopted may not be changed except by a two-thirds vote of all of the voting delegates seated at the session.

SECTION 8.—*Reports.* The House of Delegates shall receive reports of officers, administrative councils, and committees at each Annual Session. All reports of administrative councils and committees not previously published shall be limited to ten minutes in verbal presentation before the House of Delegates. Any report of greater length shall be printed or mimeographed and a copy furnished each delegate. The pertinent or argumentative features of a report shall then be presented in the allotted ten-minute period.

In unusual cases the foregoing rule may be suspended by a two-thirds vote of the House of Delegates, each exception to this rule to be voted on separately.

Special sessions of the House of Delegates shall consider only that business set forth in the call therefor.

SECTION 9.—*Reference Committees.* The Reference Committees of the House of Delegates shall each consist of five members, and such alternates as the Speaker of the House of Delegates may deem necessary, whose terms shall end the following May 31, appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates. The Speaker shall appoint such Reference Committees and clearly identify them as he deems necessary to expedite the business of the House.

In addition to the foregoing, the standing Committee on Constitution and Bylaws shall be a Reference Committee of the House of Delegates during the annual meeting of the House of Delegates. Each member of this Society has the right to appear and be heard before any reference committee of the House of Delegates.

Each report, resolution and proposition presented to the House of Delegates shall be referred for consideration and report to one or more of the Reference Committees, as may be appropriate and as the Speaker of the House of Delegates shall determine. The reports of the Reference Committees shall be presented to the House of Delegates before final action may be taken unless otherwise ordered by the House of Delegates by a two-thirds vote of those present and voting.

SECTION 10.—*Open, Closed and Executive Sessions.* The House of Delegates shall meet in open session, to which any person may be admitted, except as it shall move into closed session restricted to members of this Society, its legal counsel and members of the staff of this Society and Component Societies, and except as it shall move into executive session restricted to members of the House of Delegates, legal counsel and such members of the staff of this Society as are necessary for the proper functioning of the House.

SECTION 11.—*Publication of Proceedings.* The proceedings of the House of Delegates at the Annual Session, or any special session, shall be published in the JOURNAL in the first possible issue following the session except that proceedings of Closed and Executive Sessions shall not be published.

CHAPTER IV.—ELECTIONS.

SECTION 1.—*Ballot.* All elections shall be by ballot of the House of Delegates and a majority of votes cast shall be necessary to elect, except that delegates and alternates to the American Medical Association shall be elected by a plurality vote.

SECTION 2.—*Time of Elections.* The elections shall be conducted at a time and place determined by and pursuant to rules promulgated by the Committee on Rules and adopted by the House of Delegates by a majority vote. The Speaker of the House of Delegates shall appoint such number of tellers as he deems necessary for each session of the House of Delegates.

SECTION 3.—*Disqualification for Office.* Any person known to have solicited votes for himself or sought after any office within the gift of this Society shall, after a determination to that effect by a two-thirds vote of the members of the House of Delegates present and voting, be ineligible for any office for a period of two years after the related election.

SECTION 4.—*Commencement of Terms.* All members of this Society elected to any office, except that of a delegate to the American Medical Association, shall assume their duties at the close of the last meeting of the Annual Session of the House of Delegates at which they are elected.

SECTION 5.—*Nominations.* All candidates for any office to be elected by the House of Delegates may be nominated from the floor except that candidates for the Board of Trustees and Councilors shall be nominated only by a delegate from the nominee's Councilor District. No nomination shall be accepted by the House unless the delegate moving the nomination states that the nominee meets all of the qualifications prescribed by the Constitution and Bylaws for the office. In addition to nominations from the floor, (a) candidates for delegates and alternates to the American Medical Association may and should be nominated by the Committee provided for in Section 2(e) of Chapter XIV of these Bylaws, (b) a candidate for District Censor may and should be nominated by each Component Society, and (c) candidates for the Judicial Council may and should be nominated by the Board of Trustees and Councilors.

CHAPTER V.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution and other sections of the Bylaws of this Society, the Board of Trustees and Councilors shall exercise general supervision over the conduct of all administrative councils and committees in the interval between Annual Sessions, it shall have the right to borrow money on behalf of this Society; and to invest its funds; it shall have charge of all the properties of the Society with authority to purchase, mortgage, lease, sell, or otherwise dispose of any real estate; it shall supervise the business and editorial affairs of the JOURNAL and appoint a medical editor therefore; it shall appoint an Executive Vice President for this Society; it shall fix the salaries or other compensation and the terms of employment of the Secretary, the Treasurer, the Medical Editor of the JOURNAL and the Executive Vice President; it shall require the Treasurer, the Assistant Treasurers, the Secretary, the Assistant Secretaries, the Executive Vice President and all employees handling funds of this Society to furnish, at the cost of this Society, corporate surety bonds in such amounts as the Board of Trustees and Councilors shall determine, for the faithful discharge of their respective duties and for the return of all books, papers and documents belonging to this Society in their respective possession; it shall elect delegates and alternates to the House of Delegates of the American Medical Association to fill vacancies created by an apportionment occurring between meetings of the House of Delegates of this Society and for this purpose may request the Committee to Nominate Delegates and Alternates to the American Medical Association to submit the names of one or more nominees; it shall appoint substitute delegates and substitute alternates to the House of Delegates of the American Medical Association when permitted to do so by the Bylaws of the American Medical Association; it shall have the authority to expend monies of the Society to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; and it shall render a report at each Annual Session of the House of Delegates.

SECTION 2.—*Board Officers.* At the first meeting of the Board of Trustees and Councilors after the Annual Session of this Society it shall elect a Chairman and a Vice Chairman, to serve until the next organization meeting of the Board and until their successors are elected.

The Chairman of the Board of Trustees and Councilors shall preside at meetings of the Board, coordinate the work of the Board, and appoint the committees provided for in Section 3 of this Chapter V.

The Vice Chairman shall serve in the absence of the Chairman and perform such other duties as the Board may direct.

The Secretary of this Society shall serve as Secretary of the Board of Trustees and Councilors.

SECTION 3.—*Committees of the Board.* The Board shall have the following standing committees consisting of three or more members:

(a) Finance Committee

(b) Publication Committee, to supervise the publication of the JOURNAL

(c) Executive Committee. The Executive Committee shall have only that authority given it by the Board.

The Board of Trustees and Councilors may from time to time authorize special committees of the Board to aid it in its work, which special committees shall report directly to it. Such special committees shall have such duties and consist of such number of members, who need not be members of the Board, as the Board shall decide.

SECTION 4.—*Meetings.* Regular meetings of the Board of Trustees and Councilors shall be held immediately after the conclusion of the Annual Session of the House of Delegates and at least quarterly thereafter at such time and place as the Board shall determine.

During the Annual Session of this Society the Board of Trustees and Councilors shall hold meetings as often as may be deemed necessary and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours if so requested by the House of Delegates.

Special meetings of the Board of Trustees and Councilors may be called at any time by the Chairman or by three members of the Board, provided that due notice thereof shall be sent to each member of the Board (a) within three days thereof, if by telegram, or (b) within five days thereof, if by mail.

SECTION 5.—*Quorum.* Seven members of the Board of Trustees and Councilors shall constitute a quorum.

SECTION 6.—*Publication of Proceedings.* The actions taken by the Board of Trustees and Councilors shall be published in the first possible issue of the JOURNAL following the meetings thereof.

CHAPTER VI.—OFFICERS.

SECTION 1.—*President.* The President shall preside at all general meetings of this Society. At the first meeting of the Annual Session of the House of Delegates he shall deliver an address on such matters as he may deem of importance to this Society, and file a written report on his term as President. He shall be an ex-officio member of all committees, administrative councils and commissions, without the right to vote, and he shall perform the other duties required of his office by the Constitution of the Society and these Bylaws.

SECTION 2.—*President Elect.* The President Elect shall assist the President in the performance of his duties. He shall make all appointments specified in Section 1 of Chapter XIV of these Bylaws and perform such other duties as may be required by the Constitution and Bylaws or directed by the Board of Trustees and Councilors.

SECTION 3. *Vice President.* — The Vice President shall assist the President and the President Elect in the performance of their duties, and perform such other duties as may, from time to time, be assigned to him by the President.

SECTION 4.—*Speaker of the House of Delegates.* The Speaker or the Vice Speaker of the House of Delegates or a chairman delegated by the Speaker or the Vice Speaker shall preside over all meetings of the House of Delegates. The Speaker of the House of Delegates shall in addition perform such other duties as may be required of him by the Constitution of this Society and these Bylaws.

SECTION 5.—*Secretary.* The Secretary shall take the minutes of meetings of this Society, of the House of Delegates and the Board of Trustees and Councilors, and record them in separate minute books; he shall perform such other duties as are provided in the Constitution and these Bylaws and as may from time to time be directed by the House of Delegates and the Board of Trustees and Councilors, and shall render a report at each meeting of the Board of Trustees and Councilors and an annual report to the House of Delegates.

All matters concerned with medical ethics, other than disciplinary proceedings, which may be directed to any officer of this Society, the Board of Trustees and Councilors, or the staff of this Society, shall be referred to the Secretary. He may give advice thereon as to previous rulings of courts, or of the Judicial Council of the American Medical Association and this Society, but he shall not in so doing invade the exclusive jurisdiction of the Judicial Council to interpret the Principles of Medical Ethics.

In the event of a vacancy in the office of Secretary, the Executive Vice President shall automatically assume the duties of that office until the vacancy has been filled as provided in the Constitution of this Society.

SECTION 6.—*Treasurer.* The Treasurer shall have custody of all funds and securities of this Society, and shall deposit all monies in such depositaries, and place all securities in such places of safekeeping or with such corporate custodians, as shall be designated by the Board of Trustees and Councilors.

The Treasurer shall, except as expressly provided in these Bylaws, disburse the funds of this Society as may be ordered by the Board of Trustees and Councilors, however, the Treasurer may delegate limited authority to the Executive Vice President, an Assistant Treasurer or a bonded staff member to supervise the disbursement of money for necessary and usual operating expenses of this Society. The Treasurer shall sell and purchase securities as directed by the Board of Trustees and Councilors.

The Treasurer shall render reports at the regular meetings of the Board and at the Annual Session of the House of Delegates.

In the event that the Treasurer is an individual, the Board of Trustees and Councilors may combine this office with that of Executive Vice President.

SECTION 7.—*Assistant Treasurers.* The Assistant Treasurers, if any, shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the death, resignation or inability of the Treasurer to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Treasurers to exercise all of the powers and duties of the Treasurer until the next meeting of the Board of Trustees and Councilors.

SECTION 8.—*Assistant Secretaries.* The Assistant Secretaries of this Society shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the inability of the Secretary to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Secretaries to exercise all of the powers and duties of the Secretary until the next meeting of the Board of Trustees and Councilors.

SECTION 9.—*Execution of Documents.* The Chairman of the Board of Trustees and Councilors, the President, the President Elect, the Vice President, or the Treasurer shall execute on behalf of this Society under its seal any bonds, deeds, mortgages, or other contracts approved by the Board of Trustees and Councilors. The Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the Treasurer shall not attest to the seal affixed to any instrument which he has executed on behalf of this Society.

CHAPTER VII.—THE EXECUTIVE VICE PRESIDENT

SECTION 1. *Duties.* — In addition to the Duties imposed on the Executive Vice President by the Constitution and other provisions of these Bylaws, the Executive Vice President shall be the administrative head of this Society and shall be responsible for the administration of the headquarters of this Society. He shall, within the budgetary limitations imposed by the Board of Trustees and Councilors, be empowered to (a) employ such personnel, at such salaries and under such terms and conditions of employment as he shall determine, (b) provide administrative and clerical assistance and arrange the business details and facilities for meetings for this Society and the House of Delegates, Board of Trustees and Councilors, the Judicial Council, the officers and the committees, administrative councils and commissions, as he deems necessary for the efficient operation of this Society, the conduct of its meetings and the publication of the JOURNAL, and (c) repair and maintain the real and personal property of this Society.

The Executive Vice President shall attend the meetings of the House of Delegates, the Board of Trustees and Councilors and the general meetings of this Society, and he shall be responsible for the preparation of the agenda of these meetings and for the preparation of the program for scientific assemblies.

He shall conduct the correspondence of this Society, notify all members of their election to office or their appointments to committees, administrative councils and commissions, and issue over the proper signature all notices required by the Constitution or Bylaws or by action of the House of Delegates or the Board of Trustees and Councilors. He shall be the custodian of, and supervise and maintain at the office of this Society, the membership records and roster and all other record books and papers of this Society.

He shall be responsible for the publication of the JOURNAL, under the supervision of the Publication Committee, and for the publication of the annual roster, memoirs and all other publications of this Society. He shall employ a Managing Editor who shall assist in the publication of the JOURNAL other than the portion on scientific matters which shall be under the direction of the Medical Editor.

He shall prepare a report on necrology for presentation by a representative of the Board of Trustees and Councilors at the Annual Session.

The Executive Vice President shall render a report to the Board of Trustees and Councilors at each of its meetings and to the House of Delegates at its Annual Session.

The Executive Vice President, if a member of this Society, shall not, except as expressly permitted by the Bylaws, be

eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2.—*Vacancies.* In the event of a vacancy in the position of Executive Vice President, the Board of Trustees and Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Vice President until a permanent appointment is made.

CHAPTER VIII.—LEGAL COUNSEL.

SECTION 1.—*Appointment.* The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2.—*Duties.* Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Vice President in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX.—ASSESSMENTS AND FUNDS.

SECTION 1.—*Assessments.* Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay his annual assessment to the Executive Vice President prior to March 1. New members shall pay the assessments in the same manner at the time of their certifications or applications for membership.

SECTION 2.—*Delinquent Assessments.* A member whose assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Vice President shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these Bylaws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3.—*Deposit of Monies and Special Funds.* The Executive Vice President shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these Bylaws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4.—*Appropriations and Disbursements.* All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these Bylaws.

SECTION 5.—*Audit of Accounts.* The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6.—*Medical Benevolence Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7.—*Educational Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the expenses of continuing the education of students who are (a) in high school, college or graduate school, in financial need and the children of living or deceased members of this Society, or (b) in medical school, in financial need and who do not qualify under Clause (a) of this section, but who are residents of Pennsylvania and have been certified by the Component Society of the county in which they reside as needing financial aid to complete their medical education, or (c) in medical school and residents of Pennsylvania and who by their superior scholastic achievements have shown unusual promise. The Trustees of the Educational and Scientific Trust, upon the recommendation of the Committee on Aid to Education of the Society, shall select the recipients of loans or grants on the basis of character, scholastic ability and, under Clauses (a) and (b) above, financial need. No such loans or grants may be made without the approval of a majority of the Committee on Aid to Education by resolution.

The Board of Trustees and Councilors may establish such further terms and conditions of the said Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

CHAPTER X.—FISCAL YEAR AND ASSESSMENT YEAR.

SECTION 1.—*Fiscal Year.* The calendar year shall be the fiscal year for the society.

SECTION 2.—*Assessment Year.* The calendar year shall be the assessment year for the purpose of the annual assessment of members.

CHAPTER XI.—COUNCILOR DISTRICTS.

SECTION 1.—*Area.* The Commonwealth of Pennsylvania shall be divided into twelve Councilor Districts, each of which shall be entitled to one Councilor. The Councilor Districts shall be as follows:

First Councilor District—Philadelphia County.

Second Councilor District—Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third Councilor District—Carbon, Lackawanna, Monroe, Northampton, Pike, and Wayne Counties.

Fourth Councilor District—Columbia, Montour, Northumberland, Schuylkill, and Snyder Counties.

Fifth Councilor District—Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, and York Counties.

Sixth Councilor District—Blair, Centre, Clearfield, Huntingdon, Juniata, and Mifflin Counties.

Seventh Councilor District—Cameron, Clinton, Elk, Lycoming, Potter, Tioga, and Union Counties.

Eighth Councilor District—Crawford, Erie, Forest, Mercer, McKean, and Warren Counties.

Ninth Councilor District—Armstrong, Butler, Clarion, Indiana, Jefferson, and Venango Counties.

Tenth Councilor District—Allegheny, Beaver, Lawrence, and Westmoreland Counties.

Eleventh Councilor District—Bedford, Cambria, Fayette, Greene, Somerset, and Washington Counties.

Twelfth Councilor District—Bradford, Luzerne, Sullivan, Susquehanna, and Wyoming Counties.

SECTION 2.—*General Duties of Councilors.* Each Councilor shall be the representative of this Society for his Councilor District. He shall visit the Component Societies in his Councilor District at least once a year and make a report of such visit at the next meeting of the Board of Trustees and Councilors. It shall be his function to help organize county medical societies where none exist, to inquire into the condition of the profession, and to increase the zeal of Component Societies and their members. He shall make an annual report of his work and of the profession in each county in his Councilor District at the Annual Session of the House of Delegates. He shall perform such other duties as are otherwise provided in these Bylaws and as may be assigned to him from time to time by the Board of Trustees and Councilors. Trustees and Councilors shall be reimbursed for their travel expenses in attendance at meetings of the Board and for any official business of this Society.

SECTION 3.—*Temporary Councilors.* In the event of the death, resignation or inability to act of any of the Councilors, the Chairman of the Board of Trustees and Councilors, after consultation with the Component Society or Societies in that Councilor District, may promptly appoint a temporary councilor who shall be an active member of a Component Society in that Councilor District to perform temporarily the duties of Councilor until the next meeting of the Board of Trustees and Councilors, at which time the Board shall, if conditions are unchanged, (a) fill the vacancy, if one exists and such is required by the Constitution or desirable in the opinion of the Board, or (b) continue the temporary appointment made by the Chairman of the Board.

CHAPTER XII.—DISTRICT BOARDS OF CENSORS.

SECTION 1.—*Composition.* Each Councilor District shall have a separate Board of Censors comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

SECTION 2.—*Jurisdiction.* The District Boards of Censors shall have jurisdiction in all cases of appeals from the decision of a Component Society as provided in Section 4 of Chapter XIII of these Bylaws.

CHAPTER XIII.—DISCIPLINARY PROCEEDINGS AND APPEALS.

SECTION 1.—*Scope of Disciplinary Proceedings.* No disciplinary proceedings shall be conducted by any body of this Society, except (a) a Component Society, (b) original disciplinary proceedings by the Judicial Council as provided in Section 3 of this Chapter, (c) appeals to District Boards of Censors as provided in Section 4 of this Chapter, and (d) appeals to the Judicial Council as provided in Section 5 of this Chapter. Each Component Society shall establish a county board of censors to be responsible for disciplinary proceedings involving members of the Component Society, and shall file a

report on disciplinary activities annually with the Secretary of this Society. All written and signed communications received by the Secretary of this Society, containing charges against a member which could require disciplinary proceedings, shall be forwarded by the Secretary to the appropriate grievance committee. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of the communication by the grievance committee that the grievance committee has considered the charges, the Secretary may refer a copy of the communication to the county board of censors. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of a copy of the communication by the county board of censors that the county board of censors has considered the charges, the Secretary may refer a copy of the communication to the District Board of Censors, which may initiate original disciplinary proceedings.

SECTION 2.—*General Rules.* Except as the context otherwise requires, the following general rules shall apply to all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the District Boards of Censors:

(a) The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to enable the member to defend properly the charges.

(b) A copy of the written charge or charges against a member or a copy of the appeal and brief, as the case may be, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least thirty days prior to the date of any hearing thereon, which date and the place of hearing shall be set forth therein.

(c) The Judicial Council and the District Boards of Censors shall act as promptly as possible in holding hearings.

(d) The member must be accorded a fair and impartial hearing at which he may be represented by an attorney, be confronted by the witnesses and documentary evidence, if any, have an opportunity to cross-examine the witnesses and present any matter pertinent to his defense. The Judicial Council and the District Boards of Censors shall not be bound by the rules of evidence used in courts and may receive such oral or written evidence as in their respective judgments will best and most fairly present the relevant facts. Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

(e) The Judicial Council and the District Boards of Censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the District Boards of Censors shall be concurred in by a majority of the members of the District Board of Censors present at the hearing. In the event of a tie vote in original proceedings before the Judicial Council the charges against the member shall be dismissed, and in the event of a tie vote in appeals, either by a District Board of Censors or by the Judicial Council, the decision appealed from shall be sustained. All decisions of the Judicial Council and the District Boards of Censors shall be in writing and copies thereof shall be given promptly to the interested parties, and in the case of decisions of the District Boards of Censors, to the Chairman of the Judicial Council.

SECTION 3.—*Original Disciplinary Proceedings.* In all cases of original disciplinary proceedings against a member of this Society before the Judicial Council as provided in Section 2 of Article IX of the Constitution the charge or charges upon which the proceeding is based must be brought by a majority vote of either the Board of Trustees and Councilors or the Board of Censors of the Councilor District of the Component Society of the member, and if the decision of the Judicial Council finds the member guilty of any of the charges, the decision shall state the penalty, if any, to be imposed, which may be either censure, or suspension or expulsion from membership in this Society, regardless of any recommendation or suggestion for penalty made in the charges.

SECTION 4.—*Appeals to District Boards of Censors.* Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by a Component Society shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

SECTION 5.—*Appeals to the Judicial Council.* Any member of any Component Society or any Component Society aggrieved by a decision of a District Board of Censors may appeal from such decision by giving written notice of such appeal to the Judicial Council within sixty days after the date of the decision of the District Board of Censors and by submitting a brief, outlining the basis of such appeal, to the Judicial Council within ninety days after the decision of the District Board of Censors. The action of the Judicial Council in cases of appeals shall be limited, except in extraordinary circumstances, to a review of the record of the proceedings before the District Board of Censors.

SECTION 6.—*Appeals to the Judicial Council of the American Medical Association.* Any member of the American Medical Association or any Component Society aggrieved by a decision of the Judicial Council of this Society may appeal such decision to the Judicial Council of the American Medical Association in accordance with the By-laws and rules thereof, however, no such right of appeal shall be deemed to effect in any way the provisions of Section 7 of this Chapter of these Bylaws.

SECTION 7.—*Effective Date of Decisions of Component Societies, District Boards of Censors and the Judicial Council.* No action of any Component Society censuring, suspending, or expelling a member and no action of any

District Board of Censors affirming any such action shall become effective so long as the member has any right of appeal under Sections 4 and 5 of this Chapter, or during the pendency of any such appeal. All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until thirty days after the decision of the Judicial Council, and, if the member or the Component Society, if any, has given written notice to the Judicial Council of the American Medical Association during said thirty day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member to the secretary of his Component Society, until the expiration of the appeal period and the final disposition of the appeal by the Judicial Council of the American Medical Association.

SECTION 8. – *Notification of Expulsion.* Written notification of all final decisions expelling a member for disciplinary reasons shall be given to the State Board of Medical Education and Licensure and the appropriate hospital medical staff.

SECTION 9. – *Automatic Suspension.* Any member of this Society convicted by a court of competent jurisdiction of the commission of a felony or any crime involving moral turpitude, shall be automatically suspended for an indefinite period. It shall be the duty of the Secretary promptly to inform the appropriate county board of censors of any such conviction of any member of this Society, however, any member of the Society having any such information should promptly report the same to the county board of censors. The county board of censors shall make due inquiry and if it finds that such member has, in fact, been so convicted, it shall order a certified copy of the conviction from the court and upon receipt thereof it shall be filed with the member's records. The county board of censors shall thereupon notify the member that he will stand suspended from membership for an indefinite period, beginning ninety days following his conviction by the court, or ten days following the notice if such notice is issued more than ninety days after the conviction, unless prior to the effective date of the suspension, the member certifies to the county board of censors that he has filed an appeal from the conviction. If the member so convicted has so appealed, the suspension from membership shall be stayed until such time as the appeal has been finally disposed of by a court of last resort, and such suspension shall be completely nullified in the event that the conviction of the member is reversed by such court.

SECTION 10. *Reinstatement after suspension.* Any member indefinitely suspended from membership pursuant to the provisions of Section 9 of this chapter may be reinstated to full membership after a period of six months from the effective date of the suspension. Applications for reinstatement may be submitted not earlier than four months after the effective date of the suspension, shall be in writing setting forth the reasons why the member believes he is entitled to reinstatement, and shall be filed with the county board of censors. The county board of censors, after due inquiry, shall hold a meeting to consider the application. The suspended member shall be reinstated upon a majority vote of the members of the county board of censors present and voting at the meeting, provided that there is a quorum of at least four members present at the meeting.

CHAPTER XIV.–COMMITTEES, ADMINISTRATIVE COUNCILS AND COMMISSIONS

SECTION 1.–*Appointment of Members, Vacancies and Qualification.* Except as otherwise provided in the Constitution and Bylaws, all appointments of chairmen, vice chairmen, and members of committees, administrative councils, and commissions, the tenure and qualification of members thereof, and the filling of vacancies therein shall be as prescribed below.

(a) *Appointment of Chairmen, Vice Chairmen, and Members of Standing Committees, Administrative Councils and Commissions.* All such appointments shall be made by the President Elect at least ninety days prior to the next Annual Session, or by the President if the President Elect shall be incapacitated or unable to perform the duties of his office or if a vacancy occurs in the office of President Elect before all appointments are made, or by the Vice President if both the President Elect and the President be incapacitated or unable to perform the duties of their offices or if a vacancy occurs in both of the offices of President and President Elect before all appointments are made. In making appointments to commissions, the President Elect may consult with the members of the related administrative council. Appointments of the chairmen, vice-chairmen, and members of administrative councils shall be subject to confirmation by the Board of Trustees and Councilors.

(b) *Appointment of Members and Chairmen of Special Committees.* Unless otherwise ordered by the House of Delegates, the number of members of special committees shall be determined, and the members and chairmen of special committees shall be appointed, by the President.

(c) *Tenure of Chairmen, Vice Chairmen, and Members of Committees, Administrative Councils and Commissions.* The terms of all appointed chairmen, vice chairmen, and members of committees, commissions and administrative councils shall be one year beginning and ending with an Annual Session.

(d) *Qualification for Membership on Committees, Administrative Councils and Commissions.* All members of this Society, except Associate, Affiliate, Honorary and Special Student Members, shall be eligible to serve as members of committees, administrative councils and commissions, except that:

(i) No member of the Judicial Council shall be eligible for appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by Article V of the Constitution.

(ii) The President, the President Elect, the Vice President and members of the Board of Trustees and Councilors shall not be appointed members of any standing committee, administrative council or commission unless required by these Bylaws.

(iii) No member shall serve concurrently as (a) a member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.

(iv) No member of an administrative council, committee or a commission shall serve more than six consecutive terms. For the purposes of this subsection, a member appointed to fill a term or unexpired term of less

than one-half the regular term of that appointment shall not be deemed to have served a term.

(e) *Vacancies.* All vacancies shall be filled in the following manner:

(i) Vacancies among elected members of standing committees shall be filled by the Board of Trustees and Councilors until the next Annual Session of the House of Delegates when successors shall be regularly elected.

(ii) Vacancies among members of standing committees, special committees and commissions originally appointed by the President Elect shall be filled by the President, with the advice, in the case of appointments to commissions, of the members of the related administrative council.

(iii) Vacancies among members of standing committees and special committees originally appointed by an individual or body other than the President Elect, shall be filled by the individual or body originally appointing them.

(iv) Vacancies among the members or in the office of chairman or vice-chairman of any administrative council shall be filled by the President. All such appointments shall be subject to confirmation by the Board of Trustees and Councilors.

SECTION 2.—*Standing Committees* This Society shall have the following standing committees:

Advisory Committee to the Woman's Auxiliary
Committee on Constitution and Bylaws
Committee on Medical Benevolence
Committee on Aid to Education
Committee to Nominate Delegates to the American Medical Association
Committee on Objectives
Committee on Relationships with Allied Professions
Committee on Discipline

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the Executive Vice President before July 1, and shall be composed and have the functions, as follows:

(a) *Advisory Committee to the Woman's Auxiliary.* The Advisory Committee to the Woman's Auxiliary shall consist of five members It shall act in an advisory capacity whenever called upon by the Woman's Auxiliary regarding its functions or changes in its Constitution and Bylaws.

(b) *Committee on Constitution and Bylaws.* The Committee on Constitution and Bylaws shall consist of (a) five voting members of the House of Delegates to be appointed annually by the Speaker of the House of Delegates prior to August 1 from the members already reported as members of the House of Delegates for the coming Annual Session of this Society, and (b) the Speaker and Vice Speaker of the House of Delegates, the Secretary, Legal Counsel, and the Executive Vice President as ex-officio members without vote. The Speaker may reappoint a delegate to the Chairmanship of this Committee for a maximum of six consecutive years. No member other than the Chairman may be appointed more than two consecutive years. The term of a member of this Committee shall begin with the opening session of the annual House of Delegates meeting following his appointment and shall conclude immediately prior to the next annual meeting. This Committee shall constantly study the Constitution and Bylaws and recommend revisions and modifications necessitated by changing times, methods or conditions. All proposals for amendments to the Constitution or Bylaws shall, wherever possible, be submitted to this Committee in advance by any proponent thereof for consultation and advice, and this Committee shall serve as the Reference Committee of the House of Delegates as provided in Section 9 of Chapter III of these Bylaws.

(c) *Committee on Medical Benevolence.* The Committee on Medical Benevolence shall consist of the Secretary of the Society who shall be secretary of the committee, and three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. The committee shall select its own chairman and shall perform the duties prescribed in Section 6 of Chapter IX of these Bylaws.

(d) *Committee on Aid to Education.* The Committee on Aid to Education shall consist of three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. This committee shall select its own chairman, shall perform the functions prescribed in Section 7 of Chapter IX of these Bylaws, shall encourage all members to contribute to loan and scholarship funds of the Educational and Scientific Trust of the Pennsylvania Medical Society and of the Component Societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said Association.

(e) *Committee to Nominate Delegates to the American Medical Association.* The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members with a term of three years except that at the time this amendment becomes effective two members shall be elected for one year, two shall be elected for two years, and one shall be elected for three years. This committee shall select its own chairman annually immediately upon the adjournment of the House of Delegates. It shall be the duty of this committee to submit to the House of Delegates a list of nominees for Delegates and Alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each Component Society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to two terms.

(f) *Committee on Objectives.* The Committee on Objectives shall consist of seven members, four of whom shall be appointed by the Speaker and three of whom shall be appointed by the President. When this amended paragraph becomes effective, the President shall appoint three members, one for a term of one year, one for a term of two years, one for a term of three years, and thereafter annually the President shall appoint one member to this committee for a term of three years; and the

Speaker shall appoint four members, one for a term of one year, one for a term of two years, one for a term of three years, and one for a term of four years, and thereafter annually shall appoint one member for a term of four years. Among the appointees from the Speaker shall be included one member who is either a member of SAMA, an Intern or a Resident. The Committee on Objectives shall report to the Board of Trustees and shall submit annually a written report to the House of Delegates. This committee shall select its own chairman and vice-chairman. It shall be the duty of the committee to recommend objectives to the Board of Trustees and to review annually these objectives and recommend any desirable changes.

(g) *Committee on Relationships with Allied Professions.* The Committee on Relationships with Allied Professions shall consist of five members. Appointments shall be subject to confirmation by the Board of Trustees and Councilors. The committee shall render a written report to the Board of Trustees and Councilors at appropriate times. It shall concern itself with matters requiring liaison and/or cooperation between this Society and other professional organizations.

(h) *Committee on Discipline.* The Committee on Discipline shall consist of six members, one of whom shall be the Chairman of the Board of Medical Education and Licensure of the Commonwealth of Pennsylvania with voting privileges when a member of the Pennsylvania Medical Society.

The activities of the Committee on Discipline shall not conflict with, or supersede, the provision for disciplinary proceedings and appeals contained in Chapter XIII of these Bylaws.

The Committee shall be responsible for:

(i) consulting on problems of discipline with Component Societies through their judicial boards and grievance committees.

(ii) discussing and investigating matters referred to the Committee by the State Board of Medical Education and Licensure, by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(iii) maintaining liaison between Component Societies, the Pennsylvania Medical Society, and the Board of Medical Education and Licensure by acting as a transmitting agent or clearing house on matters of discipline.

(iv) evaluating actions of a local grievance committee when requested by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(v) operating visitation programs for the discussion of disciplinary problems with Component Societies at their invitation.

SECTION 3.—*Special Committees.* This Society may have such special committees as the House of Delegates may from time to time determine.

Each such committee shall submit a written report at the Annual Session of the House of Delegates next following its creation, and at each Annual Session thereafter until the committee is discharged. The report shall be delivered to the office of the Executive Vice President before July 1.

SECTION 4.—*Administrative Councils.* The administrative councils shall conduct all of the activities and business of the Society, except as otherwise provided in the Constitution and Bylaws. The four administrative councils shall be as follows:

(a) The Council on Governmental Relations, which shall be responsible for

(i) securing legislation in the best interest of the public, scientific medicine and the medical profession,

(ii) informing the membership of the Society of important proposed legislation, and encouraging the members to be active individually in political affairs, and

(iii) liaison between the Society and the executive and legislative branches of government;

(b) The Council on Medical Service, which shall be responsible for

(i) insuring to the Society that the various Blue Cross, Blue Shield, and other medical and hospital insurance plans in the Commonwealth of Pennsylvania are being operated for the benefit of the subscribers and the public in conformity with the ideals and ethics of the medical profession,

(ii) evaluating proposals for health and medical services to be rendered in the Commonwealth by state and federal governments and private organizations; supervising the preparation of fee schedules and investigating other financial phases of medical practice; and reviewing the various group insurance plans offered to members of the Society, and

(iii) liaison with the general practice and specialty groups in Pennsylvania in regard to fee schedules;

(c) The Council on Professional Relations and Services, which shall be responsible for professional relations of the Society, including membership recruitment and indoctrination, and the development and administration of programs and services of benefit to members.

(d) The Council on Education and Science which shall be responsible for all matters relating to continuing medical education, the extension of medical knowledge, and the advancement of medical science.

The Board of Trustees and Councilors shall determine the number of members which each administrative council shall have and such members shall be appointed by the President-elect and qualified in accordance with these By-laws. A Trustee and Councilor, appointed by the chairman of the Board of Trustees and Councilors, shall be a member of each administrative council, ex-officio without right to vote. Each administrative council shall have a Chairman and a Vice Chairman appointed by the President Elect.

Each administrative council shall report directly to the Board of Trustees and Councilors, and, annually to the House of Delegates. The latter report shall be delivered to the office of the Executive Vice president before July 1. Each administrative council shall have general supervision over the commissions assigned to it. Each administrative council chairman shall, after receiving recommendations from the members of his Council, submit a budget to the Board of Trustees and Councilors covering the work of his council.

Any council or commission may be augmented by not more than eight consultants, appointed by the council with

the approval of the President. Such consultants shall be recognized authorities in their fields. Their appointments shall terminate at the Annual Session.

SECTION 5. — *Commissions.* Each council shall recommend the number of commissions and the size of each commission as it shall deem to be necessary to discharge its responsibilities, and the final determination thereof shall be the responsibility of the Board of Trustees and Councilors. Members of commissions shall be appointed and qualified as provided in Section 1 of this Chapter. The chairman of each commission shall be chosen from the membership of the council to which the commission is assigned.

CHAPTER XV.—PENNSYLVANIA MEDICAL CARE PROGRAM.

SECTION 1.—*Purpose.* The Pennsylvania Medical Care Program recognizes the responsibility of the medical profession for the maintenance of high quality health care at reasonable cost. The Program shall encourage cooperation among physicians, county medical societies, hospitals, health insurance carriers, and all other groups interested in health care in working toward the attainment of the program's stated purpose.

SECTION 2.—*Organization.*

(a) *Administration of Program.*— The Council on Medical Service shall be responsible for general supervision of the Pennsylvania Medical Care Program throughout the Commonwealth.

The Council shall report on the Program directly to the Board of Trustees and Councilors in the interim between sessions of the House of Delegates and shall report annually to the House of Delegates as required by Section 4(b) of Chapter XIV of these Bylaws.

(b) *Regional Committees.*— Regional committees may be appointed by the Council on Medical Service whenever deemed necessary and for whatever region deemed advisable, upon recommendation of the trustee and councilor (or trustees and councilors) of the region.

Each regional committee shall be composed of two Active, Senior Active, Resident or Intern Members of each county medical society within the region, and ex-officio, the trustee and councilor (or trustees and councilors) serving the area. The appointments shall be made upon advice of the county medical societies located within the region and shall be subject to confirmation by the Board of Trustees and Councilors. Appointments shall be for a term of one year beginning and ending with an Annual Session. Vacancies among the membership of a regional committee occurring between Annual Sessions shall be filled for the remainder of the current term by the Council on Medical Service upon the recommendation of the trustee and councilor (or trustees and councilors) of the region.

A regional committee shall elect its own chairman. It shall be responsible for coorordinating the activities of the Pennsylvania Medical Care Program within the designated region. Upon request, a regional committee may serve as a liaison committee to resolve medical care problems arising outside its defined region. It shall utilize to the fullest extent all existing control mechanisms of the county medical socieites and the hospitals. Matters within the jurisdiction of the grievance committee of a county medical society shall be referred to said grievance committee.

A regional committee shall report periodically to the Council on Medical Service, such report period to be determined by the Council on Medical Service. Minutes of each meeting of a regional committee shall be submitted to the Council on Medical Service and to the office of each county medical society within the region within fifteen days after each meeting. In addition, the regional committee immediately shall send a written report to the county medical society of any action taken affecting one of its members.

(c) *Sub-committees.*— Each regional committee may establish whatever sub-committees it deems necessary to implement the Pennsylvania Medical Care Program within the region. A regional committee shall be responsible for defining the purpose of the sub-committee, including the number of members to serve thereon. Establishment of and appointments to sub-committees shall be subject to confirmation by the Council on Medical Service.

CHAPTER XVI.—COMPONENT SOCIETIES.

SECTION 1.—*Admission.* Any county medical society hereafter organized in the Commonwealth of Pennsylvania in a county, or in sparsely settled areas in two or more counties, in which no Component Society exists may, on application to the Board of Trustees and Councilors, become a Component Society, provided (a) its purposes are generally in accord with the purposes of this Society, (b) its Constitution and Bylaws are not inconsistent with the Constitution and Bylaws of this Society and have been approved by the Board of Trustees and Councilors, and (c) its application has been approved unanimously by the District Censors of the Councilor District in which it is located.

SECTION 2.—*Termination of Affiliation.* The House of Delegates may terminate the affiliation of any Component Society by a vote of two-thirds of the voting members thereof in the event reasonable evidence is presented to the House of Delegates that (a) the constitution or bylaws of the Component Society is not in accord with the Constitution and Bylaws of this Society, (b) the activities of the Component Society are not in accord with the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the Component Society has refused after reasonable notice to comply with any requirement of the Constitution or Bylaws of this Society, as the same may from time to time be amended.

SECTION 3.—*Investigation of Applicants for Membership.* Remembering that the Component Society is the only portal to this Society and to the American Medical Association, each Component Society shall make a thorough investigation of initial and transfer applicants for membership therein, including a formal inquiry to the Biographic Department of the American Medical Association, so that only reputable physicians, licensed to practice their profession in Pennsylvania, and only bonafide interns and residents may be admitted to active membership in the Component Society.

SECTION 4.—*Membership Records.* The secretary of each Component Society shall keep a roster of its members in which shall be shown the full name, current address, medical or osteopathic school and date of graduation, date of registration and license to practice in this state, and such

other information as may be necessary or appropriate. The secretary of each Component Society shall note on such roster (a) any changes in membership, with appropriate dates, caused by changes in membership classification, death, resignation, transfer, suspension, termination, expulsion, or new admissions, and (b) changes of address, and promptly forward such information to the office of the Executive Vice President in appropriate form, which shall be on blanks, if any, supplied by this Society. In the case of a new member such report shall be accompanied by an appropriate form furnished by this Society (a) in the case of Active Members, certifying that the member possesses the qualifications of such membership set forth in Section 2 of Article IV of the Constitution, or (b) in the case of Senior Active Members certifying that the member possesses the qualifications of such membership set forth in Section 3 of Article IV of the Constitution, or (c) in the case of Associate Members, certifying that the member possesses the qualifications of such membership set forth in Section 4 of Article IV of the Constitution, or (d) in the case of full-time federally employed physicians, certifying that the member possesses the qualifications for such membership set forth in Section 5 of Article IV, or (e) in the case of Affiliate Members, certifying that the member possesses the qualifications of such membership set forth in Section 6 of Article IV of the Constitution or (f) in the case of Intern or Resident Members, certifying that the member possesses the qualifications of such membership set forth in Section 7 of Article IV of the Constitution. At the time of reporting new members the amount of the annual assessment then payable shall be remitted. The secretary shall also promptly notify the Executive Vice President of the suspension of any member, including full details of the action taken by the Component Society. The secretary of each Component Society shall also report to the office of the Executive Vice President the names of the officers of the Component Society within fifteen days after their election.

SECTION 5.—*Membership Assessments.* The secretary or the treasurer of each Component Society shall, prior to January 1 of each year, render a statement to each of its members of the annual assessment of this Society, which statement shall indicate that the annual assessment is due to this Society on January 1 and must be paid before March 1, and shall render a similar statement to every new member thereof upon his election to membership, except that such statement shall indicate that the annual assessment is payable prior to the member becoming a member of this Society. The secretary or treasurer of the Component Society, as the case may be, shall, promptly upon receipt, remit all assessments of this Society to the Executive Vice President thereof.

SECTION 6.—*Delinquent Members.* No Component Society shall permit any member thereof to remain as a member for a period of more than sixty days after the membership of such member in this Society has been terminated for any reason whatsoever.

SECTION 7.—*Membership Transfers.* A member in good standing of any Component Society moving to another county in Pennsylvania shall, on request, be recommended by his Society for admission to membership in the Component Society into whose jurisdiction he moves without the delay attendant upon ordinary applications for membership.

SECTION 8.—*Choice of Membership.* Any physician living near a county line or living in one county and maintaining an office in another county may hold membership in the Component Society most convenient for him to attend on permission of the Councilor of the Councilor District in which he resides, but no person may concurrently hold membership in more than one Component Society, except that a member who has full membership or proper membership in one county medical society in Pennsylvania may be eligible to hold affiliate membership in any other county medical society in the state.

SECTION 9.—*Direction of Affairs of Component Societies.* Each Component Society shall have general direction of its own affairs and of the admission to membership therein. It shall, however, constantly exert its influence for the betterment of the scientific, moral and economic conditions of every physician within its jurisdiction and it shall make systematic efforts to increase its membership until it includes every qualified physician within its jurisdiction. It shall file with the Executive Vice President a copy of all amendments to its constitution or by-laws within fifteen days after the adoption thereof and may submit in advance copies of proposed amendments for review and advance approval.

SECTION 10.—*Delegates to this Society.* Each Component Society shall at some meeting held prior to June 1 of each year elect, from among its members who are Active, Senior Active, Intern or Resident Members of this Society, delegates and alternates to the House of Delegates of this Society in accordance with the provisions of Article VI of the Constitution. A Component Society may, if it so desires, hold the election of such delegates and alternates during the preceding year. In such event the Bylaws of the Component Society shall contain appropriate provisions for determining the manner in which the elected delegates and alternates shall be reduced should they prove to be a number in excess of those to which the Component Society is entitled on the basis of the number of its members as of December 31 of such preceding year, and appropriate provisions for the designation prior to June 1 of additional alternates and delegates should the Component Society be entitled to more than those elected at the earlier election.

CHAPTER XVII.—AMENDMENTS

These Bylaws may be amended at any Annual Session of the House of Delegates by an affirmative vote of three-fourths of the delegates present after lying over one day. If there be a majority but less than a three-fourths favorable vote, the amendment shall lie over until the next session of the House of Delegates and the adoption thereof shall be in the manner and in accordance with the procedure for amendments to the Constitution.

These Bylaws may be amended at any special session of the House of Delegates in the same manner as amendments to the Constitution. The House of Delegates may determine the effective date of any amendment.

SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

Chapter XIV, Section 3 of the Bylaws authorizes the House of Delegates to establish special committees to assist in its work. The membership of these committees is determined by the President of the Society unless otherwise specified by the House. They report annually to the House of Delegates. Following is a brief outline of the origins and duties of the special committees of the House:

COMMITTEE ON MEDICINE, RELIGION AND BIOETHICS

In 1963, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee on Medicine and Religion.

(Page 86, Proceedings, 1963 House of Delegates). At the meeting of the Society's Board of Trustees and Councilors, November 13, 1974, the name of the committee was changed to Committee on Medicine, Religion, and Bioethics.

COMMITTEE TO STUDY RELATIONS BETWEEN MEDICINE AND OSTEOPATHY

In 1961, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee to Study Relations Between Medicine and Osteopathy. The House of Delegates stipulated:

"a.That the Committee develop a plan for future relations between Medicine and Orteopathy.

"b.That individual county societies be notified to consult and cooperate with this committee, rather than engage in independent action with regard to this problem."

In 1962, the Committee presented its plan for the ultimate merger of medicine and osteopathy. The House of Delegates adopted the plan and directed that the Committee achieve these stated objectives.

(Page 229, Proceedings, 1961 House of Delegates, Supplemental Report D, as amended; Page 75, Official Reports, 1961-62)

SPECIAL COMMITTEES OF THE BOARD OF TRUSTEES

Chapter V, Section 3 of the Bylaws authorizes the Board of Trustees and Councilors to create special committees to aid in its work. Under this provision the Board has the authority to determine the duties and membership of its committees. Following is a brief summary of the functions and origins of the special committees of the Board.

COMMITTEE ON LIBRARY AND ARCHIVES

This committee was established by the Board on August 4, 1965. The responsibilities of the committee are to determine adequate protection for the Society's archives and to make recommendations with regard to the disposition of surplus archival items. The committee is also responsible for assuring the effectiveness of the library service.

(Pages 9-10, Minutes, Board of Trustees, August 4, 1965; Pages 5-7, Minutes, Board of Trustees, January 19-20, 1966)

COMMITTEE ON BENJAMIN RUSH AWARDS

On January 23, 1948, the Board of Trustees decided that an annual award program should be created which would recognize outstanding contributions to the health and welfare of Pennsylvanians by laymen and lay organizations. To this end, the Board created a special Award Committee. Subsequently the awards were named in honor of Benjamin Rush. The recipients of these awards are selected by the Board of Trustees upon recommendation by the committee..

(Pages 5-6, Minutes, Board of Trustees, January 23, 1948)

COMMITTEE ON DISTINGUISHED SERVICE AWARD

On November 17, 1955, the Board of Trustees established an award program to be known as the Distinguished Service Award. This award is to be given to members of the Pennsylvania Medical Society who make outstanding scientific contributions to medicine. The award is not given on an annual basis; recipients are chosen by the Board upon recommendation by the committee. Membership of the committee is composed of the three living immediate past presidents of the Society.

(Page 23, Minutes, Board of Trustees, November 17, 1955)

COMMITTEE ON OFFICERS' CONFERENCE

On August 7, 1958, the House of Delegates discontinued its special committee on the Secretaries and Editors Conference and the Board of Trustees appointed a special committee to plan the program for a meeting of state and county officers. On January 8, 1959, the committee was given the name of the Committee on Officers' Conference. Tenure of the Officers Conference Committee shall be a maximum of five one-year terms. The Committee is also responsible for planning a Socio-Economic Seminar in conjunction with the Annual Business Session.

(Page 8, Minutes, Board of Trustees, August 7, 1958; Page 38, Minutes, Board of Trustees, January 8, 1959; Page 12, Minutes, Board of Trustees, May 13, 1970; Page 8, Minutes, Board of Trustees, May 15, 1968)

COMMITTEE ON SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

On January 26, 1967 the Board of Trustees created this committee to assume responsibility for the Susquehanna Valley Regional Medical Program. The committee consists, among others, of the Trustees from the Councilor Districts involved in the program.

(Page 27, Minutes, Board of Trustees, January 26, 1967)

INTERSPECIALTY COMMITTEE

On October 8, 1969, the Board of Trustees created this Committee to: (a) Make readily available to the Officers, Board of Trustees, and House of Delegates the knowledge,

wisdom, facilities, and energy of the medical specialty societies of Pennsylvania; (b) To facilitate access of medical specialists to policy making of Pennsylvania Medical Society; (c) To improve coordination of professional effort in the community. On August 8, 1973 the Board established a maximum of six one year terms on the Interspecialty Committee.

(Minutes, Board of Trustees, October 8, 1969)

COMMITTEE ON FAMILY PRACTICE

In his address before the 1964 House of Delegates, Richard A. Kern, M.D., then President-Elect of the Society, delineated the future role of the general practitioner as he envisioned it and made the following suggestion:

> "I therefore suggest to this House of Delegates the appointment of an ad hoc committee to study the subject of group practice, including the training of the general practitioner for his role in such groups, the establishment of an American Board of General Practice, and such other measures as may further this program, and that this House of Delegates instruct our delegates to the American Medical Association to advocate such measures therein."

This portion of Dr. Kern's speech was referred to the Reference Committee on Miscellaneous Business, and the House of Delegates approved its recommendation as follows:

> "Your reference committee also considered that portion of the address of the President-Elect on the future of the general practitioner and recommends that the Board of Trustees promptly appoint a Special Committee on General Practice. The purpose of this committee will be to study the problems of general practice, including those outlined in Dr. Kern's address. It is further recommended that this committee have adequate representation from the Pennsylvania Academy of General Practice."

(Page 78, Proceedings, 1964 House of Delegates)

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

Preamble.—These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

SECTION 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

SECTION 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

SECTION 3.—A physician should practice a method of healing founded on a scientific basis, and he should not voluntarily associate professionally with anyone who violates this principle.

SECTION 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

SECTION 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him, and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

SECTION 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

SECTION 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

SECTION 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

SECTION 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

SECTION 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

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PMS—AMA Membership
Categories, Dues and Benefits at a Glance

The PMS Benefits designated below as "all" include participation in or eligibility for:

- Appointment to commissions, committees and councils; election to office; the right to vote
- Automobile Leasing Program
- Group insurance programs
  - PMS Professional Liability Insurance Program
  - Disability Income Plans
  - Exceptional Risk Disability Income Plan
  - Executive Major Medical Coverage
  - Excess Major Medical Coverage
  - Business Overhead Expense Plan
  - Accidental Death and Dismemberment Plan
  - Individual Life Insurance Program
  - Automobile Insurance Program
  - Group Life Insurance for Professional Corporations
  - Personal-Professional Umbrella Liability Insurance Program
  - Workmen's Compensation Dividend Plan
- Medical Benevolence Fund
- Medical Education Resource Center
- Educational Fund
- Pennsylvania Medical Continuing Education Institute
- Pennsylvania Medical Care Foundation
- PSRO Information
- Legal opinions on medico-legal questions
- Counsel on questions of medical ethics
- Peer review on request in disputes involving third parties
- Input on legislative matters through an effective lobby
- Medical Staff Bylaws Information
- PENNSYLVANIA MEDICINE
- Physicial Placement Service
- PaMPAC
- Speech writing service
- Public Relations Counsel
- Free Health Education pamphlets
- There are other programs and services in addition to those listed.

* * *

Membership Classifications
PMS and AMA Dues Purposes

ACTIVE MEMBER - Any physician who is fully licensed to practice medicine and surgery in the Commonwealth of Pennsylvania and is a member of a component society. Also, any physician who is employed full-time by the federal government in a civilian or military capacity and does not hold an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

Dues: PMS - $150.00
AMA - $110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, (2) if member is retired from active practice, or (3) over age 70.

Benefits: PMS - All
AMA - All except publications for AMA dues, exempt are available only by subscription.

MILITARY - (ACTIVE MEMBER) - Any active member serving *temporarily* in the armed forces or other federal government service (before March 1).

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - All
AMA - Same as AMA dues exempt (1) and (2) above.

DISABILITY - (ACTIVE MEMBER) - Any Active Member who is prevented from the practice of medicine by reason of illness or disability.

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - All
AMA - Same as AMA dues exempt (1) and (2) above.

INTERN and RESIDENT - Any Member serving a hospital internship, residency, or other recognized full-time postgraduate training.

Dues: PMS - $10.00 (10% of regular assessment)
AMA - $20.00
Benefits: PMS - All
AMA - All

SENIOR ACTIVE MEMBER - Any member at least 65 years of age on January 1 with at least 30 years continuous membership (membership in other states or AMA may be included).

Dues: PMS - $75.00 (50% of regular assessment)
AMA - $110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, or (2) if member is retired from active practice or (3) over age 70).
Benefits: PMS - All
AMA - Same as Active Member except publications for AMA dues exempt are available only by subscription.

AFFILIATE MEMBER - Any member of a component society not engaged in active practice within the juriadiction of the component society who belongs to one of the following classes:

(a) members of national medical societies or foreign countries
(b) American physicians whether or not licensed to practice medicine and surgery in Pennsylvania engaged in missionary or philanthropic labors
(c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania
(d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health or administrative medicine
(e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice
(f) physicians in active practice who move out of the Commonwealth of Pennsylvania if they maintain active membership in a county society and the state society in their new state of residence. Members in this category are not eligible for any Society-endorsed insurance programs.

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - cannot vote or hold any office, serve as a delegate, member of a commission, committee, or council, and is not entitled to benefits of Medical Benevolence Fund or Educational Fund
AMA - Same as Associate Member

ASSOCIATE MEMBER - Any Active or Senior Active Member who is at least 70 years of age and who has at least 30 years continuous membership (membership in other states or AMA may be included).

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - All—except cannot vote, hold any office, serve as delegate, member of commission, committee, or council.
AMA - May not vote or hold office and will not receive scientific publications except by direct subscription.

EXHIBIT A

CHARTER,
CONSTITUTION
and
BYLAWS
of the
PENNSYLVANIA MEDICAL SOCIETY

As amended October 19, 1973

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CHARTER

IN THE COURT OF COMMON PLEAS
FOR THE COUNTY OF DAUPHIN,
PENNSYLVANIA

In Re:
MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA { No. 1171
TERM September 1959

APPLICATION FOR AMENDMENT OF
CHARTER AND ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION

To The Honorable, the Judges of the Said Court:

The Application of The Medical Society of the State of Pennsylvania (herein called "Corporation") respectfully states as follows:

1. The initial registered office of the Corporation, as set forth in its Certificate of Incorporation, was the City of Philadelphia. Thereafter, on April 3, 1959, the registered office of the Corporation was duly changed, pursuant to Section 304 of the Non-Profit Corporation Law (1933, May 5, P.L. 289, Article III, Section No. 304, 15 P.S. 2851-304), to 230 State Street, Harrisburg, Dauphin County, Pennsylvania. In accordance with the procedure set forth in Section 316 of the Non-Profit Corporation Law, and as required thereby, notice of such change of registered office was filed with and recorded by the Recorder of Deeds of Philadelphia, the county from which the registered office was moved, on the 3rd day of April, 1959 in Misc. Book No. 265 at page 271, &c., and with the Recorder of Dauphin County on April 3, 1959 in Charter Book "Y" at page 265, and with the Secretary of the Commonwealth on April 3, 1959, and a certified copy of the Articles of the Corporation were filed with and recorded by the Recorder of Deeds of Dauphin County on April 3, 1959 in Charter Book "Y" at page 266.

2. The Corporation was incorporated in compliance with the requirements of an Act of the General Assembly of the Commonwealth of Pennsylvania entitled "An Act to Provide for the Incorporation and Regulation of Certain Corporations," approved the 29th day of April, 1874 and the supplements thereto, and the Court of Common Pleas No. 4 for Philadelphia County entered its Decree of Incorporation on the 20th day of December 1890 and the original Articles were recorded in the Office for Recording of Deeds in and for the City and County of Philadelphia in Charter Book No. 16 at page 507, etc., on the 20th day of December, 1890. A certified copy of the Certificate of Incorporation and the Decree of said court are attached hereto as Exhibits A-1 and A-2.

3. A verbatim copy of this Application was published in the PENNSYLVANIA MEDICAL JOURNAL, the official journal of the Corporation, which was mailed to every member of the Corporation not later than September 1, 1959. On October 19, 1959 at a meeting in Pittsburgh, Pennsylvania, the House of Delegates of the Corporation, the duly constituted body of the Corporation authorized under its Constitution and Bylaws to act on behalf of the membership thereof, of which meeting written notice was given on September 30, 1959 to each and every member thereof entitled to vote thereat, duly adopted by the unanimous vote of all of the delegates present and entitled to vote thereat a resolution authorizing the filing of this Application with the Court, a copy of which resolution is attached hereto as Exhibit B.

4. As set forth in the resolution referred to in Paragraph 3 above, the Corporation hereby makes application to this Honorable Court for approval of the restatement, in its entirety, of its Articles of Incorporation, said restated Articles to read as follows:

RESTATED ARTICLES OF INCORPORATION

ARTICLE I. The name of the Corporation shall be "Pennsylvania Medical Society." Said name has been registered with the Department of State of the Commonwealth of Pennsylvania within six months of the date of the application for approval of these Restated Articles of Incorporation.

ARTICLE II. The registered office of the Corporation will be in Lemoyne, Cumberland County, Pennsylvania, and its address shall be 20 Erford Road, Lemoyne, Cumberland County, Pennsylvania.

ARTICLE III. The said corporation is formed for the purpose of federating the medical profession in the Commonwealth of Pennsylvania; to unite with similar state medical societies to constitute the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education, and to uphold the ethics and dignity of the medical profession.

ARTICLE IV. The Corporation is to have perpetual existence.

ARTICLE V. The Corporation shall have no capital stock.

ARTICLE VI. No members of the Corporation shall receive any pecuniary gain or profit, incidental or otherwise, from its activities.

ARTICLE VII. Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the Bylaws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members or special members from among persons who are not members in good standing of affiliated county medical societies.

5. As stated in the Restated Articles of Incorporation of the Corporation, the new corporate name as set forth therein has been duly registered with the Department of State of the Commonwealth of Pennsylvania, as evidenced by its Certificate dated November 20, 1959, attached hereto as Exhibit C and made a part hereof.

6. As provided in Section 706 of the Non-Profit Corporation Law, the Corporation has caused due notice of its intention to apply to this Honorable Court for an amendment to its charter to be advertised in two newspapers and proofs of publication thereof are attached hereto as Exhibits D-1 and D-2.

In view of the foregoing, the Corporation requests this Honorable Court to issue its Order and Decree that the Restated Articles of Incorporation of the Corporation be approved as the charter of the Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and affixed the corporate seal of the Corporation this 23rd day of November, 1959.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA
By: A. W. Cowley, M.D.
President
Harold B. Gardner, M.D.
Secretary

HULL, LEIBY AND METZGER
By: William H. Wood
Attorneys for Medical Society of the State of Pennsylvania
(SEAL)
Arthur H. Clephane
Of Counsel

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF DAUPHIN } ss.

On the 23rd day of November, 1959, before me, the Subscriber, a Notary Public in and for the Commonwealth of Pennsylvania, with office in the County of Dauphin, personally appeared the within-named A. W. Cowley, President and Harold B. Gardner, Secretary, the subscribers to the foregoing Application for Amendment of Charter and Restated Articles of Incorporation, and in due form of law, acknowledged the same to be their act and deed, and the act and deed of their associates for the purposes therein specified.

WITNESS my hand and Notarial Seal the day and year aforesaid.

(SEAL)
Geneva C. Magonel
Notary Public

DECREE

And now, this 30th day of November, 1959, an application for the Restated Articles of Incorporation and the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA under the Pennsylvania Nonprofit Corporation Law approved May 5, 1933, as amended, having been presented for approval to me, a law judge of the said County, accompanied by proof of the publication of notice of said application and a certified copy of the resolutions authorizing the Restated Articles of Incorporation, I do hereby certify that I have perused and examined the said instruments and that I find them to be in the proper form within the provisions and requirements of the Act of the General Assembly of the Commonwealth of Pennsylvania, known as the "Nonprofit Corporation Law," approved May 5, 1933, as amended, and that the proposed Restated Articles of Incorporation appear to be lawful and that they will be beneficial and not injurious to the community. It is, therefore, ordered and decreed that the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA be and the same are hereby approved and upon the recording of the said Restated Articles of Incorporation and this Decree, the said Restated Articles of Incorporation shall become the Articles of Incorporation and the Charter of said Corporation.

WITNESS my hand and seal of the Court.

(SEAL)
Homer L. Kreider
Judge

Entered in the Court of Common Pleas of Dauphin County to No. 1171 September Term, 1959.

Certified December 15, 1959 Russel G. Hummel
Prothonotary

Recorded in the office for the Recording of Deeds for the County of Dauphin in Charter Book "Z", page 103.

WITNESS my hand and seal of office this 3rd day of December, 1959.

(SEAL)
Marion Anderson
Recorder of Deeds

CONSTITUTION

ARTICLE I.—NAME

The name and title of this organization is Pennsylvania Medical Society.

ARTICLE II.—PURPOSES OF THIS SOCIETY.

The purposes of this Society shall be to federate the medical profession of the Commonwealth of Pennsylvania; to unite with similar state medical societies to form the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education; to uphold the ethics and dignity of the medical profession; to advocate and support the enactment of such legislation as will accrue to the health and well-being of the public, and to enlighten and direct public opinion in regard to health and hygiene.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall be those county medical societies whose several constitutions and by-laws have been approved by this Society, and whose constitutions and bylaws continue thereafter to be in accord with the Constitution and Bylaws of this Society. Notwithstanding the foregoing, Component Societies shall continue as such until action is taken by this Society to terminate the relationship as provided by the Bylaws of this Society.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Definition.*—As used in this Constitution except as otherwise herein expressly qualified, the term "physician" means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2. *Active Members.*—The Active Members of this Society shall be physicians who are members of the Component Societies.

SECTION 3. *Senior Active Member.*—A Senior Active Member of this Society shall be a physician who (i) is not an Associate Member hereof, (ii) is sixty-five years of age or over, and (iii) has been an Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of not less than thirty years. Such Senior Active Member shall enjoy full benefits, but shall be required to pay only 50 percent of the annual assessment. Such Senior Active Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society.

No member of this Society qualified to be a Senior Active Member hereunder who is in a non-assessment membership category at the time this Section becomes effective shall be required to pay any annual assessment unless and until such member shall cease to hold such non-assessment membership in his component Society.

SECTION 4. *Associate Member.*—An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment.

SECTION 5. *Full-Time Federally Employed Physicians.*—Full-time civilian physicians employed by all federal agencies including but not limited to the Veteran's Administration, who do not have an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, and regular commissioned medical officers and commissioned medical officers of the reserve components, who hold the degree of Doctor of Medicine or Bachelor of Medicine or Doctor of Osteopathy, on extended active duty (more than two years) with the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service, who upon application have been nominated by the Surgeons General of their respective services, may become Active members of the Society enjoying all the rights and privileges thereof provided they pay the annual assessment.

SECTION 6. *Affiliate Member.*—Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health, or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

SECTION 7. *Intern and Resident Members.*— Intern and Resident Members shall be persons serving an accredited hospital internship, residency, or other form of recognized full-time post-graduate training. Intern and Resident

members shall be required to pay 10 per cent of the annual assessment.

SECTION 8. *Honorary Member.*—Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assessment.

SECTION 9. *Special Student Member.*—The President of each Active Chapter of the Student American Medical Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 10. *Rights and Privileges of Members, Including Voting Rights.*—All members of the Society shall have all of the rights and privileges of membership except as otherwise provided in this Constitution and the Bylaws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission.

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and By-laws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 11. *Admission and Tenure of Members.*—Admission to and suspension or termination of membership in this Society shall be determined as provided in the By-laws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 12. *Continuing Medical Education Requirement.*—In order for an Active or Senior Active dues-paying Member of this Society to remain a member in good standing of the Society after December 31, 1975, he must show evidence of engaging in continuing medical education as prescribed by the Bylaws of this Society.

ARTICLE V.—SEPARATION OF POWERS.

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by Bylaws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently:

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-elect, Vice president Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI.—HOUSE OF DELEGATES.

SECTION 1. *Duties.*—The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and the Bylaws of this Society. It shall fill all elective offices as provided in this Constitution and the By-laws of this Society.

SECTION 2. *Composition.*—The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's Bylaws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Vice President of the Pennsylvania Medical Society as instructed by the Executive Vice President, and in January of each year the Executive Vice President of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) specialty section members, delegates elected by the American Medical Association Board certified specialties having organized societies in Pennsylvania on the basis of one delegate for each such specialty society, such specialty delegates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society; (d) special student members (or their alternates) as defined in Sections 9 and 10 of Article IV; and (e) ex-officio, but without the right to vote, the Speaker and Vice Speaker of the House of Delegates, the President, President Elect, the Vice President, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex-presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex-officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice Speaker when serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. *Alternates.*—Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Vice-President, as set forth in Section 2. Alternate delegates shall be seated as determined by the

members shall be required to pay 10 per cent of the annual assessment.

SECTION 8. *Honorary Member.*—Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assessment.

SECTION 9. *Special Student Member.*—The President of each Active Chapter of the Student American Medical Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 10. *Rights and Privileges of Members, Including Voting Rights.*—All members of the Society shall have all of the rights and privileges of membership except as otherwise provided in this Constitution and the Bylaws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission.

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and By-laws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 11. *Admission and Tenure of Members.*—Admission to and suspension or termination of membership in this Society shall be determined as provided in the By-laws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 12. *Continuing Medical Education Requirement.*—In order for an Active or Senior Active dues-paying Member of this Society to remain a member in good standing of the Society after December 31, 1975, he must show evidence of engaging in continuing medical education as prescribed by the Bylaws of this Society

ARTICLE V.—SEPARATION OF POWERS.

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by Bylaws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently:

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-elect, Vice president Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI.—HOUSE OF DELEGATES.

SECTION 1. *Duties.*—The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and the Bylaws of this Society. It shall fill all elective offices as provided in this Constitution and the By-laws of this Society.

SECTION 2. *Composition*—The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's Bylaws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Vice President of the Pennsylvania Medical Society as instructed by the Executive Vice President, and in January of each year the Executive Vice President of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) specialty section members, delegates elected by the American Medical Association Board certified specialties having organized societies in Pennsylvania on the basis of one delegate for each such specialty society, such specialty delegates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society; (d) special student members (or their alternates) as defined in Sections 9 and 10 of Article IV; and (e) ex-officio, but without the right to vote, the Speaker and Vice Speaker of the House of Delegates, the President, President Elect, the Vice President, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex-presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex-officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice Speaker when serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. *Alternates.*—Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Vice-President, as set forth in Section 2. Alternate delegates shall be seated as determined by the

Chairman of the delegation from each county society, or in the absence of the Chairman, the Secretary of the county society, or in the absence of either of these by the Credentials Committee. No Chairman of a delegation shall have the power to unseat a delegate involuntarily.

Specialty societies shall be entitled to elect at the time of electing their delegate, one alternate. Such alternates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society.

Although automatically an ex-officio member of the House without the right to vote (Section 2) the President of any Component Society may be elected as one of the county's regular elected delegates or alternates, pursuant to the customary rules of electing delegates and alternates to the House of Delegates.

If any Component Society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern or Resident Member or Members registered in attendance from that Component Society may select himself or one delegate from their number, as the case may be, who shall be the representative of that Component Society and shall serve in the place of an accredited delegate.

If any special student member is unable to serve he may designate an alternate to serve in his place from the active membership of his Chapter of the Student American Medical Association.

SECTION 4. *Seating of Members.* — A delegate whose credentials have been accepted by the Committee on Credentials shall remain a seated delegate until final adjournment of that Convention; however, if such delegate is unable to be present, his place may be taken during the period of his absence by a certified alternate and further should no certified alternate be present then a member of his component society may be seated in accordance with Section 3 above. A voting delegate elected as Speaker of the House during any session thereof may be immediately replaced by an alternate delegate, and the Vice Speaker, if a voting delegate, may be temporarily replaced by an alternate delegate while acting as Speaker. Each seated member of the House of Delegates shall be entitled to one vote and no seated member of the House of Delegates shall be permitted to vote for any other seated member.

ARTICLE VII.—SESSIONS AND ASSEMBLIES.

SECTION 1. *Annual Session.*—This Society and the House of Delegates shall convene in Annual Session at such place to be determined by the House of Delegates and at such time to be determined by the Board of Trustees and Councilors, and each session shall continue for three days, or longer if required by the business of this Society. In case of strikes, governmental regulations, catastrophes or other reasons beyond the control of this Society, the Board of Trustees and Councilors shall have the power to cancel or change the date or place of meeting of the Annual Session of this Society.

At least sixty days prior to the Annual Session, the Secretary shall issue a call to each of the members of this Society, as their names and addresses appear on the records in the office of the Executive Vice President, which call may be either by mail or by publication in the JOURNAL of this Society, if there be such, and shall contain the time and place of the meeting and such other information as is required by the Constitution and Bylaws or appropriate to such call. In the event it becomes necessary to change the time or place of the Annual Session after the call has been issued, an additional call in the manner provided above shall be made by the Secretary not later than fifteen days prior to convening the session.

SECTION 2. *Special Sessions.*—Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians, for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than forty and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than thirty days prior to the holding of the session.

SECTION 3. *Business to be Conducted.*—No business shall be conducted at any Annual Session or special session of the House of Delegates which is not within the jurisdiction of the House, and, as to any special session thereof, which is not also expresely stated in the request and call for the special session. No business of any character shall be conducted at any Annual Session or special session of the membership of this Society except (i) business, if any, which under the laws of the Commonwealth of Pennsylvania requires action by the voting membership of the Society, (ii) scientific business, and (iii) such business as may be permitted to be conducted at such session by any provision of the Bylaws, provided, however, that nothing herein shall be construed to prohibit any such session from discussing any matter related to this Society or from rendering with respect thereto an advisory opinion to any body of this Society subject to the limitation that no matter may be considered at any special session of the membership of this Society which has not been expresely stated in the request and call for the session.

SECTION 4. *Scientific Assemblies.*—Scientific Assemblies of this Society may be held at such places and at such times as determined by the Board of Trustees and Councilors.

ARTICLE VIII.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.*—The Board of Trustees and Councilors shall be the policy-making body of this Society between sessions of the House of Delegates, but it may not establish any policies that are inconsistent with prior policies established by the House of Delegates. It shall have charge of the property and financial affairs of the Society and shall perform such other duties as are prescribed by law governing directors of corporations or as may be prescribed in the Constitution and Bylaws of this Society.

SECTION 2. *Composition.*—The Board of Trustees and Councilors shall consist of the President, the President Elect, the Vice President, and the Immediate Past President, ex-officio with the right to vote, and the Speaker and the Vice Speaker of the House of Delegates, ex-officio without the right to vote, and one Active, Senior Active, Intern or Resident Member from each Councilor District of this Society as determined by the Bylaws. Each Trustee and Councilor shall be elected for a term of five years and shall serve until his successor shall have been elected and qualified. No Trustee and Councilor shall serve more than two consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than two years, and for this purpose a year shall be deemed to be the period between annual sessions of the House of Delegates.

SECTION 3. *Election.*—The Trustee and Councilor from each Councilor District shall be nominated by the voting members in the House of Delegates from the Councilor District which the Trustee and Councilor is to represent, and shall be elected by all the voting members present at the Annual Session of the House of Delegates at the expiration of the term of the Trustee and Councilor from that Councilor District, or when a vacancy exists as set forth in Section 4 below. This section shall not be construed to require a new election of any Trustee and Councilor whose term has not expired at the first session of the House of Delegates following the adoption of this section of the Constitution, nor shall it be construed as creating a vacancy in the office of any Trustee and Councilor, it being the intention that the terms of Trustees and Councilors shall continue to be arranged so that the terms of no more than three Trustees and Councilors expire at any Annual Session as at the time of the adoption of this section.

SECTION 4. *Vacancies.*—In the event of a vacancy in the office of any Trustee and Councilor the Board of Trustees and Councilors shall fill the vacancy within ninety days by the appointment of a member from that Councilor District, such appointee to serve until the next Annual Session of the House of Delegates. In the event of the death, resignation or inability to act of any of the Trustees and Councilors, temporary Councilors may be appointed in such manner, for such periods of time and under such circumstances as may be provided in the Bylaws of this Society.

ARTICLE IX.—THE JUDICIAL COUNCIL.

SECTION 1. *Duties.*—The judicial power of this Society shall be vested in the Judicial Council, whose decisions shall be final, subject to the right of appeal to the Judicial Council of the American Medical Association as provided in the Constitution and Bylaws of the American Medical Association and in the Bylaws of this Society.

SECTION 2. *Original Jurisdiction.*—The Council shall have original jurisdiction in (a) all questions involving membership in this Society or in a Component Society, or the rights and standing of members, whether in relation to other members, to Component Societies, to the Society, or to the public, except as such questions arise in connection with disciplinary proceedings instituted by any Component Society or any board of censors or other similar group thereof; (b) all controversies arising under the Constitution or Bylaws of this Society, and under the Principles of Medical Ethics, including cases where a member has been convicted of an offense or committed to an institution under a charge, for which his medical license may be revoked, but excluding all other controversies involving the discipline of a member; and (c) controversies between two or more Component Societies or their members.

SECTION 3. *Appellate Jurisdiction.*—The Council shall have appellate jurisdiction to review the record of the proceedings in disciplinary cases before any intermediate appellate body of this Society created under the By-laws hereof, or if none exists, before any final tribunal of any Component Society in appeals taken pursuant to the provisions of the Bylaws of this Society.

SECTION 4. *General Jurisdiction.*—The Council shall have jurisdiction on all questions of medical ethics and the interpretation of the Constitution, Bylaws, resolutions and rules of this Society. In the event that the Council shall determine that any provision, or the manner of adoption of any provision, of the Constitution or Bylaws of this Society or any resolution, rule or other action of the House of Delegates is contrary to law or to the Constitution or Bylaws or to the duly adopted procedures, resolutions or rules of this Society, and is therefore invalid in whole or in part, it shall forthwith report its action to the Executive Vice President of this Society, and in the absence thereof to any officer of this Society, and the Executive Vice President or such officer shall promptly call a meeting of the Board of Trustees and Councilors to convene within twenty-one days from the date of such action by the Council for the purpose of effecting the intent of the House of Delegates by some other means if such is possible within the powers granted to the Board of Trustees and Councilors by the Constitution and Bylaws of this Society. In acting on matters within its jurisdiction as set forth in this Article IX, the Council shall not make any determinations based on its own policies nor shall any of its decisions constitute legislation for this Society, however, nothing contained in this sentence shall be deemed to prohibit the Council from interpreting the policies established by the House of Delegates or the Board of Trustees and Councilors if the statement of such policy being interpreted is ambiguous. It shall also have power, at its discretion, to investigate general professional conditions and all matters pertaining to the relations of physicians to one another or to the public, and may make such recommendations to the House of Delegates or the Component Societies as it deems necessary.

SECTION 5. *Composition.*—The Judicial Council shall consist of five members, qualified as provided in Section 6 of this Article IX, elected by the House of Delegates on nomination by the Board of Trustees and Councilors or from the floor of the House, for terms of three years. At the time this amendment becomes effective, one member will be completing his first year, one his second year, one his third year, and one his fourth year of five year elected terms, and one member shall be completing his five-year term thereby creating a vacancy which shall be filled by electing one member for a term of three years, and in the case of the remaining four members, those members with two years and one year remaining of their five-year terms shall remain in office for a period of one year, at the end of which period such two positions shall be filled by electing

two persons for terms of three years each; and those members with four and three years remaining of their five year terms shall remain in office for a period of two years, at the end of which period such two positions shall be filled by electing two members for terms of three years each. Thereafter, in the first year, one position will be filled for a term of three years; in the second year, two positions will be filled for periods of three years; and in the third year, two positions will be filled for periods of three years; and so forth thereafter. At least thirty days prior to each Annual Session of the House of Delegates, the Board of Trustees and Councilors shall nominate at least three qualified persons for each vacancy on the Judicial Council and shall promptly publish their names to the membership of this Society in the Journal of this Society, if there be such, or by some other appropriate means; however, the failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which is otherwise validly conducted by the House of Delegates. The Judicial Council annually shall select, at its first meeting, a Chairman and a Vice-Chairman who shall be members thereof. The Secretary of this Society shall serve as Secretary of and alternate member of the Council. The Secretary shall become a voting member of the Judicial Council when any regular member thereof shall be unable to attend a meeting. In any event three members, including the alternate member, shall constitute a quorum, without which the Council can not properly conduct its business.

SECTION 6. *Qualifications of Members.*—No member of this Society shall be eligible for election to the Judicial Council unless: (a) he has served as (i) a President of this Society; or (ii) a member of the Board of Trustees and Councilors for at least one full term; or (iii) a member of the House of Delegates for at least five years; and (b) he shall not be a member of a Component Society, a member of which (i) is then serving as a member of the Judicial Council and whose term will continue during any portion of the period for which the new member is to be elected, or (ii) has previously been elected to the Judicial Council at the same election. Notwithstanding qualifications as set forth above, no person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year, and for this purpose a year shall be deemed to be the period between Annual Sessions of the House of Delegates.

SECTION 7. *Vacancies.*—In the event a vacancy shall occur in the membership of the Judicial Council between Annual Sessions of the House of Delegates, the Board of Trustees and Councilors shall have the power to fill such vacancy by majority vote, and such appointed member shall serve until the next Annual Session of the House of Delegates.

SECTION 8. *Quorum.*—Three members of the Judicial Council shall constitute a quorum for the transaction of business.

ARTICLE X.—OFFICERS.

SECTION 1. *Designations.*—The officers of this Society shall be a President, a President Elect, a Vice President, a Treasurer, a Secretary, a Speaker and a Vice Speaker of the House of Delegates, as many District Censors as there are Component Societies and such Assistant Treasurers and Assistant Secretaries as the Board of Trustees and Councilors may from time to time designate by resolution.

SECTION 2. *Qualifications.*—All officers of this Society must be Active, Senior Active, Intern or Resident Members, except that the Treasurer may be a corporation or an employee of this Society and the Assistant Treasurers and Assistant Secretaries may be employees of this Society. The Speaker and Vice Speaker must be members of the House of Delegates at the time of their election.

SECTION 3. *Term of Vice President, President Elect, and President.*—The Vice President shall be elected annually by the House of Delegates. He shall serve as Vice President until the first general meeting of the Annual Session of the Society next ensuing after his election at which time he automatically shall accede to the office of President Elect. He shall serve as President Elect until the succeeding Annual Session, at which time he automatically shall accede to the office of President and shall serve as President until the installation of his successor. In the event that circumstances beyond the control of the Society prevent the holding of the Annual Session, the Vice President shall automatically accede to the office of President Elect and the President Elect shall automatically accede to the office of President at the previously announced time for the Annual Session.

SECTION 4. *Terms of Other Officers.*—A Secretary, a Speaker and Vice Speaker of the House of Delegates and the District Censors shall be elected annually by the House of Delegates, each to serve until the end of the next Annual Session of the House of Delegates of this Society or until his successor is elected and installed. The Treasurer shall be appointed annually by the Board of Trustees and Councilors.

SECTION 5. *Successor to the President, President Elect, and Vice President.*—If the office of President should become vacant, the President Elect shall immediately become President and shall serve for the remainder of the term of his immediate predecessor. If a President Elect succeeds to the presidency, he shall serve as President until the second Annual Session of this Society following his accession as President elect. If the office of President Elect becomes vacant, the Vice President shall immediately become President Elect and shall serve for the remainder of the term of his immediate predecessor. If the office of Vice President becomes vacant, such shall remain vacant until the next Annual Session of this Society at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of both President and President Elect become vacant, the Vice President shall immediately become President and shall serve as President until the second Annual Session of this Society following his election as Vice President. If the offices of both President Elect and Vice President become vacant, the Board of Trustees shall designate from the Board of Trustees one who shall act as President Elect and one who shall act as Vice President, each of whom shall so act until the next Annual Session of this Society, at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of President, President Elect and Vice President should become vacant, the Board of Trustees shall designate from among the Board of Trustees one who shall

act as President, one who shall act as President Elect, and one who shall act as Vice President, each of whom shall so act until the next Annual Session of the House of Delegates, at which time the House of Delegates shall elect an eligible person as President, an eligible person as President Elect, and an eligible person as Vice President.

Should the President, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the President Elect shall act in his stead. Should the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the Vice President shall act in his stead. Should both the President and the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of their offices, the Vice-President shall act in their stead.

SECTION 6. *Vacancies in Other Offices.*— Vacancies in any office, other than that of Speaker of the House of Delegates, and those mentioned in Section 5 of this Article X occurring between Annual Sessions of the House of Delegates shall be filled by the Board of Trustees and Councilors, and the persons so elected to fill vacancies shall serve until the next Annual Session of this Society and until their successors are elected and installed. The Vice Speaker of the House of Delegates shall act for the Speaker in the event of a vacancy in the office of the Speaker or in the absence of the Speaker or in the event of his inability to act.

SECTION 7. *Duties.*—The officers of this Society shall have such duties as are prescribed by the By-laws of this Society and such additional duties as may be normally incident to their respective offices, or as may be directed from time to time by the Board of Trustees and Councilors.

ARTICLE XI.—FUNDS

SECTION 1. *Annual Assessment.*—Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 per cent of the annual assessment. Interns or Residents during their period of training shall be required to pay only 10 per cent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (c) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the Bylaws of this Society.

SECTION 2. *Other Income.*—Money may also be raised by voluntary contributions and in any other legal manner approved by the House of Delegates.

SECTION 3. *Expenses.*—All appropriations for expenses shall be made by the Board of Trustees and Councilors.

SECTION 4. *Special Funds.*—The House of Delegates may by resolution or Bylaw establish special funds for educational, scientific, charitable, benevolent, endowment, medical defense, or other purposes, in the form of trusts or otherwise and with such trustees or managers, and under such terms and conditions as it shall determine, and in fixing the annual assessment as provided in Section 1 above may require specific portions of such assessments to be allocated to such fund or funds by the Board of Trustees and Councilors. Notwithstanding the foregoing, the Board of Trustees and Councilors shall always have the power to establish reserves and special funds consistent with good accounting practice and to establish and manage, or delegate to trustees or managers the management of, trusts and funds comprised of monies donated or contributed to this Society.

ARTICLE XII.—PRINCIPLES OF ETHICS.

The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public, and to this end each member shall conduct himself so as not to defeat or tend to defeat the purposes for which this Society is organized and is operating.

ARTICLE XIII.—BYLAWS.

The House of Delegates shall have the power to enact, alter and repeal Bylaws, not inconsistent with this Constitution and, in such manner as it shall determine.

ARTICLE XIV.—SEAL.

This Society shall have a corporate seal which shall contain the monogram "A.M.A." and "1847" within a circle on a keystone, at the sides of which shall appear: "Organized 1848: Chartered 1890", and the whole surrounded by a double circle containing the words, "Pennsylvania Medical Society."

ARTICLE XV.—AMENDMENTS.

The House of Delegates may amend this Constitution at any session by an affirmative vote of two-thirds of the delegates present provided the text of the proposed amendment has been (a) submitted not less than four months, and not more than fifteen months, prior thereto, to a session of the House of Delegates, or to the Secretary of this Society by (i) the Committee on Constitution and By-laws, if the Bylaws provide for such committee, or (ii) fifteen Active, Senior Active, Intern and/or Resident Members of this Society, whose signatures shall be appended thereto, and (b) at least two months prior thereto, published in the JOURNAL of this Society, if there be such, and in the call for the session. The House of Delegates may determine the effective date of any amendment.

BYLAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1.—*Definition.* In conformity with the Constitution of this Society the term "physician" as used in these Bylaws, except as otherwise expressly qualified in the Constitution in any particular related provision, means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2.— *Membership Compulsory.* Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society within three months after his election to any class of membership therein, unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

SECTION 3.—*Admission to Membership.* Every member of a Component Society eligible to become an Active Member or a Senior Active Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification and assessment required by Section 4 of Chapter XVI of these Bylaws. The Continuing Education Requirement as provided in Section 5 of this Chapter I will not be invoked until the third year of membership. Every member of a Component Society eligible to become an Associate Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws. Every member of a Component Society eligible to become an Affiliate Member of this Society shall become such upon his election to such membership by the Board of Trustees and Councilors as provided in the Constitution. Every member of a Component Society eligible to become an Intern or Resident Member of this Society shall become such upon receipt by the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws.

SECTION 4.—*Limitations on Privileges of Membership.* In addition to the limitations on the rights and privileges of membership contained in the Constitution of this Society and elsewhere in these Bylaws, neither Affiliate Members nor Special Student Members shall be entitled to the benefits of any Medical Benevolence or similar fund established by this Society.

SECTION 5.— *Continuing Medical Education Requirement.* In order for an Active or Senior Active dues-paying member of this Society to remain a member in good standing of the Society after December 31, 1975, he must have qualified for the American Medical Association's Physician Recognition Award, which award is currently based upon a three-year continuing medical education program, which in this instance commences on July 1, 1972. Each Active or Senior Active dues-paying member once he has qualified for the American Medical Association's Physician Recognition Award, must continue to qualify for such award in order to remain a member in good standing of the Pennsylvania Medical Society. The Board of Trustees and Councilors shall, in accordance with procedures established by such Board, have the power to waive such requirements in those cases involving Active or Senior Active members of this Society serving temporarily in the Armed Forces or other Government service of the United States or prevented from the practice of medicine by reason of illness or disability or in such other cases as in its judgment such waiver should be granted. Special student members are exempt from the Continuing Education Requirement.

SECTION 6. – *Suspension from Membership.* The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1975) if he is an Active or Senior Active dues-paying member who has failed to qualify for the American Medical Association's Physician Recognition Award provided the Office of the Executive Vice President has given such member sixty days notice prior to December 31 that such suspension will be invoked against him unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall be for a period of one year, (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the rights or privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

SECTION 7.—*Termination of Membership.* The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of the one year period of suspension, (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these Bylaws, or (iii) three months after ceasing to be eligible for membership herein in the class of

membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice President of this Society, and(c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year, and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these Bylaws. Any Active or Senior Active dues-paying member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

CHAPTER II.—GENERAL MEETINGS AND SCIENTIFIC ASSEMBLIES.

SECTION 1. — *General Meetings.* The Annual Session of the Society and special sessions of the Society shall be presided over by the President, the President Elect or the Vice President or a delegated chairman. The program at the Annual Session may include: (a) introduction of special guests and officers of the Society; (b) report on necrology; (c) installation of the incoming President and other officers; (d) any business within the jurisdiction of the membership; and (e) appropriate entertainment.

SECTION 2.— *Scientific Assemblies.* The Board of Trustees shall determine the scope and number of scientific assemblies and be responsible for the direction thereof. Scientific Assemblies shall be presided over by the Chairman of the Council on Education and Science or a delegated substitute.

SECTION 3.—*Registration.* No member or invited guest shall take part in any proceedings of the Annual Session or any special session or any scientific assembly unless he shall have first registered in the manner prescribed by the Executive Vice President.

CHAPTER III.—HOUSE OF DELEGATES.

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution of this Society and these Bylaws, the House of Delegates shall:

(a) Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body and subject to the provisions of Section 1 of Chapter IV of these By-laws; and

(b) Take such steps as may be necessary or appropriate to further the purposes of this Society as expressed in Article II of its Constitution.

SECTION 2.—*Meetings.* The House of Delegates shall meet on the day fixed by the Board of Trustees and Councilors as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business. It shall also meet in special session at the time and place fixed by the Secretary as required by Article VII of the Constitution of this Society.

SECTION 3.—*Credentials Committee.* There shall be a Committee on Credentials consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. All questions regarding the registration and credentials of delegates and alternates at any session of the House of Delegates shall be referred to this Committee, and it shall have such other duties as are specified in these Bylaws.

SECTION 4.—*Credentials of Delegates.* Prior to the opening of any session of the House of Delegates, each voting delegate and each alternate delegate shall deposit with the Committee on Credentials a certificate signed by the President and/or the Secretary of the Component Society, under the seal of the same, stating that he has been legally and regularly designated as a voting delegate or alternate delegate to this Society. Specialty section delegates and alternates shall deposit with the Committee on Credentials a certificate signed by the President and/or the Secretary, of their respective specialty society in Pennsylvania, stating that said persons have been legally and regularly designated as that society's voting delegate and alternate to this society's House of Delegates. Each Special Student Member or his alternate shall deposit with the Committee on Credentials a certificate signed by the Secretary of this Society under the Society's seal which states that he is the duly certified representative of his Chapter of the Student American Medical Association. No voting delegate and no alternate delegate may be seated until the foregoing requirement has been complied with, provided, however, that the Credentials Committee may waive this requirement in unusual cases when satisfied that the person presenting himself as a voting delegate or alternate delegate is the person who has been certified as such to the Executive Vice President in accordance with the provisions of Article VI of the Constitution, or has been duly selected in accordance with Section 3 of Article VI of the Constitution of this Society. Prior to the opening of any session of the House of Delegates, the Executive Vice President shall certify to the Committee on Credentials the names of all members of the House of Delegates as shown on his official records. Such certification shall be sufficient for the seating of the secretaries or presidents of Component Societies and for the identification of the non-voting members of the House of Delegates. Any dispute that shall arise as to the seating of any voting delegate or any alternate delegate shall be determined by the House of Delegates after a report thereon by the Committee on Credentials, and the action of the House in such cases shall be final.

SECTION 5.—*Quorum.* Forty voting delegates shall constitute a quorum at any session, annual or special, of the House of Delegates.

SECTION 6.—*Rules of Order* Sturgis Standard Code of Parliamentary Procedure shall govern the proceedings of the House of Delegates unless otherwise provided in the Constitution or these Bylaws.

SECTION 7.—*Committee on Rules.* There shall be a Committee on Rules consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. This Committee shall (a) present recommendations to the House of Delegates for the adoption of any necessary or desirable rules of procedure not inconsistent with these Bylaws (b) present to every Annual Session of the House of Delegates an Order of Business for the session if none has been adopted as a Standing Rule by the House, and (c) present to any special session an Order of Business for the session, which must include any matter set forth in the call for the special session and may include any other business related thereto and properly within the jurisdiction of the House of Delegates. An Order of Business, whether at an Annual Session or special session, shall be adopted as the first order of business by a majority of the voting delegates present and voting, and once adopted may not be changed except by a two-thirds vote of all of the voting delegates seated at the session.

SECTION 8.—*Reports.* The House of Delegates shall receive reports of officers, administrative councils, and committees at each Annual Session. All reports of administrative councils and committees not previously published shall be limited to ten minutes in verbal presentation before the House of Delegates. Any report of greater length shall be printed or mimeographed and a copy furnished each delegate. The pertinent or argumentative features of a report shall then be presented in the allotted ten-minute period.

In unusual cases the foregoing rule may be suspended by a two-thirds vote of the House of Delegates, each exception to this rule to be voted on separately.

Special sessions of the House of Delegates shall consider only that business set forth in the call therefor.

SECTION 9.—*Reference Committees.* The Reference Committees of the House of Delegates shall each consist of five members, whose terms shall end the following May 31, appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates. The Speaker shall appoint such Reference Committees and clearly identify them as he deems necessary to expedite the business of the House.

In addition to the foregoing, the standing Committee on Constitution and Bylaws shall be a Reference Committee of the House of Delegates during the annual meeting of the House of Delegates. Each member of this Society has the right to appear and be heard before any reference committee of the House of Delegates.

Each report, resolution and proposition presented to the House of Delegates shall be referred for consideration and report to one or more of the Reference Committees, as may be appropriate and as the Speaker of the House of Delegates shall determine. The reports of the Reference Committees shall be presented to the House of Delegates before final action may be taken unless otherwise ordered by the House of Delegates by a two-thirds vote of those present and voting.

SECTION 10.—*Open, Closed and Executive Sessions.* The House of Delegates shall meet in open session, to which any person may be admitted, except as it shall move into closed session restricted to members of this Society, its legal counsel and members of the staff of this Society and Component Societies, and except as it shall move into executive session restricted to members of the House of Delegates, legal counsel and such members of the staff of this Society as are necessary for the proper functioning of the House.

SECTION 11.—*Publication of Proceedings.* The proceedings of the House of Delegates at the Annual Session, or any special session, shall be published in the JOURNAL in the first possible issue following the session except that proceedings of Closed and Executive Sessions shall not be published.

CHAPTER IV.—ELECTIONS.

SECTION 1.—*Ballot.* All elections shall be by ballot of the House of Delegates and a majority of votes cast shall be necessary to elect, except that delegates and alternates to the American Medical Association shall be elected by a plurality vote.

SECTION 2.—*Time of Elections.* The elections shall be conducted at a time and place determined by and pursuant to rules promulgated by the Committee on Rules and adopted by the House of Delegates by a majority vote. The Speaker of the House of Delegates shall appoint such number of tellers as he deems necessary for each session of the House of Delegates.

SECTION 3.—*Disqualification for Office.* Any person known to have solicited votes for himself or sought after any office within the gift of this Society shall, after a determination to that effect by a two-thirds vote of the members of the House of Delegates present and voting, be ineligible for any office for a period of two years after the related election.

SECTION 4.—*Commencement of Terms.* All members of this Society elected to any office, except that of a delegate to the American Medical Association, shall assume their duties at the close of the last meeting of the Annual Session of the House of Delegates at which they are elected.

SECTION 5.—*Nominations.* All candidates for any office to be elected by the House of Delegates may be nominated from the floor except that candidates for the Board of Trustees and Councilors shall be nominated only by a delegate from the nominee's Councilor District. No nomination shall be accepted by the House unless the delegate moving the nomination states that the nominee meets all of the qualifications prescribed by the Constitution and Bylaws for the office. In addition to nominations from the floor, (a) candidates for delegates and alternates to the American Medical Association may and should be nominated by the Committee provided for in Section 2(e) of Chapter XIV of these Bylaws, (b) a candidate for District Censor may and should be nominated by each Component Society, and (c) candidates for the Judicial Council may and should be nominated by the Board of Trustees and Councilors.

CHAPTER V.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.* In addition to the duties set forth in the Constitution and other sections of the Bylaws of this Society, the Board of Trustees and Councilors shall exercise general supervision over the conduct of all administrative councils and committees in the interval between Annual Sessions, it shall have the right to borrow money on behalf of this Society; and to invest its funds; it shall have charge of all the properties of the Society with authority to purchase, mortgage, lease, sell, or otherwise dispose of any real estate; it shall supervise the business and editorial affairs of the JOURNAL and appoint a medical editor therefore; it shall appoint an Executive Vice President for this Society; it shall fix the salaries or other compensation and the terms of employment of the Secretary, the Treasurer, the Medical Editor of the JOURNAL and the Executive Vice President; it shall require the Treasurer, the Assistant Treasurers, the Secretary, the Assistant Secretaries, the Executive Vice President and all employees handling funds of this Society to furnish, at the cost of this Society, corporate surety bonds in such amounts as the Board of Trustees and Councilors shall determine, for the faithful discharge of their respective duties and for the return of all books, papers and documents belonging to this Society in their respective possession; it shall elect delegates and alternates to the House of Delegates of the American Medical Association to fill vacancies created by an apportionment occurring between meetings of the House of Delegates of this Society and for this purpose may request the Committee to Nominate Delegates and Alternates to the American Medical Association to submit the names of one or more nominees; it shall appoint substitute delegates and substitute alternates to the House of Delegates of the American Medical Association when permitted to do so by the Bylaws of the American Medical Association; it shall have the authority to expend monies of the Society to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; and it shall render a report at each Annual Session of the House of Delegates.

SECTION 2.—*Board Officers.* At the first meeting of the Board of Trustees and Councilors after the Annual Session of this Society it shall elect a Chairman and a Vice Chairman to serve until the next organization meeting of the Board and until their successors are elected.

The Chairman of the Board of Trustees and Councilors shall preside at meetings of the Board, coordinate the work of the Board, and appoint the committees provided for in Section 3 of this Chapter V.

The Vice Chairman shall serve in the absence of the Chairman and perform such other duties as the Board may direct.

The Secretary of this Society shall serve as Secretary of the Board of Trustees and Councilors.

SECTION 3.—*Committees of the Board.* The Board shall have the following standing committees consisting of three or more members:

(a) Finance Committee

(b) Publication Committee, to supervise the publication of the JOURNAL

(c) Executive Committee. The Executive Committee shall have only that authority given it by the Board.

The Board of Trustees and Councilors may from time to time authorize special committees of the Board to aid it in its work, which special committees shall report directly to it. Such special committees shall have such duties and consist of such number of members, who need not be members of the Board, as the Board shall decide.

SECTION 4.—*Meetings.* Regular meetings of the Board of Trustees and Councilors shall be held immediately after the conclusion of the Annual Session of the House of Delegates and at least quarterly thereafter at such time and place as the Board shall determine.

During the Annual Session of this Society the Board of Trustees and Councilors shall hold meetings as often as may be deemed necessary and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours if so requested by the House of Delegates.

Special meetings of the Board of Trustees and Councilors may be called at any time by the Chairman or by three members of the Board, provided that due notice thereof shall be sent to each member of the Board (a) within three days thereof, if by telegram, or (b) within five days thereof, if by mail.

SECTION 5.—*Quorum.* Seven members of the Board of Trustees and Councilors shall constitute a quorum.

SECTION 6.—*Publication of Proceedings.* The actions taken by the Board of Trustees and Councilors shall be published in the first possible issue of the JOURNAL following the meetings thereof.

CHAPTER VI.—OFFICERS.

SECTION 1.—*President.* The President shall preside at all general meetings of this Society. At the first meeting of the Annual Session of the House of Delegates he shall deliver an address on such matters as he may deem of importance to this Society, and file a written report on his term as President. He shall be an ex-officio member of all committees, administrative councils and commissions, without the right to vote, and he shall perform the other duties required of his office by the Constitution of the Society and these Bylaws.

SECTION 2.—*President Elect.* The President Elect shall assist the President in the performance of his duties. He shall make all appointments specified in Section 1 of Chapter XIV of these Bylaws and perform such other duties as may be required by the Constitution and Bylaws or directed by the Board of Trustees and Councilors.

SECTION 3. *Vice President.* — The Vice President shall assist the President and the President Elect in the performance of their duties, and perform such other duties as may, from time to time, be assigned to him by the President.

SECTION 4.—*Speaker of the House of Delegates.* The Speaker or the Vice Speaker of the House of Delegates or a chairman delegated by the Speaker or the Vice Speaker shall preside over all meetings of the House of Delegates. The Speaker of the House of Delegates shall in addition perform such other duties as may be required of him by the Constitution of this Society and these Bylaws.

SECTION 5.—*Secretary.* The Secretary shall take the minutes of meetings of this Society, of the House of Delegates and the Board of Trustees and Councilors, and record them in separate minute books; he shall perform such other duties as are provided in the Constitution and these Bylaws and as may from time to time be directed by the House of Delegates and the Board of Trustees and Councilors, and shall render a report at each meeting of the Board of Trustees and Councilors and an annual report to the House of Delegates.

All matters concerned with medical ethics, other than disciplinary proceedings, which may be directed to any officer of this Society, the Board of Trustees and Councilors, or the staff of this Society, shall be referred to the Secretary. He may give advice thereon as to previous rulings of courts, or of the Judicial Council of the American Medical Association and this Society, but he shall not in so doing invade the exclusive jurisdiction of the Judicial Council to interpret the Principles of Medical Ethics.

In the event of a vacancy in the office of Secretary, the Executive Vice President shall automatically assume the duties of that office until the vacancy has been filled as provided in the Constitution of this Society.

SECTION 6.—*Treasurer.* The Treasurer shall have custody of all funds and securities of this Society, and shall deposit all monies in such depositaries, and place all securities in such places of safekeeping or with such corporate custodians, as shall be designated by the Board of Trustees and Councilors.

The Treasurer shall, except as expressly provided in these Bylaws, disburse the funds of this Society as may be ordered by the Board of Trustees and Councilors, however, the Treasurer may delegate limited authority to the Executive Vice President, an Assistant Treasurer or a bonded staff member to supervise the disbursement of money for necessary and usual operating expenses of this Society. The Treasurer shall sell and purchase securities as directed by the Board of Trustees and Councilors.

The Treasurer shall render reports at the regular meetings of the Board and at the Annual Session of the House of Delegates.

In the event that the Treasurer is an individual, the Board of Trustees and Councilors may combine this office with that of Executive Vice President.

SECTION 7.—*Assistant Treasurers.* The Assistant Treasurers, if any, shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the death, resignation or inability of the Treasurer to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Treasurers to exercise all of the powers and duties of the Treasurer until the next meeting of the Board of Trustees and Councilors.

SECTION 8.—*Assistant Secretaries.* The Assistant Secretaries of this Society shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the inability of the Secretary to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Secretaries to exercise all of the powers and duties of the Secretary until the next meeting of the Board of Trustees and Councilors.

SECTION 9.—*Execution of Documents.* The Chairman of the Board of Trustees and Councilors, the President, the President Elect, the Vice President, or the Treasurer shall execute on behalf of this Society under its seal any bonds, deeds, mortgages, or other contracts approved by the Board of Trustees and Councilors. The Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the Treasurer shall not attest to the seal affixed to any instrument which he has executed on behalf of this Society.

CHAPTER VII.—THE EXECUTIVE VICE PRESIDENT

SECTION 1. *Duties.* — In addition to the Duties imposed on the Executive Vice President by the Constitution and other provisions of these Bylaws, the Executive Vice President shall be the administrative head of this Society and shall be responsible for the administration of the headquarters of this Society. He shall, within the budgetary limitations imposed by the Board of Trustees and Councilors, be empowered to (a) employ such personnel, at such salaries and under such terms and conditions of employment as he shall determine, (b) provide administrative and clerical assistance and arrange the business details and facilities for meetings for this Society and the House of Delegates, Board of Trustees and Councilors, the Judicial Council, the officers and the committees, administrative councils and commissions, as he deems necessary for the efficient operation of this Society, the conduct of its meetings and the publication of the JOURNAL, and (c) repair and maintain the real and personal property of this Society.

The Executive Vice President shall attend the meetings of the House of Delegates, the Board of Trustees and Councilors and the general meetings of this Society, and he shall be responsible for the preparation of the agenda of these meetings and for the preparation of the program for scientific assemblies.

He shall conduct the correspondence of this Society, notify all members of their election to office or their appointments to committees, administrative councils and commissions, and issue over the proper signature all notices required by the Constitution or Bylaws or by action of the House of Delegates or the Board of Trustees and Councilors. He shall be the custodian of, and supervise and maintain at the office of this Society, the membership records and roster and all other record books and papers of this Society.

He shall be responsible for the publication of the JOURNAL, under the supervision of the Publication Committee, and for the publication of the annual roster, memoirs and all other publications of this Society. He shall employ a Managing Editor who shall assist in the publication of the JOURNAL other than the portion on scientific matters which shall be under the direction of the Medical Editor.

He shall prepare a report on necrology for presentation by a representative of the Board of Trustees and Councilors at the Annual Session.

The Executive Vice President shall render a report to the Board of Trustees and Councilors at each of its meetings and to the House of Delegates at its Annual Session.

The Executive Vice President, if a member of this Society, shall not, except as expressly permitted by the Bylaws, be

eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2.—*Vacancies.* In the event of a vacancy in the position of Executive Vice President, the Board of Trustees and Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Vice President until a permanent appointment is made.

CHAPTER VIII.—LEGAL COUNSEL.

SECTION 1.—*Appointment.* The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2.—*Duties.* Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Vice President in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX.—ASSESSMENTS AND FUNDS.

SECTION 1.—*Assessments.* Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay his annual assessment to the Executive Vice President prior to March 1. New members shall pay the assessments in the same manner at the time of their certifications or applications for membership.

SECTION 2.—*Delinquent Assessments.* A member whose assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Vice President shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these Bylaws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3.—*Deposit of Monies and Special Funds.* The Executive Vice President shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these Bylaws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4.—*Appropriations and Disbursements.* All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these Bylaws.

SECTION 5.—*Audit of Accounts.* The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6.—*Medical Benevolence Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7.—*Educational Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2.—*Vacancies.* In the event of a vacancy in the position of Executive Vice President, the Board of Trustees and Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Vice President until a permanent appointment is made.

CHAPTER VIII.—LEGAL COUNSEL.

SECTION 1.—*Appointment.* The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2.—*Duties.* Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Vice President in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX.—ASSESSMENTS AND FUNDS.

SECTION 1.—*Assessments.* Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay his annual assessment to the Executive Vice President prior to March 1. New members shall pay the assessments in the same manner at the time of their certifications or applications for membership.

SECTION 2.—*Delinquent Assessments.* A member whose assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Vice President shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these Bylaws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3.—*Deposit of Monies and Special Funds.* The Executive Vice President shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these Bylaws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4.—*Appropriations and Disbursements.* All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these Bylaws.

SECTION 5.—*Audit of Accounts.* The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6.—*Medical Benevolence Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7.—*Educational Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the expenses of continuing the education of students who are (a) in high school, college or graduate school, in financial need and the children of living or deceased members of this Society, or (b) in medical school, in financial need and who do not qualify under Clause (a) of this section, but who are residents of Pennsylvania and have been certified by the Component Society of the county in which they reside as needing financial aid to complete their medical education, or (c) in medical school and residents of Pennsylvania and who by their superior scholastic achievements have shown unusual promise. The Trustees of the Educational and Scientific Trust, upon the recommendation of the Committee on Aid to Education of the Society, shall select the recipients of loans or grants on the basis of character, scholastic ability and, under Clauses (a) and (b) above, financial need. No such loans or grants may be made without the approval of a majority of the Committee on Aid to Education by resolution.

The Board of Trustees and Councilors may establish such further terms and conditions of the said Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

CHAPTER X.—FISCAL YEAR AND ASSESSMENT YEAR.

SECTION 1.—*Fiscal Year.* The calendar year shall be the fiscal year for the society.

SECTION 2.—*Assessment Year.* The calendar year shall be the assessment year for the purpose of the annual assessment of members.

CHAPTER XI.—COUNCILOR DISTRICTS.

SECTION 1.—*Area.* The Commonwealth of Pennsylvania shall be divided into twelve Councilor Districts, each of which shall be entitled to one Councilor. The Councilor Districts shall be as follows:

First Councilor District—Philadelphia County.

Second Councilor District—Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third Councilor District—Carbon, Lackawanna, Monroe, Northampton, Pike, and Wayne Counties.

Fourth Councilor District—Columbia, Montour, Northumberland, Schuylkill, and Snyder Counties.

Fifth Councilor District—Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, and York Counties.

Sixth Councilor District—Blair, Centre, Clearfield, Huntingdon, Juniata, and Mifflin Counties.

Seventh Councilor District—Cameron, Clinton, Elk, Lycoming, Potter, Tioga, and Union Counties.

Eighth Councilor District—Crawford, Erie, Forest, Mercer, McKean, and Warren Counties.

Ninth Councilor District—Armstrong, Butler, Clarion, Indiana, Jefferson, and Venango Counties.

Tenth Councilor District—Allegheny, Beaver, Lawrence, and Westmoreland Counties.

Eleventh Councilor District—Bedford, Cambria, Fayette, Greene, Somerset, and Washington Counties.

Twelfth Councilor District—Bradford, Luzerne, Sullivan, Susquehanna, and Wyoming Counties.

SECTION 2.—*General Duties of Councilors.* Each Councilor shall be the representative of this Society for his Councilor District. He shall visit the Component Societies in his Councilor District at least once a year and make a report of such visit at the next meeting of the Board of Trustees and Councilors. It shall be his function to help organize county medical societies where none exist, to inquire into the condition of the profession, and to increase the zeal of Component Societies and their members. He shall make an annual report of his work and of the profession in each county in his Councilor District at the Annual Session of the House of Delegates. He shall perform such other duties as are otherwise provided in these Bylaws and as may be assigned to him from time to time by the Board of Trustees and Councilors. Trustees and Councilors shall be reimbursed for their travel expenses in attendance at meetings of the Board and for any official business of this Society.

SECTION 3.—*Temporary Councilors.* In the event of the death, resignation or inability to act of any of the Councilors, the Chairman of the Board of Trustees and Councilors, after consultation with the Component Society or Societies in that Councilor District, may promptly appoint a temporary councilor who shall be an active member of a Component Society in that Councilor District to perform temporarily the duties of Councilor until the next meeting of the Board of Trustees and Councilors, at which time the Board shall, if conditions are unchanged, (a) fill the vacancy, if one exists and such is required by the Constitution or desirable in the opinion of the Board, or (b) continue the temporary appointment made by the Chairman of the Board.

CHAPTER XII.—DISTRICT BOARDS OF CENSORS.

SECTION 1.—*Composition.* Each Councilor District shall have a separate Board of Censors comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

SECTION 2.—*Jurisdiction.* The District Boards of Censors shall have jurisdiction in all cases of appeals from the decision of a Component Society as provided in Section 4 of Chapter XIII of these Bylaws.

CHAPTER XIII.—DISCIPLINARY PROCEEDINGS AND APPEALS.

SECTION 1.—*Scope of Disciplinary Proceedings.* No disciplinary proceedings shall be conducted by any body of this Society, except (a) a Component Society, (b) original disciplinary proceedings by the Judicial Council as provided in Section 3 of this Chapter, (c) appeals to District Boards of Censors as provided in Section 4 of this Chapter, and (d) appeals to the Judicial Council as provided in Section 5 of this Chapter.

SECTION 2.—*General Rules.* Except as the context otherwise requires, the following general rules shall apply to

all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the District Boards of Censors:

(a) The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to enable the member to defend properly the charges.

(b) A copy of the written charge or charges against a member or a copy of the appeal and brief, as the case may be, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least thirty days prior to the date of any hearing thereon, which date and the place of hearing shall be set forth therein.

(c) The Judicial Council and the District Boards of Censors shall act as promptly as possible in holding hearings.

(d) The member must be accorded a fair and impartial hearing at which he may be represented by an attorney, be confronted by the witnesses and documentary evidence, if any, have an opportunity to cross-examine the witnesses and present any matter pertinent to his defense. The Judicial Council and the District Boards of Censors shall not be bound by the rules of evidence used in courts and may receive such oral or written evidence as in their respective judgments will best and most fairly present the relevant facts. Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

(e) The Judicial Council and the District Boards of Censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the District Boards of Censors shall be concurred in by a majority of the members of the District Board of Censors present at the hearing. In the event of a tie vote in original proceedings before the Judicial Council the charges against the member shall be dismissed, and in the event of a tie vote in appeals, either by a District Board of Censors or by the Judicial Council, the decision appealed from shall be sustained. All decisions of the Judicial Council and the District Boards of Censors shall be in writing and copies thereof shall be given promptly to the interested parties, and in the case of decisions of the District Boards of Censors, to the Chairman of the Judicial Council.

SECTION 3.—*Original Disciplinary Proceedings.* In all cases of original disciplinary proceedings against a member of this Society before the Judicial Council as provided in Section 2 of Article IX of the Constitution the charge or charges upon which the proceeding is based must be brought by a majority vote of either the Board of Trustees and Councilors or the Board of Censors of the Councilor District of the Component Society of the member, and if the decision of the Judicial Council finds the member guilty of any of the charges, the decision shall state the penalty, if any, to be imposed, which may be either censure, or suspension or expulsion from membership in this Society, regardless of any recommendation or suggestion for penalty made in the charges.

SECTION 4.—*Appeals to District Boards of Censors.* Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by a Component Society shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

SECTION 5.—*Appeals to the Judicial Council.* Any member of any Component Society or any Component Society aggrieved by a decision of a District Board of Censors may appeal from such decision by giving written notice of such appeal to the Judicial Council within sixty days after the date of the decision of the District Board of Censors and by submitting a brief, outlining the basis of such appeal, to the Judicial Council within ninety days after the decision of the District Board of Censors. The action of the Judicial Council in cases of appeals shall be limited, except in extraordinary circumstances, to a review of the record of the proceedings before the District Board of Censors.

SECTION 6.—*Appeals to the Judicial Council of the American Medical Association.* Any member of the American Medical Association or any Component Society aggrieved by a decision of the Judicial Council of this Society may appeal such decision to the Judicial Council of the American Medical Association in accordance with the By-laws and rules thereof, however, no such right of appeal shall be deemed to effect in any way the provisions of Section 7 of this Chapter of these Bylaws.

SECTION 7.—*Effective Date of Decisions of Component Societies, District Boards of Censors and the Judicial Council.* No action of any Component Society censuring, suspending, or expelling a member and no action of any District Board of Censors affirming any such action shall become effective so long as the member has any right of appeal under Sections 4 and 5 of this Chapter, or during the pendency of any such appeal. All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until thirty days after the decision of the Judicial Council, and, if the member or the Component Society, if any, has given written notice to the Judicial Council of the American Medical Association during said thirty day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member to the secretary of his Component Society, until the expiration of the appeal period and the final disposition of the appeal by the Judicial Council of the American Medical Association.

CHAPTER XIV.–COMMITTEES, ADMINISTRATIVE COUNCILS AND COMMISSIONS

SECTION 1.–*Appointment of Members, Vacancies and Qualification.* Except as otherwise provided in the Constitution and Bylaws, all appointments of chairmen, vice chairmen, and members of committees, administrative councils, and commissions, the tenure and qualification of members thereof, and the filling of vacancies therein shall be as prescribed below.

(a) *Appointment of Chairmen, Vice Chairmen, and Members of Standing Committees, Administrative Councils and Commissions.* All such appointments shall be made by the President Elect at least ninety days prior to the next Annual Session, or by the President if the President Elect shall be incapacitated or unable to perform the duties of his office or if a vacancy occurs in the office of President Elect before all appointments are made, or by the Vice President if both the President Elect and the President be incapacitated or unable to perform the duties of their offices or if a vacancy occurs in both of the offices of President and President Elect before all appointments are made. In making appointments to commissions, the President Elect may consult with the members of the related administrative council. Appointments of the chairmen, vice-chairmen, and members of administrative councils shall be subject to confirmation by the Board of Trustees and Councilors.

(b) *Appointment of Members and Chairmen of Special Committees.* Unless otherwise ordered by the House of Delegates, the number of members of special committees shall be determined, and the members and chairmen of special committees shall be appointed, by the President.

(c) *Tenure of Chairmen, Vice Chairmen, and Members of Committees, Administrative Councils and Commissions.* The terms of all appointed chairmen, vice chairmen, and members of committees, commissions and administrative councils shall be one year beginning and ending with an Annual Session.

(d) *Qualification for Membership on Committees, Administrative Councils and Commissions.* All members of this Society, except Associate, Affiliate, Honorary and Special Student Members, shall be eligible to serve as members of committees, administrative councils and commissions, except that:

(i) No member of the Judicial Council shall be eligible for appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by Article V of the Constitution.

(ii) The President, the President Elect, the Vice President and members of the Board of Trustees and Councilors shall not be appointed members of any standing committee, administrative council or commission unless required by these Bylaws.

(iii) No member shall serve concurrently as (a) a member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.

(iv) No member of an administrative council, committee or a commission shall serve more than six consecutive terms. For the purposes of this subsection, a member appointed to fill a term or unexpired term of less than one-half the regular term of that appointment shall not be deemed to have served a term.

(e) *Vacancies.* All vacancies shall be filled in the following manner:

(i) Vacancies among elected members of standing committees shall be filled by the Board of Trustees and Councilors until the next Annual Session of the House of Delegates when successors shall be regularly elected.

(ii) Vacancies among members of standing committees, special committees and commissions originally appointed by the President Elect shall be filled by the President, with the advice, in the case of appointments to commissions, of the members of the related administrative council.

(iii) Vacancies among members of standing committees and special committees originally appointed by an individual or body other than the President Elect, shall be filled by the individual or body originally appointing them.

(iv) Vacancies among the members or in the office of chairman or vice-chairman of any administrative council shall be filled by the President. All such appointments shall be subject to confirmation by the Board of Trustees and Councilors.

SECTION 2.–*Standing Committees* This Society shall have the following standing committees:

Advisory Committee to the Woman's Auxiliary
Committee on Constitution and Bylaws
Committee on Medical Benevolence
Committee on Aid to Education
Committee to Nominate Delegates to the American Medical Association
Committee on Objectives
Committee on Relationships with Allied Professions
Committee on Discipline

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the Executive Vice President before July 1, and shall be composed and have the functions, as follows:

(a) *Advisory Committee to the Woman's Auxiliary.* The Advisory Committee to the Woman's Auxiliary shall consist of five members. It shall act in an advisory capacity whenever called upon by the Woman's Auxiliary regarding its functions or changes in its Constitution and Bylaws.

(b) *Committee on Constitution and Bylaws.* The Committee on Constitution and Bylaws shall consist of (a) five voting members of the House of Delegates to be appointed annually by the Speaker of the House of Delegates prior to August 1 from the members already reported as members of the House of Delegates for the coming Annual Session of this Society, and (b) the Speaker and Vice Speaker of the House of Delegates, the Secretary, Legal Counsel, and the Executive Vice President as ex-officio members without vote. The Speaker may reappoint a delegate to the Chairmanship of this Committee for a maximum of six consecutive years. No member other than the Chairman may be appointed more than two consecutive years. The term of a member of this Committee shall begin with the opening session of the annual House of Delegates meeting following his appointment and shall conclude immediately prior to the next annual meeting. This Committee shall

constantly study the Constitution and Bylaws and recommend revisions and modifications necessitated by changing times, methods or conditions. All proposals for amendments to the Constitution or Bylaws shall, wherever possible, be submitted to this Committee in advance by any proponent thereof for consultation and advice, and this Committee shall serve as the Reference Committee of the House of Delegates as provided in Section 9 of Chapter III of these Bylaws.

(c) *Committee on Medical Benevolence.* The Committee on Medical Benevolence shall consist of the Secretary of the Society who shall be secretary of the committee, and three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. The committee shall select its own chairman and shall perform the duties prescribed in Section 6 of Chapter IX of these Bylaws.

(d) *Committee on Aid to Education.* The Committee on Aid to Education shall consist of three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. This committee shall select its own chairman, shall perform the functions prescribed in Section 7 of Chapter IX of these Bylaws, shall encourage all members to contribute to loan and scholarship funds of the Educational and Scientific Trust of the Pennsylvania Medical Society and of the Component Societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said Association.

(e) *Committee to Nominate Delegates to the American Medical Association.* The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members with a term of three years except that at the time this amendment becomes effective two members shall be elected for one year, two shall be elected for two years, and one shall be elected for three years. This committee shall select its own chairman annually immediately upon the adjournment of the House of Delegates. It shall be the duty of this committee to submit to the House of Delegates a list of nominees for Delegates and Alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each Component Society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to two terms.

(f) *Committee on Objectives.* The Committee on Objectives shall consist of seven members, four of whom shall be appointed by the Speaker and three of whom shall be appointed by the President. When this amended paragraph becomes effective, the President shall appoint three members, one for a term of one year, one for a term of two years, one for a term of three years, and thereafter annually the President shall appoint one member to this committee for a term of three years; and the Speaker shall appoint four members, one for a term of one year, one for a term of two years, one for a term of three years, and one for a term of four years, and thereafter annually shall appoint one member for a term of four years. Among the appointees from the Speaker shall be included one member who is either a member of SAMA, an Intern or a Resident. The Committee on Objectives shall report to the Board of Trustees and shall submit annually a written report to the House of Delegates. This committee shall select its own chairman and vice-chairman. It shall be the duty of the committee to recommend objectives to the Board of Trustees and to review annually these objectives and recommend any desirable changes.

(g) *Committee on Relationships with Allied Professions.* The Committee on Relationships with Allied Professions shall consist of five members. Appointments shall be subject to confirmation by the Board of Trustees and Councilors. The committee shall render a written report to the Board of Trustees and Councilors at appropriate times. It shall concern itself with matters requiring liaison and/or cooperation between this Society and other professional organizations.

(h) *Committee on Discipline.* The Committee on Discipline shall consist of six members, one of whom shall be the Chairman of the Board of Medical Education and Licensure of the Commonwealth of Pennsylvania with voting privileges when a member of the Pennsylvania Medical Society.

The activities of the Committee on Discipline shall not conflict with, or supersede, the provision for disciplinary proceedings and appeals contained in Chapter XIII of these Bylaws.

The Committee shall be responsible for:

(i) consulting on problems of discipline with Component Societies through their judicial boards and grievance committees.

(ii) discussing and investigating matters referred to the Committee by the State Board of Medical Education and Licensure, by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(iii) maintaining liaison between Component Societies, the Pennsylvania Medical Society, and the Board of Medical Education and Licensure by acting as a transmitting agent or clearing house on matters of discipline.

(iv) evaluating actions of a local grievance committee when requested by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(v) operating visitation programs for the discussion of disciplinary problems with Component Societies at their invitation.

SECTION 3.—*Special Committees.* This Society may have such special committees as the House of Delegates may from time to time determine.

Each such committee shall submit a written report at the Annual Session of the House of Delegates next following its creation, and at each Annual Session thereafter until the committee is discharged. The report shall be delivered to the office of the Executive Vice President before July 1.

SECTION 4.—*Administrative Councils.* The administrative councils shall conduct all of the activities

and business of the Society, except as otherwise provided in the Constitution and Bylaws. The four administrative councils shall be as follows:

(a) The Council on Governmental Relations, which shall be responsible for

(i) securing legislation in the best interest of the public, scientific medicine and the medical profession,

(ii) informing the membership of the Society of important proposed legislation, and encouraging the members to be active individually in political affairs, and

(iii) liaison between the Society and the executive and legislative branches of government;

(b) The Council on Medical Service, which shall be responsible for

(i) insuring to the Society that the various Blue Cross, Blue Shield, and other medical and hospital insurance plans in the Commonwealth of Pennsylvania are being operated for the benefit of the subscribers and the public in conformity with the ideals and ethics of the medical profession,

(ii) evaluating proposals for health and medical services to be rendered in the Commonwealth by state and federal governments and private organizations; supervising the preparation of fee schedules and investigating other financial phases of medical practice; and reviewing the various group insurance plans offered to members of the Society, and

(iii) liaison with the general practice and specialty groups in Pennsylvania in regard to fee schedules;

(c) The Council on Public Service, which shall be responsible for

(i) informing the general public about health, hygiene and the philosophy of organized scientific medicine.

(ii) conducting a professional relations program to inform all members of the affairs of organized medicine and to encourage their active participation therein, and

(iii) cooperating with organizations concerned with rural health;

(d) The Council on Education and Science which shall be responsible for all matters relating to continuing medical education, the extension of medical knowledge, and the advancement of medical science.

The Board of Trustees and Councilors shall determine the number of members which each administrative council shall have and such members shall be appointed by the President-elect and qualified in accordance with these By-laws. A Trustee and Councilor, appointed by the chairman of the Board of Trustees and Councilors, shall be a member of each administrative council, ex-officio without right to vote. Each administrative council shall have a Chairman and a Vice Chairman appointed by the President Elect.

Each administrative council shall report directly to the Board of Trustees and Councilors, and, annually to the House of Delegates. The latter report shall be delivered to the office of the Executive Vice president before July 1. Each administrative council shall have general supervision over the commissions assigned to it. Each administrative council chairman shall, after receiving recommendations from the members of his Council, submit a budget to the Board of Trustees and Councilors covering the work of his council.

Any council or commission may be augmented by not more than eight consultants, appointed by the council with the approval of the President. Such consultants shall be recognized authorities in their fields. Their appointments shall terminate at the Annual Session.

SECTION 5. – *Commissions.* Each council shall recommend the number of commissions and the size of each commission as it shall deem to be necessary to discharge its responsibilities, and the final determination thereof shall be the responsibility of the Board of Trustees and Councilors. Members of commissions shall be appointed and qualified as provided in Section 1 of this Chapter. The chairman of each commission shall be chosen from the membership of the council to which the commission is assigned.

CHAPTER XV.—PENNSYLVANIA MEDICAL CARE PROGRAM.

SECTION 1.—*Purpose.* The Pennsylvania Medical Care Program recognizes the responsibility of the medical profession for the maintenance of high quality health care at reasonable cost. The Program shall encourage cooperation among physicians, county medical societies, hospitals, health insurance carriers, and all other groups interested in health care in working toward the attainment of the program's stated purpose.

SECTION 2.—*Organization.*

(a) *Administration of Program.* – The Council on Medical Service shall be responsible for general supervision of the Pennsylvania Medical Care Program throughout the Commonwealth.

The Council shall report on the Program directly to the Board of Trustees and Councilors in the interim between sessions of the House of Delegates and shall report annually to the House of Delegates as required by Section 4(b) of Chapter XIV of these Bylaws.

(b) *Regional Committees.* – Regional committees may be appointed by the Council on Medical Service whenever deemed necessary and for whatever region deemed advisable, upon recommendation of the trustee and councilor (or trustees and councilors) of the region.

Each regional committee shall be composed of two Active, Senior Active, Resident or Intern Members of each county medical society within the region, and ex-officio, the trustee and councilor (or trustees and councilors) serving the area. The appointments shall be made upon advice of the county medical societies located within the region and shall be subject to confirmation by the Board of Trustees and Councilors. Appointments shall be for a term of one year beginning and ending with an Annual Session. Vacancies among the membership of a regional committee occurring between Annual Sessions shall be filled for the remainder of the current term by the Council on Medical Service upon the recommendation of the trustee and councilor (or trustees and councilors) of the region.

A regional committee shall elect its own chairman. It shall be responsible for coorordinating the activities of the Pennsylvania Medical Care Program within the designated

region. Upon request, a regional committee may serve as a liaison committee to resolve medical care problems arising outside its defined region. It shall utilize to the fullest extent all existing control mechanisms of the county medical societies and the hospitals. Matters within the jurisdiction of the grievance committee of a county medical society shall be referred to said grievance committee.

A regional committee shall report periodically to the Council on Medical Service, such report period to be determined by the Council on Medical Service. Minutes of each meeting of a regional committee shall be submitted to the Council on Medical Service and to the office of each county medical society within the region within fifteen days after each meeting. In addition, the regional committee immediately shall send a written report to the county medical society of any action taken affecting one of its members.

(c) *Sub-committees.*— Each regional committee may establish whatever sub-committees it deems necessary to implement the Pennsylvania Medical Care Program within the region. A regional committee shall be responsible for defining the purpose of the sub-committee, including the number of members to serve thereon. Establishment of and appointments to sub-committees shall be subject to confirmation by the Council on Medical Service.

CHAPTER XVI.—COMPONENT SOCIETIES.

SECTION 1.—*Admission.* Any county medical society hereafter organized in the Commonwealth of Pennsylvania in a county, or in sparsely settled areas in two or more counties, in which no Component Society exists may, on application to the Board of Trustees and Councilors, become a Component Society, provided (a) its purposes are generally in accord with the purposes of this Society, (b) its Constitution and Bylaws are not inconsistent with the Constitution and Bylaws of this Society and have been approved by the Board of Trustees and Councilors, and (c) its application has been approved unanimously by the District Censors of the Councilor District in which it is located.

SECTION 2.—*Termination of Affiliation.* The House of Delegates may terminate the affiliation of any Component Society by a vote of two-thirds of the voting members thereof in the event reasonable evidence is presented to the House of Delegates that (a) the constitution or bylaws of the Component Society is not in accord with the Constitution and Bylaws of this Society, (b) the activities of the Component Society are not in accord with the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the Component Society has refused after reasonable notice to comply with any requirement of the Constitution or Bylaws of this Society, as the same may from time to time be amended.

SECTION 3.—*Investigation of Applicants for Membership.* Remembering that the Component Society is the only portal to this Society and to the American Medical Association, each Component Society shall make a thorough investigation of applicants for membership therein, including a formal inquiry to the Biographic Department of the American Medical Association, so that only reputable physicians, licensed to practice their profession in Pennsylvania, and only bonafide interns and residents may be admitted to active membership in the Component Society.

SECTION 4.—*Membership Records.* The secretary of each Component Society shall keep a roster of its members in which shall be shown the full name, current address, medical or osteopathic school and date of graduation, date of registration and license to practice in this state, and such other information as may be necessary or appropriate. The secretary of each Component Society shall note on such roster (a) any changes in membership, with appropriate dates, caused by changes in membership classification, death, resignation, transfer, suspension, termination, expulsion, or new admissions, and (b) changes of address, and promptly forward such information to the office of the Executive Vice President in appropriate form, which shall be on blanks, if any, supplied by this Society. In the case of a new member such report shall be accompanied by an appropriate form furnished by this Society (a) in the case of Active Members, certifying that the member possesses the qualifications of such membership set forth in Section 2 of Article IV of the Constitution, or (b) in the case of Senior Active Members certifying that the member possesses the qualifications of such membership set forth in Section 3 of Article IV of the Constitution, or (c) in the case of Associate Members, certifying that the member possesses the qualifications of such membership set forth in Section 4 of Article IV of the Constitution, or (d) in the case of full-time federally employed physicians, certifying that the member possesses the qualifications for such membership set forth in Section 5 of Article IV, or (e) in the case of Affiliate Members, certifying that the member possesses the qualifications of such membership set forth in Section 6 of Article IV of the Constitution or (f) in the case of Intern or Resident Members, certifying that the member possesses the qualifications of such membership set forth in Section 7 of Article IV of the Constitution. At the time of reporting new members the amount of the annual assessment then payable shall be remitted. The secretary shall also promptly notify the Executive Vice President of the suspension of any member, including full details of the action taken by the Component Society. The secretary of each Component Society shall also report to the office of the Executive Vice President the names of the officers of the Component Society within fifteen days after their election.

SECTION 5.—*Membership Assessments.* The secretary or the treasurer of each Component Society shall, prior to January 1 of each year, render a statement to each of its members of the annual assessment of this Society, which statement shall indicate that the annual assessment is due to this Society on January 1 and must be paid before March 1, and shall render a similar statement to every new member thereof upon his election to membership, except that such statement shall indicate that the annual assessment is payable prior to the member becoming a member of this Society. The secretary or treasurer of the Component Society, as the case may be, shall, promptly upon receipt, remit all assessments of this Society to the Executive Vice President thereof.

SECTION 6.—*Delinquent Members.* No Component Society shall permit any member thereof to remain as a member for a period of more than sixty days after the

membership of such member in this Society has been terminated for any reason whatsoever.

SECTION 7.—*Membership Transfers.* A member in good standing of any Component Society moving to another county in Pennsylvania shall, on request, be recommended by his Society for admission to membership in the Component Society into whose jurisdiction he moves without the delay attendant upon ordinary applications for membership.

SECTION 8.—*Choice of Membership.* Any physician living near a county line or living in one county and maintaining an office in another county may hold membership in the Component Society most convenient for him to attend on permission of the Councilor of the Councilor District in which he resides, but no person may concurrently hold membership in more than one Component Society, except that a member who has full membership or proper membership in one county medical society in Pennsylvania may be eligible to hold affiliate membership in any other county medical society in the state.

SECTION 9.—*Direction of Affairs of Component Societies.* Each Component Society shall have general direction of its own affairs and of the admission to membership therein. It shall, however, constantly exert its influence for the betterment of the scientific, moral and economic conditions of every physician within its jurisdiction and it shall make systematic efforts to increase its membership until it includes every qualified physician within its jurisdiction. It shall file with the Executive Vice President a copy of all amendments to its constitution or by-laws within fifteen days after the adoption thereof and may submit in advance copies of proposed amendments for review and advance approval.

SECTION 10.—*Delegates to this Society.* Each Component Society shall at some meeting held prior to June 1 of each year elect, from among its members who are Active, Senior Active, Intern or Resident Members of this Society, delegates and alternates to the House of Delegates of this Society in accordance with the provisions of Article VI of the Constitution. A Component Society may, if it so desires, hold the election of such delegates and alternates during the preceding year. In such event the Bylaws of the Component Society shall contain appropriate provisions for determining the manner in which the elected delegates and alternates shall be reduced should they prove to be a number in excess of those to which the Component Society is entitled on the basis of the number of its members as of December 31 of such preceding year, and appropriate provisions for the designation prior to June 1 of additional alternates and delegates should the Component Society be entitled to more than those elected at the earlier election.

CHAPTER XVII.—AMENDMENTS

These Bylaws may be amended at any Annual Session of the House of Delegates by an affirmative vote of three-fourths of the delegates present after lying over one day. If there be a majority but less than a three-fourths favorable vote, the amendment shall lie over until the next session of the House of Delegates and the adoption thereof shall be in the manner and in accordance with the procedure for amendments to the Constitution.

These Bylaws may be amended at any special session of the House of Delegates in the same manner as amendments to the Constitution. The House of Delegates may determine the effective date of any amendment.

SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

Chapter XIV, Section 3 of the Bylaws authorizes the House of Delegates to establish special committees to assist in its work. The membership of these committees is determined by the President of the Society unless otherwise specified by the House. They report annually to the House of Delegates. Following is a brief outline of the origins and duties of the special committees of the House:

COMMITTEE ON MEDICINE AND RELIGION

In 1963, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee on Medicine and Religion.

(Page 86, Proceedings, 1963 House of Delegates)

COMMITTEE TO STUDY RELATIONS BETWEEN MEDICINE AND OSTEOPATHY

In 1961, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee to Study Relations Between Medicine and Osteopathy. The House of Delegates stipulated:

"a. That the Committee develop a plan for future relations between Medicine and Osteopathy.

"b. That individual county societies be notified to consult and cooperate with this committee, rather than engage in independent action with regard to this problem."

In 1962, the Committee presented its plan for the ultimate merger of medicine and osteopathy. The House of Delegates adopted the plan and directed that the Committee achieve these stated objectives.

(Page 229, Proceedings, 1961 House of Delegates, Supplemental Report D, as amended; Page 76, Official Reports, 1961-62)

SPECIAL COMMITTEES OF THE BOARD OF TRUSTEES

Chapter V, Section 3 of the Bylaws authorizes the Board of Trustees and Councilors to create special committees to aid in its work. Under this provision the Board has the authority to determine the duties and membership of its committees. Following is a brief summary of the functions and origins of the special committees of the Board.

COMMITTEE ON LIBRARY AND ARCHIVES

This committee was established by the Board on August 4, 1965. The responsibilities of the committee are to determine adequate protection for the Society's archives and to make recommendations with regard to the disposition of surplus archival items. The committee is also responsible for assuring the effectiveness of the library service.

(Pages 9-10, Minutes, Board of Trustees, August 4, 1965; Pages 5-7, Minutes, Board of Trustees, January 19-20, 1966)

COMMITTEE ON BENJAMIN RUSH AWARDS

On January 23, 1948, the Board of Trustees decided that an annual award program should be created which would recognize outstanding contributions to the health and welfare of Pennsylvanians by laymen and lay organizations. To this end, the Board created a special Award Committee. Subsequently the awards were named in honor of Benjamin Rush. The recipients of these awards are selected by the Board of Trustees upon recommendation by the committee.

(Pages 5-6, Minutes, Board of Trustees, January 23, 1948)

COMMITTEE ON DISTINGUISHED SERVICE AWARD

On November 17, 1955, the Board of Trustees established an award program to be known as the Distinguished Service Award. This award is to be given to members of the Pennsylvania Medical Society who make outstanding scientific contributions to medicine. The award is not given on an annual basis; recipients are chosen by the Board upon recommendation by the committee. Membership of the committee is composed of the three living immediate past presidents of the Society.

(Page 23, Minutes, Board of Trustees, November 17, 1955)

COMMITTEE ON OFFICERS' CONFERENCE

On August 7, 1958, the House of Delegates discontinued its special committee on the Secretaries and Editors Conference and the Board of Trustees appointed a special committee to plan the program for a meeting of state and county officers. On January 8, 1959, the committee was given the name of the Committee on Officers' Conference. Tenure of the Officers Conference Committee shall be a maximum of five one-year terms. The Committee is also responsible for planning a Socio-Economic Seminar in conjunction with the Annual Business Session.

(Page 8, Minutes, Board of Trustees, August 7, 1958; Page 38, Minutes, Board of Trustees, January 8, 1959; Page 12, Minutes, Board of Trustees, May 13, 1970; Page 8, Minutes, Board of Trustees, May 15, 1968)

COMMITTEE ON SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

On January 26, 1967 the Board of Trustees created this committee to assume responsibility for the Susquehanna Valley Regional Medical Program. The committee consists, among others, of the Trustees from the Councilor Districts involved in the program.

(Page 27, Minutes, Board of Trustees, January 26, 1967)

INTERSPECIALTY COMMITTEE

On October 8, 1969, the Board of Trustees created this Committee to: (a) Make readily available to the Officers, Board of Trustees, and House of Delegates the knowledge, wisdom, facilities, and energy of the medical specialty societies of Pennsylvania; (b) To facilitate access of medical specialists to policy making of Pennaylvania Medical Society; (c) To improve coordination of professional effort in the community. On August 8, 1973 the Board established a maximum of six one year terms on the Interspecialty Committee.

(Minutes, Board of Trustees, October 8, 1969)

COMMITTEE ON FAMILY PRACTICE

In his address before the 1964 House of Delegates, Richard A. Kern, M.D., then President-Elect of the Society, delineated the future role of the general practitioner as he envisioned it and made the following suggestion:

> "I therefore suggest to this House of Delegates the appointment of an ad hoc committee to study the subject of group practice, including the training of the general practitioner for his role in such groups, the establishment of an American Board of General Practice, and such other measures as may further this program, and that this House of Delegates instruct our delegates to the American Medical Association to advocate such measures therein."

This portion of Dr. Kern's speech was referred to the Reference Committee on Miscellaneous Business, and the House of Delegates approved its recommendation as follows:

> "Your reference committee also considered that portion of the address of the President-Elect on the future of the general practitioner and recommends that the Board of Trustees promptly appoint a Special Committee on General Practice. The purpose of this committee will be to study the problems of general practice, including those outlined in Dr. Kern's address. It is further recommended that this committee have adequate representation from the Pennsylvania Academy of General Practice."

(Page 78, Proceedings, 1964 House of Delegates)

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

Preamble.—These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

SECTION 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

SECTION 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

SECTION 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

SECTION 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

SECTION 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

SECTION 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

SECTION 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

SECTION 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

SECTION 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

SECTION 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

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PMS—AMA Membership Categories, Dues and Benefits at a Glance

The PMS Benefits designated below as "all" include participation in or eligibility for:

Appointment to commissions, committees and councils; election to office; the right to vote
Automobile Leasing Program
Group insurance programs
PMS Professional Liability Insurance Program
Disability Income Plan
Exceptional Risk Disability Income Plan
Executive Major Medical Coverage
Excess Major Medical Coverage
Business Overhead Expense Plan
Accidental Death and Dismemberment Plan
Individual Life Insurance Program
Automobile Insurance Program
Group Life Insurance for Professional Corporations
Personal-Professional Umbrella Liability Insurance Program
Workmen's Compensation Dividend Plan
Medical Benevolence Fund
Medical Education Resource Center
Educational Fund
Pennsylvania Medical Continuing Education Institute
Pennsylvania Medical Care Foundation
PSRO Information
Legal opinions on medico-legal questions
Counsel on questions of medical ethics
Peer review on request in disputes involving third parties
Input on legislative matters through an effective lobby
Medical Staff Bylaws Information
PENNSYLVANIA MEDICINE
Physicial Placement Service
PaMPAC
Speech writing service
Public Relations Counsel
Free Health Education pamphlets
There are other programs and services in addition to those listed.

* * *

Membership Classifications
PMS and AMA Dues Purposes

ACTIVE MEMBER - Any physician who is fully licensed to practice medicine and surgery in the Commonwealth of Pennsylvania and is a member of a component society. Also, any physician who is employed full-time by the federal government in a civilian or military capacity and does not hold an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

Dues: PMS - $100.00
AMA - $110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, (2) if member is retired from active practice, or (3) over age 70.

Benefits: PMS - All
AMA - All except publications for AMA dues exempt are available only by subscription.

MILITARY - (ACTIVE MEMBER) - Any active member serving *temporarily* in the armed forces or other federal government service (before March 1).

Dues: PMS and AMA - Dues-exempt

Benefits: PMS - All
AMA - Same as AMA dues exempt (1) and (2) above.

DISABILITY - (ACTIVE MEMBER) - Any Active Member who is prevented from the practice of medicine by reason of illness or disability.

Dues: PMS and AMA - Dues-exempt

Benefits: PMS - All
AMA - Same as AMA dues exempt (1) and (2) above.

INTERN and RESIDENT - Any Member serving a hospital internship, residency, or other recognized full-time postgraduate training.

Dues: PMS - $10.00 (10% of regular assessment)
AMA - $20.00

Benefits: PMS - All
AMA - All

SENIOR ACTIVE MEMBER - Any member at least 65 years of age on January 1 with at least 30 years continuous membership (membership in other states or AMA may be included).

Dues: PMS - $50.00 (50% of regular assessment)
AMA - $110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, or (2) if member is retired from active practice or (3) over age 70).

Benefits: PMS - All
AMA - Same as Active Member except publications for AMA dues exempt are available only by subscription.

AFFILIATE MEMBER - Any member of a component society not engaged in active practice within the jurisdiction of the component society who belongs to one of the following classes:

(a) members of national medical societies or foreign countries
(b) American physicians whether or not licensed to practice medicine and surgery in Pennsylvania engaged in missionary or philanthropic labors
(c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania
(d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health or administrative medicine
(e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice
(f) physicians in active practice who move out of the Commonwealth of Pennsylvania if they maintain active membership in a county society and the state society in their new state of residence. Members in this category are not eligible for any Society-endorsed insurance programs.

Dues: PMS and AMA - Dues-exempt

Benefits: PMS - cannot vote or hold any office, serve as a delegate, member of a commission, committee, or council, and is not entitled to benefits of Medical Benevolence Fund or Educational Fund
AMA - Same as Associate Member

ASSOCIATE MEMBER - Any Active or Senior Active Member who is at least 70 years of age and who has at least 30 years continuous membership (membership in other states or AMA may be included).

Dues: PMS and AMA - Dues-exempt

Benefits: PMS - All—except cannot vote, hold any office, serve as delegate, member of commission, committee, or council.
AMA - May not vote or hold office and will not receive scientific publications except by direct subscription.

Exhibit A

CHARTER,
CONSTITUTION
and
BY-LAWS
of the
PENNSYLVANIA MEDICAL SOCIETY

As amended October 25, 1972

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CHARTER

IN THE COURT OF COMMON PLEAS
FOR THE COUNTY OF DAUPHIN,
PENNSYLVANIA

In Re:
MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA } No. 1171
TERM September 1959

APPLICATION FOR AMENDMENT OF
CHARTER AND ARTICLES OF AMENDMENT
TO ARTICLES OF INCORPORATION

To The Honorable, the Judges of the Said Court:

The Application of The Medical Society of the State of Pennsylvania (herein called "Corporation") respectfully states as follows:

1. The initial registered office of the Corporation, as set forth in its Certificate of Incorporation, was the City of Philadelphia. Thereafter, on April 3, 1959, the registered office of the Corporation was duly changed, pursuant to Section 304 of the Non-Profit Corporation Law (1933, May 5, P.L. 289, Article III, Section No. 304, 15 P.S. 2851-304), to 230 State Street, Harrisburg, Dauphin County, Pennsylvania. In accordance with the procedure set forth in Section 316 of the Non-Profit Corporation Law, and as required thereby, notice of such change of registered office was filed with and recorded by the Recorder of Deeds of Philadelphia, the county from which the registered office was moved, on the 3rd day of April, 1959 in Misc. Book No. 265 at page 271, &c., and with the Recorder of Dauphin County on April 3, 1959 in Charter Book "Y" at page 265, and with the Secretary of the Commonwealth on April 3, 1959, and a certified copy of the Articles of the Corporation were filed with and recorded by the Recorder of Deeds of Dauphin County on April 3, 1959 in Charter Book "Y" at page 266.

2. The Corporation was incorporated in compliance with the requirements of an Act of the General Assembly of the Commonwealth of Pennsylvania entitled "An Act to Provide for the Incorporation and Regulation of Certain Corporations," approved the 29th day of April, 1874 and the supplements thereto, and the Court of Common Pleas No. 4 for Philadelphia County entered its Decree of Incorporation on the 20th day of December 1890 and the original Articles were recorded in the Office for Recording of Deeds in and for the City and County of Philadelphia in Charter Book No. 16 at page 507, etc., on the 20th day of December, 1890. A certified copy of the Certificate of Incorporation and the Decree of said court are attached hereto as Exhibits A-1 and A-2.

3. A verbatim copy of this Application was published in the PENNSYLVANIA MEDICAL JOURNAL, the official journal of the Corporation, which was mailed to every member of the Corporation not later than September 1, 1959. On October 19, 1959 at a meeting in Pittsburgh, Pennsylvania, the House of Delegates of the Corporation, the duly constituted body of the Corporation authorized under its Constitution and By-laws to act on behalf of the membership thereof, of which meeting written notice was given on September 30, 1959 to each and every member thereof entitled to vote thereat, duly adopted by the unanimous vote of all of the delegates present and entitled to vote thereat a resolution authorizing the filing of this Application with the Court, a copy of which resolution is attached hereto as Exhibit B.

4. As set forth in the resolution referred to in Paragraph 3 above, the Corporation hereby makes application to this Honorable Court for approval of the restatement, in its entirety, of its Articles of Incorporation, said restated Articles to read as follows:

RESTATED ARTICLES OF INCORPORATION

ARTICLE I. The name of the Corporation shall be "Pennsylvania Medical Society." Said name has been registered with the Department of State of the Commonwealth of Pennsylvania within six months of the date of the application for approval of these Restated Articles of Incorporation.

ARTICLE II. The registered office of the Corporation will be in Lemoyne, Cumberland County, Pennsylvania, and its address shall be 20 Erford Road, Lemoyne, Cumberland County, Pennsylvania.

ARTICLE III. The said corporation is formed for the purpose of federating the medical profession in the Commonwealth of Pennsylvania; to unite with similar state medical societies to constitute the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education, and to uphold the ethics and dignity of the medical profession.

ARTICLE IV. The Corporation is to have perpetual existence.

ARTICLE V. The Corporation shall have no capital stock.

ARTICLE VI. No members of the Corporation shall receive any pecuniary gain or profit, incidental or otherwise, from its activities.

ARTICLE VII. Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the By-laws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members or special members from among persons who are not members in good standing of affiliated county medical societies.

5. As stated in the Restated Articles of Incorporation of the Corporation, the new corporate name as set forth therein has been duly registered with the Department of State of the Commonwealth of Pennsylvania, as evidenced by its Certificate dated November 20, 1959, attached hereto as Exhibit C and made a part hereof.

6. As provided in Section 706 of the Non-Profit Corporation Law, the Corporation has caused due notice of its intention to apply to this Honorable Court for an amendment to its charter to be advertised in two newspapers and proofs of publication thereof are attached hereto as Exhibits D-1 and D-2.

In view of the foregoing, the Corporation requests this Honorable Court to issue its Order and Decree that the Restated Articles of Incorporation of the Corporation be approved as the charter of the Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and affixed the corporate seal of the Corporation this 23rd day of November, 1959.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA
By. A. W. Cowley, M.D.
President
Harold B. Gardner, M.D.
Secretary

HULL, LEIBY AND METZGER
By: William H. Wood
Attorneys for Medical Society of the State of Pennsylvania
(SEAL)
Arthur H. Clephane
Of Counsel

COMMONWEALTH OF PENNSYLVANIA } ss.
COUNTY OF DAUPHIN }

On the 23rd day of November, 1959, before me, the Subscriber, a Notary Public in and for the Commonwealth of Pennsylvania, with office in the County of Dauphin, personally appeared the within-named A. W. Cowley, President and Harold B. Gardner, Secretary, the subscribers to the foregoing Application for Amendment of Charter and Restated Articles of Incorporation, and in due form of law, acknowledged the same to be their act and deed, and the act and deed of their associates for the purposes therein specified.

WITNESS my hand and Notarial Seal the day and year aforesaid.

(SEAL)
Geneva C. Magonel
Notary Public

DECREE

And now, this 30th day of November, 1959, an application for the Restated Articles of Incorporation and the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA under the Pennsylvania Nonprofit Corporation Law approved May 5, 1933, as amended, having been presented for approval to me, a law judge of the said County, accompanied by proof of the publication of notice of said application and a certified copy of the resolutions authorizing the Restated Articles of Incorporation, I do hereby certify that I have perused and examined the said instruments and that I find them to be in the proper form within the provisions and requirements of the Act of the General Assembly of the Commonwealth of Pennsylvania, known as the "Nonprofit Corporation Law," approved May 5, 1933, as amended, and that the proposed Restated Articles of Incorporation appear to be lawful and that they will be beneficial and not injurious to the community. It is, therefore, ordered and decreed that the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA be and the same are hereby approved and upon the recording of the said Restated Articles of Incorporation and this Decree, the said Restated Articles of Incorporation shall become the Articles of Incorporation and the Charter of said Corporation.

WITNESS my hand and seal of the Court.

(SEAL)
Homer L. Kreider
Judge

Entered in the Court of Common Pleas of Dauphin County to No. 1171 September Term, 1959.

Certified December 15, 1959 Russel G. Hummel
Prothonotary

Recorded in the office for the Recording of Deeds for the County of Dauphin in Charter Book "Z", page 103.

WITNESS my hand and seal of office this 3rd day of December, 1959.

(SEAL)
Marion Anderson
Recorder of Deeds

CONSTITUTION

ARTICLE I.—NAME

The name and title of this organization is Pennsylvania Medical Society.

ARTICLE II.—PURPOSES OF THIS SOCIETY.

The purposes of this Society shall be to federate the medical profession of the Commonwealth of Pennsylvania; to unite with similar state medical societies to form the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education; to uphold the ethics and dignity of the medical profession; to advocate and support the enactment of such legislation as will accrue to the health and well-being of the public, and to enlighten and direct public opinion in regard to health and hygiene.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall be those county medical societies whose several constitutions and by-laws have been approved by this Society, and whose constitutions and by-laws continue thereafter to be in accord with the Constitution and By-laws of this Society. Notwithstanding the foregoing, Component Societies shall continue as such until action is taken by this Society to terminate the relationship as provided by the By-laws of this Society.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Definition.*—As used in this Constitution except as otherwise herein expressly qualified, the term "physician" means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2. *Active Members.*—The Active Members of this Society shall be physicians who are members of the Component Societies.

SECTION 3. *Senior Active Member.*—A Senior Active Member of this Society shall be a physician who (i) is not an Associate Member hereof, (ii) is sixty-five years of age or over, and (iii) has been an Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of not less than thirty years. Such Senior Active Member shall enjoy full benefits, but shall be required to pay only 50 percent of the annual assessment. Such Senior Active Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice-President of this Society.

No member of this Society qualified to be a Senior Active Member hereunder who is in a non-assessment membership category at the time this Section becomes effective shall be required to pay any annual assessment unless and until such member shall cease to hold such non-assessment membership in his component Society.

SECTION 4. *Associate Member.*—An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice-President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment.

SECTION 5. *Full-Time Federally Employed Physicians.*—Full-time civilian physicians employed by all federal agencies including but not limited to the Veteran's Administration, who do not have an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, and regular commissioned medical officers and commissioned medical officers of the reserve components, who hold the degree of Doctor of Medicine or Bachelor of Medicine or Doctor of Osteopathy, on extended active duty (more than two years) with the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service, who upon application have been nominated by the Surgeons General of their respective services, may become Active members of the Society enjoying all the rights and privileges thereof provided they pay the annual assessment.

SECTION 6. *Affiliate Member.*—Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health, or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

SECTION 7. *Intern and Resident Members.*—Intern and Resident Members shall be persons serving an accredited hospital internship, residency, or other form of recognized full-time post-graduate training. Intern and Resident

members shall be required to pay 10 per cent of the annual assessment.

SECTION 8. *Honorary Member.*—Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assessment.

SECTION 9. *Special Student Member.*—The President of each Active Chapter of the Student American Medical Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 10. *Rights and Privileges of Members, Including Voting Rights.*—All members of the Society shall have all of the rights and privileges of membership except as otherwise provided in this Constitution and the By-Laws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission.

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and By-laws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 11. *Admission and Tenure of Members.*—Admission to and suspension or termination of membership in this Society shall be determined as provided in the By-laws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 12. *Continuing Medical Education Requirement.*—In order for an Active or Senior Active dues-paying Member of this Society to remain a member in good standing of the Society after December 31, 1975, he must show evidence of engaging in continuing medical education as prescribed by the By-laws of this Society.

ARTICLE V.—SEPARATION OF POWERS.

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by By-laws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently:

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-elect, Vice-President, Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI.—HOUSE OF DELEGATES.

SECTION 1. *Duties.*—The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and the By-laws of this Society. It shall fill all elective offices as provided in this Constitution and the By-laws of this Society.

SECTION 2. *Composition*—The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's By-laws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Vice-President of the Pennsylvania Medical Society as instructed by the Executive Vice-President, and in January of each year the Executive Vice-President of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) specialty section members, delegates elected by the American Medical Association Board certified specialties having organized societies in Pennsylvania on the basis of one delegate for each such specialty society, such specialty delegates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society; (d) special student members (or their alternates) as defined in Sections 9 and 10 of Article IV; and (e) ex-officio, but without the right to vote, the Speaker and Vice-Speaker of the House of Delegates, the President, President-Elect, the Vice-President, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex-presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex-officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice-Speaker when serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. *Alternates.*—Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Vice-President, as set forth in Section 2. Alternate delegates shall be seated as determined by the

Chairman of the delegation from each county society, or in the absence of the Chairman, the Secretary of the county society, or in the absence of either of these by the Credentials Committee. No Chairman of a delegation shall have the power to unseat a delegate involuntarily.

Specialty societies shall be entitled to elect at the time of electing their delegate, one alternate. Such alternates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society.

In the absence of its secretary, the president of that Component Society may be seated with the right to vote. In the absence of both the secretary and the president of any Component Society, an alternate of the Component Society may be seated with the right to vote, the designation of said alternate to be made in accordance with the provisions aforesaid.

If any Component Society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern or Resident Member or Members registered in attendance from that Component Society may select himself or one delegate from their number, as the case may be, who shall be the representative of that Component Society and shall serve in the place of an accredited delegate.

If any special student member is unable to serve he may designate an alternate to serve in his place from the active membership of his Chapter of the Student American Medical Association.

SECTION 4. *Seating of Members.* — A delegate whose credentials have been accepted by the Committee on Credentials shall remain a seated delegate until final adjournment of that Convention; however, if such delegate is unable to be present, his place may be taken during the period of his absence by a certified alternate and further should no certified alternate be present then a member of his component society may be seated in accordance with Section 3 above. A voting delegate elected as Speaker of the House during any session thereof may be immediately replaced by an alternate delegate, and the Vice-Speaker, if a voting delegate, may be temporarily replaced by an alternate delegate while acting as Speaker. Each seated member of the House of Delegates shall be entitled to one vote and no seated member of the House of Delegates shall be permitted to vote for any other seated member.

ARTICLE VII.—SESSIONS AND ASSEMBLIES.

SECTION 1. *Annual Session.*—This Society and the House of Delegates shall convene in Annual Session at such place to be determined by the House of Delegates and at such time to be determined by the Board of Trustees and Councilors, and each session shall continue for three days, or longer if required by the business of this Society. In case of strikes, governmental regulations, catastrophes or other reasons beyond the control of this Society, the Board of Trustees and Councilors shall have the power to cancel or change the date or place of meeting of the Annual Session of this Society.

At least sixty days prior to the Annual Session, the Secretary shall issue a call to each of the members of this Society, as their names and addresses appear on the records in the office of the Executive Vice-President, which call may be either by mail or by publication in the JOURNAL of this Society, if there be such, and shall contain the time and place of the meeting and such other information as is required by the Constitution and By-laws or appropriate to such call. In the event it becomes necessary to change the time or place of the Annual Session after the call has been issued, an additional call in the manner provided above shall be made by the Secretary not later than fifteen days prior to convening the session.

SECTION 2. *Special Sessions.*—Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians, for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than forty and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than thirty days prior to the holding of the session.

SECTION 3. *Business to be Conducted.*—No business shall be conducted at any Annual Session or special session of the House of Delegates which is not within the jurisdiction of the House, and, as to any special session thereof, which is not also expressly stated in the request and call for the special session. No business of any character shall be conducted at any Annual Session or special session of the membership of this Society except (i) business, if any, which under the laws of the Commonwealth of Pennsylvania requires action by the voting membership of the Society, (ii) scientific business, and (iii) such business as may be permitted to be conducted at such session by any provision of the By-laws, provided, however, that nothing herein shall be construed to prohibit any such session from discussing any matter related to this Society or from rendering with respect thereto an advisory opinion to any body of this Society subject to the limitation that no matter may be considered at any special session of the membership of this Society which has not been expressly stated in the request and call for the session.

SECTION 4. *Scientific Assemblies.*—Scientific Assemblies of this Society may be held at such places and at such times as determined by the Board of Trustees and Councilors.

ARTICLE VIII.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.*—The Board of Trustees and Councilors shall be the policy-making body of this Society between sessions of the House of Delegates, but it may not establish any policies that are inconsistent with prior policies established by the House of Delegates. It shall have charge of the property and financial affairs of the Society and shall perform such other duties as are prescribed by law governing directors of corporations or as may be prescribed in the Constitution and By-laws of this Society.

SECTION 2. *Composition.*—The Board of Trustees and Councilors shall consist of the President, the President-Elect, the Vice-President, and the Immediate Past President, ex-officio with the right to vote, and the Speaker and the Vice-Speaker of the House of Delegates, ex-officio without the right to vote, and one Active, Senior Active, Intern or Resident Member from each Councilor District of this Society as determined by the By-laws. Each Trustee and Councilor shall be elected for a term of five years and shall serve until his successor shall have been elected and qualified. No Trustee and Councilor shall serve more than two consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than two years, and for this purpose a year shall be deemed to be the period between annual sessions of the House of Delegates.

SECTION 3. *Election.*—The Trustee and Councilor from each Councilor District shall be nominated by the voting members in the House of Delegates from the Councilor District which the Trustee and Councilor is to represent, and shall be elected by all the voting members present at the Annual Session of the House of Delegates at the expiration of the term of the Trustee and Councilor from that Councilor District, or when a vacancy exists as set forth in Section 4 below. This section shall not be construed to require a new election of any Trustee and Councilor whose term has not expired at the first session of the House of Delegates following the adoption of this section of the Constitution, nor shall it be construed as creating a vacancy in the office of any Trustee and Councilor, it being the intention that the terms of Trustees and Councilors shall continue to be arranged so that the terms of no more than three Trustees and Councilors expire at any Annual Session as at the time of the adoption of this section.

SECTION 4. *Vacancies.*—In the event of a vacancy in the office of any Trustee and Councilor the Board of Trustees and Councilors shall fill the vacancy within nin y days by the appointment of a member from that Councilor District, such appointee to serve until the next Annual Session of the House of Delegates. In the event of the death, resignation or inability to act of any of the Trustees and Councilors, temporary Councilors may be appointed in such manner, for such periods of time and under such circumstances as may be provided in the By-laws of this Society.

ARTICLE IX.—THE JUDICIAL COUNCIL.

SECTION 1. *Duties.*—The judicial power of this Society shall be vested in the Judicial Council, whose decisions shall be final, subject to the right of appeal to the Judicial Council of the American Medical Association as provided in the Constitution and By-laws of the American Medical Association and in the By-laws of this Society.

SECTION 2. *Original Jurisdiction.*—The Council shall have original jurisdiction in (a) all questions involving membership in this Society or in a Component Society, or the rights and standing of members, whether in relation to other members, to Component Societies, to the Society, or to the public, except as such questions arise in connection with disciplinary proceedings instituted by any Component Society or any board of censors or other similar group thereof; (b) all controversies arising under the Constitution or By-laws of this Society, and under the Principles of Medical Ethics, including cases where a member has been convicted of an offense or committed to an institution under a charge, for which his medical license may be revoked, but excluding all other controversies involving the discipline of a member; and (c) controversies between two or more Component Societies or their members.

SECTION 3. *Appellate Jurisdiction.*—The Council shall have appellate jurisdiction to review the record of the proceedings in disciplinary cases before any intermediate appellate body of this Society created under the By-laws hereof, or if none exists, before any final tribunal of any Component Society in appeals taken pursuant to the provisions of the By-laws of this Society.

SECTION 4. *General Jurisdiction.*—The Council shall have jurisdiction on all questions of medical ethics and the interpretation of the Constitution, By-laws, resolutions and rules of this Society. In the event that the Council shall determine that any provision, or the manner of adoption of any provision, of the Constitution or By-laws of this Society or any resolution, rule or other action of the House of Delegates is contrary to law or to the Constitution or By-laws or to the duly adopted procedures, resolutions or rules of this Society, and is therefore invalid in whole or in part, it shall forthwith report its action to the Executive Vice-President of this Society, and in the absence thereof to any officer of this Society, and the Executive Vice-President or such officer shall promptly call a meeting of the Board of Trustees and Councilors to convene within twenty-one days from the date of such action by the Council for the purpose of effecting the intent of the House of Delegates by some other means if such is possible within the powers granted to the Board of Trustees and Councilors by the Constitution and By-laws of this Society. In acting on matters within its jurisdiction as set forth in this Article IX, the Council shall not make any determinations based on its own policies nor shall any of its decisions constitute legislation for this Society, however, nothing contained in this sentence shall be deemed to prohibit the Council from interpreting the policies established by the House of Delegates or the Board of Trustees and Councilors if the statement of such policy being interpreted is ambiguous. It shall also have power, at its discretion, to investigate general professional conditions and all matters pertaining to the relations of physicians to one another or to the public, and may make such recommendations to the House of Delegates or the Component Societies as it deems necessary.

SECTION 5. *Composition.*—The Judicial Council shall consist of five members, qualified as provided in Section 6 of this Article IX, elected by the House of Delegates on nomination by the Board of Trustees and Councilors or from the floor of the House, for terms of three years. At the time this amendment becomes effective, one member will be completing his first year, one his second year, one his third year, and one his fourth year of five year elected terms, and one member shall be completing his five-year term thereby creating a vacancy which shall be filled by electing one member for a term of three years, and in the case of the remaining four members, those members with two years and one year remaining of their five-year terms shall remain in office for a period of one year, at the end of which period such two positions shall be filled by electing

two persons for terms of three years each; and those members with four and three years remaining of their five year terms shall remain in office for a period of two years, at the end of which period such two positions shall be filled by electing two members for terms of three years each. Thereafter, in the first year, one position will be filled for a term of three years; in the second year, two positions will be filled for periods of three years; and in the third year, two positions will be filled for periods of three years; and so forth thereafter. At least thirty days prior to each Annual Session of the House of Delegates, the Board of Trustees and Councilors shall nominate at least three qualified persons for each vacancy on the Judicial Council and shall promptly publish their names to the membership of this Society in the Journal of this Society, if there be such, or by some other appropriate means; however, the failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which is otherwise validly conducted by the House of Delegates. The Judicial Council annually shall select, at its first meeting, a Chairman and a Vice-Chairman who shall be members thereof. The Secretary of this Society shall serve as Secretary of and alternate member of the Council. The Secretary shall become a voting member of the Judicial Council when any regular member thereof shall be unable to attend a meeting. In any event three members, including the alternate member, shall constitute a quorum, without which the Council can not properly conduct its business.

SECTION 6. *Qualifications of Members.*—No member of this Society shall be eligible for election to the Judicial Council unless: (a) he has served as (i) a President of this Society; or (ii) a member of the Board of Trustees and Councilors for at least one full term; or (iii) a member of the House of Delegates for at least five years; and (b) he shall not be a member of a Component Society, a member of which (i) is then serving as a member of the Judicial Council and whose term will continue during any portion of the period for which the new member is to be elected, or (ii) has previously been elected to the Judicial Council at the same election. Notwithstanding qualifications as set forth above, no person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year, and for this purpose a year shall be deemed to be the period between Annual Sessions of the House of Delegates.

SECTION 7. *Vacancies.*—In the event a vacancy shall occur in the membership of the Judicial Council between Annual Sessions of the House of Delegates, the Board of Trustees and Councilors shall have the power to fill such vacancy by majority vote, and such appointed member shall serve until the next Annual Session of the House of Delegates.

SECTION 8. *Quorum.*—Three members of the Judicial Council shall constitute a quorum for the transaction of business.

ARTICLE X.—OFFICERS.

SECTION 1. *Designations.*—The officers of this Society shall be a President, a President-Elect, a Vice-President, a Treasurer, a Secretary, a Speaker and a Vice-Speaker of the House of Delegates, as many District Censors as there are Component Societies and such Assistant Treasurers and Assistant Secretaries as the Board of Trustees and Councilors may from time to time designate by resolution.

SECTION 2. *Qualifications.*—All officers of this Society must be Active, Senior Active, Intern or Resident Members, except that the Treasurer may be a corporation or an employee of this Society and the Assistant Treasurers and Assistant Secretaries may be employees of this Society. The Speaker and Vice-Speaker must be members of the House of Delegates at the time of their election.

SECTION 3. *Term of Vice-President, President-Elect, and President.*—The Vice-President shall be elected annually by the House of Delegates. He shall serve as Vice-President until the first general meeting of the Annual Session of the Society next ensuing after his election at which time he automatically shall accede to the office of President-Elect. He shall serve as President-Elect until the succeeding Annual Session, at which time he automatically shall accede to the office of President and shall serve as President until the installation of his successor. In the event that circumstances beyond the control of the Society prevent the holding of the Annual Session, the Vice-President shall automatically accede to the office of President-Elect and the President-Elect shall automatically accede to the office of President at the previously announced time for the Annual Session.

SECTION 4. *Terms of Other Officers.*—A Secretary, a Speaker and Vice-Speaker of the House of Delegates and the District Censors shall be elected annually by the House of Delegates, each to serve until the end of the next Annual Session of the House of Delegates of this Society or until his successor is elected and installed. The Treasurer shall be appointed annually by the Board of Trustees and Councilors.

SECTION 5. *Successor to the President, President-Elect, and Vice-President.*—If the office of President should become vacant, the President-Elect shall immediately become President and shall serve for the remainder of the term of his immediate predecessor. If a President-Elect succeeds to the presidency, he shall serve as President until the second Annual Session of this Society following his accession as President-Elect. If the office of President-Elect becomes vacant, the Vice-President shall immediately become President-Elect and shall serve for the remainder of the term of his immediate predecessor. If the office of Vice-President becomes vacant, such shall remain vacant until the next Annual Session of this Society at which time the House of Delegates shall elect an eligible person as President-Elect and an eligible person as Vice-President. If the offices of both President and President-Elect become vacant, the Vice-President shall immediately become President and shall serve as President until the second Annual Session of this Society following his election as Vice-President. If the offices of both President-Elect and Vice-President become vacant, the Board of Trustees shall designate from the Board of Trustees one who shall act as President-Elect and one who shall act as Vice-President, each of whom shall so act until the next Annual Session of this Society, at which time the House of Delegates shall elect an eligible person as President-Elect and an eligible person as Vice-President. If the offices of President, President-Elect and Vice-President should become vacant, the Board of Trustees shall designate from among the Board of Trustees one who shall

act as President, one who shall act as President-Elect, and one who shall act as Vice-President, each of whom shall so act until the next Annual Session of the House of Delegates, at which time the House of Delegates shall elect an eligible person as President, an eligible person as President-Elect, and an eligible person as Vice-President.

Should the President, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the President-Elect shall act in his stead. Should the President-Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the Vice-President shall act in his stead. Should both the President and the President-Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of their offices, the Vice-President shall act in their stead.

SECTION 6. *Vacancies in Other Offices.*— Vacancies in any office, other than that of Speaker of the House of Delegates, and th[illegible] mentioned in Section 5 of this Article X occurring be[illegible] Annual Sessions of the House of Delegates shall [illegible]lled by the Board of Trustees and Councilors, and th[illegible]ersons so elected to fill vacancies shall serve until the next Annual Session of this Society and until their successors are elected and installed. The Vice-Speaker of the House of Delegates shall act for the Speaker in the event of a vacancy in the office of the Speaker or in the absence of the Speaker or in the event of his inability to act.

SECTION 7. *Duties.*—The officers of this Society shall have such duties as are prescribed by the By-laws of this Society and such additional duties as may be normally incident to their respective offices, or as may be directed from time to time by the Board of Trustees and Councilors.

ARTICLE XI.—FUNDS

SECTION 1. *Annual Assessment.*—Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 per cent of the annual assessment. Interns or Residents during their perio[illegible] of training shall be required to pay only 10 per cent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (c) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the By-laws of this Society.

SECTION 2. *Other Income.*—Money may also be raised by voluntary contributions and in any other legal manner approved by the House of Delegates.

SECTION 3. *Expenses.*—All appropriations for expenses shall be made by the Board of Trustees and Councilors.

SECTION 4. *Special Funds.*—The House of Delegates may by resolution or By-law establish special funds for educational, scientific, charitable, benevolent, endowment, medical defense, or other purposes, in the form of trusts or otherwise and with such trustees or managers, and under such terms and conditions as it shall determine, and in fixing the annual assessment as provided in Section 1 above may require specific portions of such assessments to be allocated to such fund or funds by the Board of Trustees and Councilors. Notwithstanding the foregoing, the Board of Trustees and Councilors shall always have the power to establish reserves and special funds consistent with good accounting practice and to establish and manage, or delegate to trustees or managers the management of, trusts and funds comprised of monies donated or contributed to this Society.

ARTICLE XII.—PRINCIPLES OF ETHICS.

The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public, and to this end each member shall conduct himself so as not to defeat or tend to defeat the purposes for which this Society is organized and is operating.

ARTICLE XIII.—BY-LAWS.

The House of Delegates shall have the power to enact, alter and repeal By-laws, not inconsistent with this Constitution and, in such manner as it shall determine.

ARTICLE XIV.—SEAL.

This Society shall have a corporate seal which shall contain the monogram "A.M.A." and "1847" within a circle on a keystone, at the sides of which shall appear: "Organized 1848: Chartered 1890", and the whole surrounded by a double circle containing the words, "Pennsylvania Medical Society."

ARTICLE XV.—AMENDMENTS.

The House of Delegates may amend this Constitution at any session by an affirmative vote of two-thirds of the delegates present provided the text of the proposed amendment has been (a) submitted not less than four months, and not more than fifteen months, prior thereto, to a session of the House of Delegates, or to the Secretary of this Society by (i) the Committee on Constitution and By-laws, if the By-laws provide for such committee, or (ii) fifteen Active, Senior Active, Intern and/or Resident Members of this Society, whose signatures shall be appended thereto, and (b) at least two months prior thereto, published in the JOURNAL of this Society, if there be such, and in the call for the session. The House of Delegates may determine the effective date of any amendment.

BY-LAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1.—*Definition.* In conformity with the Constitution of this Society the term "physician" as used in these By-laws, except as otherwise expressly qualified in the Constitution in any particular related provision, means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2.—*Membership Compulsory.* Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society within three months after his election to any class of membership therein, unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

SECTION 3.—*Admission to Membership.* Every member of a Component Society eligible to become an Active Member or a Senior Active Member of this Society shall become such upon receipt by the office of the Executive Vice-President of the certification and assessment required by Section 4 of Chapter XVI of these By-laws. The Continuing Education Requirement as provided in Section 5 of this Chapter I will not be invoked until the third year of membership. Every member of a Component Society eligible to become an Associate Member of this Society shall become such upon receipt by the office of the Executive Vice-President of the certification required by Section 4 of Chapter XVI of these By-laws. Every member of a Component Society eligible to become an Affiliate Member of this Society shall become such upon his election to such membership by the Board of Trustees and Councilors as provided in the Constitution. Every member of a Component Society eligible to become an Intern or Resident Member of this Society shall become such upon receipt by the Executive Vice-President of the certification required by Section 4 of Chapter XVI of these By-Laws.

SECTION 4.—*Limitations on Privileges of Membership.* In addition to the limitations on the rights and privileges of membership contained in the Constitution of this Society and elsewhere in these By-laws, neither Affiliate Members nor Special Student Members shall be entitled to the benefits of any Medical Benevolence or similar fund established by this Society.

SECTION 5.— *Continuing Medical Education Requirement.* In order for an Active or Senior Active dues-paying member of this Society to remain a member in good standing of the Society after December 31, 1975, he must have qualified for the American Medical Association's Physician Recognition Award, which award is currently based upon a three-year continuing medical education program, which in this instance commences on July 1, 1972. Each Active or Senior Active dues-paying member once he has qualified for the American Medical Association's Physician Recognition Award, must continue to qualify for such award in order to remain a member in good standing of the Pennsylvania Medical Society. The Board of Trustees and Councilors shall, in accordance with procedures established by such Board, have the power to waive such requirements in those cases involving Active or Senior Active members of this Society serving temporarily in the Armed Forces or other Government service of the United States or prevented from the practice of medicine by reason of illness or disability or in such other cases as in its judgment such waiver should be granted. Special student members are exempt from the Continuing Education Requirement.

SECTION 6.— *Suspension from Membership.* The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1975) if he is an Active or Senior Active dues-paying member who has failed to qualify for the American Medical Association's Physician Recognition Award provided the Office of the Executive Vice-President has given such member sixty days notice prior to December 31 that such suspension will be invoked against him unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall be for a period of one year, (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these By-laws, of an order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the rights or privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

SECTION 7.—*Termination of Membership.* The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of the one year period of suspension, (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these By-laws, or (iii) three months after ceasing to be eligible for membership herein in the class of

membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice-President of this Society, and(c) upon the effective date, as provided in Section 7 of Chapter XIII of these By-laws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year, and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these By-laws. Any Active or Senior Active dues-paying member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

CHAPTER II.—GENERAL MEETINGS AND SCIENTIFIC ASSEMBLIES.

SECTION 1. — *General Meetings.* The Annual Session of the Society and special sessions of the Society shall be presided over by the President, the President-Elect or the Vice-President or a delegated chairman. The program at the Annual Session may include: (a) introduction of special guests and officers of the Society; (b) report on necrology; (c) installation of the incoming President and other officers; (d) any business within the jurisdiction of the membership; and (e) appropriate entertainment.

SECTION 2.— *Scientific Assemblies.* The Board of Trustees shall determine the scope and number of scientific assemblies and be responsible for the direction thereof. Scientific Assemblies shall be presided over by the Chairman of the Council on Education and Science or a delegated substitute.

SECTION 3.—*Registration.* No member or invited guest shall take part in any proceedings of the Annual Session or any special session or any scientific assembly unless he shall have first registered in the manner prescribed by the Executive Vice-President.

CHAPTER III.—HOUSE OF DELEGATES.

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution of this Society and these By-laws, the House of Delegates shall:

(a) Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-laws of that body and subject to the provisions of Section 1 of Chapter IV of these By-laws; and

(b) Take such steps as may be necessary or appropriate to further the purposes of this Society as expressed in Article II of its Constitution.

SECTION 2.—*Meetings.* The House of Delegates shall meet on the day fixed by the Board of Trustees and Councilors as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business. It shall also meet in special session at the time and place fixed by the Secretary as required by Article VII of the Constitution of this Society.

SECTION 3.—*Credentials Committee.* There shall be a Committee on Credentials consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. All questions regarding the registration and credentials of delegates and alternates at any session of the House of Delegates shall be referred to this Committee, and it shall have such other duties as are specified in these By-laws.

SECTION 4.—*Credentials of Delegates.* Prior to the opening of any session of the House of Delegates, each voting delegate and each alternate delegate shall deposit with the Committee on Credentials a certificate signed by the President and Secretary of the Component Society, or any two officers thereof duly authorized by its governing board to sign such certificates, under the seal of the same, stating that he has been legally and regularly designated as a voting delegate or alternate delegate to this Society. Specialty section delegates and alternates shall deposit with the Committee on Credentials a certificate signed by the President and Secretary, or any two officers thereof duly authorized by its governing board to sign such certificates of their respective specialty society in Pennsylvania, stating that said persons have been legally and regularly designated as that society's voting delegate and alternate to this society's House of Delegates. Each Special Student Member or his alternate shall deposit with the Committee on Credentials a certificate signed by the Secretary of this Society under the Society's seal which states that he is the duly certified representative of his Chapter of the Student American Medical Association. No voting delegate and no alternate delegate may be seated until the foregoing requirement has been complied with, provided, however, that the Credentials Committee may waive this requirement in unusual cases when satisfied that the person presenting himself as a voting delegate or alternate delegate is the person who has been certified as such to the Executive Vice-President in accordance with the provisions of Article VI of the Constitution, or has been duly selected in accordance with Section 3 of Article VI of the Constitution of this Society. Prior to the opening of any session of the House of Delegates, the Executive Vice-President shall certify to the Committee on Credentials the names of all members of the House of Delegates as shown on his official records. Such certification shall be sufficient for the seating of the secretaries or presidents of Component Societies and for the identification of the non-voting members of the House of Delegates. Any dispute that shall arise as to the seating of any voting delegate or any alternate delegate shall be determined by the House of Delegates after a report thereon by the Committee on Credentials, and the action of the House in such cases shall be final.

SECTION 5. *Quorum.* Forty voting delegates shall constitute a quorum at any session, annual or special, of the House of Delegates.

SECTION 6.—*Rules of Order* Sturgis Standard Code of Parliamentary Procedure shall govern the proceedings of the House of Delegates unless otherwise provided in the Constitution or these By-laws.

SECTION 7.—*Committee on Rules.* There shall be a Committee on Rules consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. This Committee shall (a) present recommendations to the House of Delegates for the adoption of any necessary or desirable rules of procedure not inconsistent with these By-laws (b) present to every Annual Session of the House of Delegates an Order of Business for the session if none has been adopted as a Standing Rule by the House, and (c) present to any special session an Order of Business for the session, which must include any matter set forth in the call for the special session and may include any other business related thereto and properly within the jurisdiction of the House of Delegates. An Order of Business, whether at an Annual Session or special session, shall be adopted as the first order of business by a majority of the voting delegates present and voting, and once adopted may not be changed except by a two-thirds vote of all of the voting delegates seated at the session.

SECTION 8.—*Reports.* The House of Delegates shall receive reports of officers, administrative councils, and committees at each Annual Session. All reports of administrative councils and committees not previously published shall be limited to ten minutes in verbal presentation before the House of Delegates. Any report of greater length shall be printed or mimeographed and a copy furnished each delegate. The pertinent or argumentative features of a report shall then be presented in the allotted ten-minute period.

In unusual cases the foregoing rule may be suspended by a two-thirds vote of the House of Delegates, each exception to this rule to be voted on separately.

Special sessions of the House of Delegates shall consider only that business set forth in the call therefor.

SECTION 9.—*Reference Committees.* The Reference Committees of the House of Delegates shall each consist of five members, whose terms shall end the following May 31, appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates. The Speaker shall appoint such Reference Committees and clearly identify them as he deems necessary to expedite the business of the House.

In addition to the foregoing, the standing Committee on Constitution and By-laws shall be a Reference Committee of the House of Delegates. Each member of this Society has the right to appear and be heard before any reference committee of the House of Delegates.

Each report, resolution and proposition presented to the House of Delegates shall be referred for consideration and report to one or more of the Reference Committees, as may be appropriate and as the Speaker of the House of Delegates shall determine. The reports of the Reference Committees shall be presented to the House of Delegates before final action may be taken unless otherwise ordered by the House of Delegates by a two-thirds vote of those present and voting.

SECTION 10.—*Open, Closed and Executive Sessions.* The House of Delegates shall meet in open session, to which any person may be admitted, except as it shall move into closed session restricted to members of this Society, its legal counsel and members of the staff of this Society and Component Societies, and except as it shall move into executive session restricted to members of the House of Delegates, legal counsel and such members of the staff of this Society as are necessary for the proper functioning of the House.

SECTION 11.—*Publication of Proceedings.* The proceedings of the House of Delegates at the Annual Session, or any special session, shall be published in the JOURNAL in the first possible issue following the session.

CHAPTER IV.—ELECTIONS.

SECTION 1.—*Ballot.* All elections shall be by ballot of the House of Delegates and a majority of votes cast shall be necessary to elect, except that delegates and alternates to the American Medical Association shall be elected by a plurality vote.

SECTION 2.—*Time of Elections.* The elections shall be conducted at a time and place determined by and pursuant to rules promulgated by the Committee on Rules and adopted by the House of Delegates by a majority vote. The Speaker of the House of Delegates shall appoint such number of tellers as he deems necessary for each session of the House of Delegates.

SECTION 3.—*Disqualification for Office.* Any person known to have solicited votes for himself or sought after any office within the gift of this Society shall, after a determination to that effect by a two-thirds vote of the members of the House of Delegates present and voting, be ineligible for any office for a period of two years after the related election.

SECTION 4.—*Commencement of Terms.* All members of this Society elected to any office, except that of a delegate to the American Medical Association, shall assume their duties at the close of the last meeting of the Annual Session of the House of Delegates at which they are elected.

SECTION 5.—*Nominations.* All candidates for any office to be elected by the House of Delegates may be nominated from the floor except that candidates for the Board of Trustees and Councilors shall be nominated only by a delegate from the nominee's Councilor District. No nomination shall be accepted by the House unless the delegate moving the nomination states that the nominee meets all of the qualifications prescribed by the Constitution and By-laws for the office. In addition to nominations from the floor, (a) candidates for delegates and alternates to the American Medical Association may and should be nominated by the Committee provided for in Section 2(e) of Chapter XIV of these By-laws, (b) a candidate for District Censor may and should be nominated by each Component Society, and (c) candidates for the Judicial Council may and should be nominated by the Board of Trustees and Councilors.

CHAPTER V.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution and other sections of the By-laws of this Society, the Board of Trustees and Councilors shall exercise general supervision over the conduct of all administrative councils and committees in the interval between Annual Sessions, it shall have the right to borrow money on behalf of this Society; and to invest its funds; it shall have charge of all the properties of the Society with authority to purchase, mortgage, lease, sell, or otherwise dispose of any real estate; it shall supervise the business and editorial affairs of the JOURNAL and appoint a medical editor therefore; it shall appoint an Executive Vice-President for this Society; it shall fix the salaries or other compensation and the terms of employment of the Secretary, the Treasurer, the Medical Editor of the JOURNAL and the Executive Vice-President; it shall require the Treasurer, the Assistant Treasurers, the Secretary, the Assistant Secretaries, the Executive Vice-President and all employees handling funds of this Society to furnish, at the cost of this Society, corporate surety bonds in such amounts as the Board of Trustees and Councilors shall determine, for the faithful discharge of their respective duties and for the return of all books, papers and documents belonging to this Society in their respective possession; it shall elect delegates and alternates to the House of Delegates of the American Medical Association to fill vacancies created by an apportionment occurring between meetings of the House of Delegates of this Society and for this purpose may request the Committee to Nominate Delegates and Alternates to the American Medical Association to submit the names of one or more nominees; it shall appoint substitute delegates and substitute alternates to the House of Delegates of the American Medical Association when permitted to do so by the By-laws of the American Medical Association; it shall have the authority to expend monies of the Society to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; and it shall render a report at each Annual Session of the House of Delegates.

SECTION 2.—*Board Officers.* At the first meeting of the Board of Trustees and Councilors after the Annual Session of this Society it shall elect a Chairman and a Vice-Chairman to serve until the next organization meeting of the Board and until their successors are elected.

The Chairman of the Board of Trustees and Councilors shall preside at meetings of the Board, coordinate the work of the Board, and appoint the committees provided for in Section 3 of this Chapter V.

The Vice-Chairman shall serve in the absence of the Chairman and perform such other duties as the Board may direct.

The Secretary of this Society shall serve as Secretary of the Board of Trustees and Councilors.

SECTION 3.—*Committees of the Board.* The Board shall have the following standing committees consisting of three or more members:

(a) Finance Committee

(b) Publication Committee, to supervise the publication of the JOURNAL.

(c) Executive Committee. The Executive Committee shall have only that authority given it by the Board.

The Board of Trustees and Councilors may from time to time authorize special committees of the Board to aid it in its work, which special committees shall report directly to it. Such special committees shall have such duties and consist of such number of members, who need not be members of the Board, as the Board shall decide.

SECTION 4.—*Meetings.* Regular meetings of the Board of Trustees and Councilors shall be held immediately after the conclusion of the Annual Session of the House of Delegates and at least quarterly thereafter at such time and place as the Board shall determine.

During the Annual Session of this Society the Board of Trustees and Councilors shall hold meetings as often as may be deemed necessary and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours if so requested by the House of Delegates.

Special meetings of the Board of Trustees and Councilors may be called at any time by the Chairman or by three members of the Board, provided that due notice thereof shall be sent to each member of the Board (a) within three days thereof, if by telegram, or (b) within five days thereof, if by mail.

SECTION 5.—*Quorum.* Seven members of the Board of Trustees and Councilors shall constitute a quorum.

SECTION 6.—*Publication of Proceedings.* The actions taken by the Board of Trustees and Councilors shall be published in the first possible issue of the JOURNAL following the meetings thereof.

CHAPTER VI.—OFFICERS.

SECTION 1.—*President.* The President shall preside at all general meetings of this Society. At the first meeting of the Annual Session of the House of Delegates he shall deliver an address on such matters as he may deem of importance to this Society, and file a written report on his term as President. He shall be an ex-officio member of all committees, administrative councils and commissions, without the right to vote, and he shall perform the other duties required of his office by the Constitution of the Society and these By-laws.

SECTION 2.—*President-Elect.* The President-Elect shall assist the President in the performance of his duties. He shall make all appointments specified in Section 1 of Chapter XIV of these By-laws and perform such other duties as may be required by the Constitution and By-laws or directed by the Board of Trustees and Councilors.

SECTION 3. *Vice-President.* — The Vice-President shall assist the President and the President-Elect in the performance of their duties, and perform such other duties as may, from time to time, be assigned to him by the President.

SECTION 4.—*Speaker of the House of Delegates.* The Speaker or the Vice-Speaker of the House of Delegates or a chairman delegated by the Speaker or the Vice-Speaker shall preside over all meetings of the House of Delegates. The Speaker of the House of Delegates shall in addition perform such other duties as may be required of him by the Constitution of this Society and these By-laws.

SECTION 5.—*Secretary.* The Secretary shall take the minutes of meetings of this Society, of the House of Delegates and the Board of Trustees and Councilors, and record them in separate minute books; he shall perform such other duties as are provided in the Constitution and these By-laws and as may from time to time be directed by the House of Delegates and the Board of Trustees and Councilors, and shall render a report at each meeting of the Board of Trustees and Councilors and an annual report to the House of Delegates.

All matters concerned with medical ethics, other than disciplinary proceedings, which may be directed to any officer of this Society, the Board of Trustees and Councilors, or the staff of this Society, shall be referred to the Secretary. He may give advice thereon as to previous rulings of courts, or of the Judicial Council of the American Medical Association and this Society, but he shall not in so doing invade the exclusive jurisdiction of the Judicial Council to interpret the Principles of Medical Ethics.

In the event of a vacancy in the office of Secretary, the Executive Vice-President shall automatically assume the duties of that office until the vacancy has been filled as provided in the Constitution of this Society.

SECTION 6.—*Treasurer.* The Treasurer shall have custody of all funds and securities of this Society, and shall deposit all monies in such depositaries, and place all securities in such places of safekeeping or with such corporate custodians, as shall be designated by the Board of Trustees and Councilors.

The Treasurer shall, except as expressly provided in these By-laws, disburse the funds of this Society as may be ordered by the Board of Trustees and Councilors, however, the Treasurer may delegate limited authority to the Executive Vice-President, an Assistant Treasurer or a bonded staff member to supervise the disbursement of money for necessary and usual operating expenses of this Society. The Treasurer shall sell and purchase securities as directed by the Board of Trustees and Councilors.

The Treasurer shall render reports at the regular meetings of the Board and at the Annual Session of the House of Delegates.

In the event that the Treasurer is an individual, the Board of Trustees and Councilors may combine this office with that of Executive Vice-President.

SECTION 7.—*Assistant Treasurers.* The Assistant Treasurers, if any, shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the death, resignation or inability of the Treasurer to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Treasurers to exercise all of the powers and duties of the Treasurer until the next meeting of the Board of Trustees and Councilors.

SECTION 8.—*Assistant Secretaries.* The Assistant Secretaries of this Society shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the inability of the Secretary to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Secretaries to exercise all of the powers and duties of the Secretary until the next meeting of the Board of Trustees and Councilors.

SECTION 9.—*Execution of Documents.* The Chairman of the Board of Trustees and Councilors, the President, the President-Elect, the Vice-President, or the Treasurer shall execute on behalf of this Society under its seal any bonds, deeds, mortgages, or other contracts approved by the Board of Trustees and Councilors. The Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the Treasurer shall not attest to the seal affixed to any instrument which he has executed on behalf of this Society.

CHAPTER VII.—THE EXECUTIVE VICE-PRESIDENT

SECTION 1. *Duties.* — In addition to the Duties imposed on the Executive Vice-President by the Constitution and other provisions of these By-Laws, the Executive Vice-President shall be the administrative head of this Society and shall be responsible for the administration of the headquarters of this Society. He shall, within the budgetary limitations imposed by the Board of Trustees and Councilors, be empowered to (a) employ such personnel, at such salaries and under such terms and conditions of employment as he shall determine, (b) provide administrative and clerical assistance and arrange the business details and facilities for meetings for this Society and the House of Delegates, Board of Trustees and Councilors, the Judicial Council, the officers and the committees, administrative councils and commissions, as he deems necessary for the efficient operation of this Society, the conduct of its meetings and the publication of the JOURNAL, and (c) repair and maintain the real and personal property of this Society.

The Executive Vice-President shall attend the meetings of the House of Delegates, the Board of Trustees and Councilors and the general meetings of this Society, and he shall be responsible for the preparation of the agenda of these meetings and for the preparation of the program for scientific assemblies.

He shall conduct the correspondence of this Society, notify all members of their election to office or their appointments to committees, administrative councils and commissions, and issue over the proper signature all notices required by the Constitution or By-laws or by action of the House of Delegates or the Board of Trustees and Councilors. He shall be the custodian of, and supervise and maintain at the office of this Society, the membership records and roster and all other record books and papers of this Society.

He shall be responsible for the publication of the JOURNAL, under the supervision of the Publication Committee, and for the publication of the annual roster, memoirs and all other publications of this Society. He shall employ a Managing Editor who shall assist in the publication of the JOURNAL other than the portion on scientific matters which shall be under the direction of the Medical Editor.

He shall prepare a report on necrology for presentation by a representative of the Board of Trustees and Councilors at the Annual Session.

The Executive Vice-President shall render a report to the Board of Trustees and Councilors at each of its meetings and to the House of Delegates at its Annual Session.

The Executive Vice-President, if a member of this Society, shall not, except as expressly permitted by the By-laws, be

eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2.—*Vacancies.* In the event of a vacancy in the position of Executive Vice-President, the Board of Trustees and Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Vice-President until a permanent appointment is made.

CHAPTER VIII.—LEGAL COUNSEL.

SECTION 1.—*Appointment.* The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2.—*Duties.* Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Vice-President in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX.—ASSESSMENTS AND FUNDS.

SECTION 1.—*Assessments.* Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay his annual assessment to the Executive Vice-President prior to March 1. New members shall pay the assessments in the same manner at the time of their certifications or applications for membership.

SECTION 2.—*Delinquent Assessments.* A member whose assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Vice-President shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these By-laws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3.—*Deposit of Monies and Special Funds.* The Executive Vice-President shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these By-laws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4.—*Appropriations and Disbursements.* All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these By-laws.

SECTION 5.—*Audit of Accounts.* The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6.—*Medical Benevolence Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7.—*Educational Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the expenses of continuing the education of students who are (a) in high school, college or graduate school, in financial need and the children of living or deceased members of this Society, or (b) in medical school, in financial need and who do not qualify under Clause (a) of this section, but who are residents of Pennsylvania and have been certified by the Component Society of the county in which they reside as needing financial aid to complete their medical education, or (c) in medical school and residents of Pennsylvania and who by their superior scholastic achievements have shown unusual promise. The Trustees of the Educational and Scientific Trust, upon the recommendation of the Committee on Aid to Education of the Society, shall select the recipients of loans or grants on the basis of character, scholastic ability and, under Clauses (a) and (b) above, financial need. No such loans or grants may be made without the approval of a majority of the Committee on Aid to Education by resolution.

The Board of Trustees and Councilors may establish such further terms and conditions of the said Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

CHAPTER X.—FISCAL YEAR AND ASSESSMENT YEAR.

SECTION 1.—*Fiscal Year.* The calendar year shall be the fiscal year for the society.

SECTION 2.—*Assessment Year.* The calendar year shall be the assessment year for the purpose of the annual assessment of members.

CHAPTER XI.—COUNCILOR DISTRICTS.

SECTION 1.—*Area.* The Commonwealth of Pennsylvania shall be divided into twelve Councilor Districts, each of which shall be entitled to one Councilor. The Councilor Districts shall be as follows:

First Councilor District—Philadelphia County.

Second Councilor District—Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third Councilor District—Carbon, Lackawanna, Monroe, Northampton, Pike, and Wayne Counties.

Fourth Councilor District—Columbia, Montour, Northumberland, Schuylkill, and Snyder Counties.

Fifth Councilor District—Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, and York Counties.

Sixth Councilor District—Blair, Centre, Clearfield, Huntingdon, Juniata, and Mifflin Counties.

Seventh Councilor District—Cameron, Clinton, Elk, Lycoming, Potter, Tioga, and Union Counties.

Eighth Councilor District—Crawford, Erie, Forest, Mercer, McKean, and Warren Counties.

Ninth Councilor District—Armstrong, Butler, Clarion, Indiana, Jefferson, and Venango Counties.

Tenth Councilor District—Allegheny, Beaver, Lawrence, and Westmoreland Counties.

Eleventh Councilor District—Bedford, Cambria, Fayette, Greene, Somerset, and Washington Counties.

Twelfth Councilor District—Bradford, Luzerne, Sullivan, Susquehanna, and Wyoming Counties.

SECTION 2.—*General Duties of Councilors.* Each Councilor shall be the representative of this Society for his Councilor District. He shall visit the Component Societies in his Councilor District at least once a year and make a report of such visit at the next meeting of the Board of Trustees and Councilors. It shall be his function to help organize county medical societies where none exist, to inquire into the condition of the profession, and to increase the zeal of Component Societies and their members. He shall make an annual report of his work and of the profession in each county in his Councilor District at the Annual Session of the House of Delegates. He shall perform such other duties as are otherwise provided in these By-laws and as may be assigned to him from time to time by the Board of Trustees and Councilors. Trustees and Councilors shall be reimbursed for their travel expenses in attendance at meetings of the Board and for any official business of this Society.

SECTION 3.—*Temporary Councilors.* In the event of the death, resignation or inability to act of any of the Councilors, the Chairman of the Board of Trustees and Councilors, after consultation with the Component Society or Societies in that Councilor District, may promptly appoint a temporary councilor who shall be an active member of a Component Society in that Councilor District to perform temporarily the duties of Councilor until the next meeting of the Board of Trustees and Councilors, at which time the Board shall, if conditions are unchanged, (a) fill the vacancy, if one exists and such is required by the Constitution or desirable in the opinion of the Board, or (b) continue the temporary appointment made by the Chairman of the Board.

CHAPTER XII.—DISTRICT BOARDS OF CENSORS.

SECTION 1.—*Composition.* Each Councilor District shall have a separate Board of Censors comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

SECTION 2.—*Jurisdiction.* The District Boards of Censors shall have jurisdiction in all cases of appeals from the decision of a Component Society as provided in Section 4 of Chapter XIII of these By-laws.

CHAPTER XIII.—DISCIPLINARY PROCEEDINGS AND APPEALS.

SECTION 1.—*Scope of Disciplinary Proceedings.* No disciplinary proceedings shall be conducted by any body of this Society, except (a) a Component Society, (b) original disciplinary proceedings by the Judicial Council as provided in Section 3 of this Chapter, (c) appeals to District Boards of Censors as provided in Section 4 of this Chapter, and (d) appeals to the Judicial Council as provided in Section 5 of this Chapter.

SECTION 2.—*General Rules.* Except as the context otherwise requires, the following general rules shall apply to

all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the District Boards of Censors:

(a) The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to enable the member to defend properly the charges.

(b) A copy of the written charge or charges against a member or a copy of the appeal and brief, as the case may be, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least thirty days prior to the date of any hearing thereon, which date and the place of hearing shall be set forth therein.

(c) The Judicial Council and the District Boards of Censors shall act as promptly as possible in holding hearings.

(d) The member must be accorded a fair and impartial hearing at which he may be represented by an attorney, be confronted by the witnesses and documentary evidence, if any, have an opportunity to cross-examine the witnesses and present any matter pertinent to his defense. The Judicial Council and the District Boards of Censors shall not be bound by the rules of evidence used in courts and may receive such oral or written evidence as in their respective judgments will best and most fairly present the relevant facts. Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

(e) The Judicial Council and the District Boards of Censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the District Boards of Censors shall be concurred in by a majority of the members of the District Board of Censors present at the hearing. In the event of a tie vote in original proceedings before the Judicial Council the charges against the member shall be dismissed, and in the event of a tie vote in appeals, either by a District Board of Censors or by the Judicial Council, the decision appealed from shall be sustained. All decisions of the Judicial Council and the District Boards of Censors shall be in writing and copies thereof shall be given promptly to the interested parties, and in the case of decisions of the District Boards of Censors, to the Chairman of the Judicial Council.

SECTION 3.—*Original Disciplinary Proceedings.* In all cases of original disciplinary proceedings against a member of this Society before the Judicial Council as provided in Section 2 of Article IX of the Constitution the charge or charges upon which the proceeding is based must be brought by a majority vote of either the Board of Trustees and Councilors or the Board of Censors of the Councilor District of the Component Society of the member, and if the decision of the Judicial Council finds the member guilty of any of the charges, the decision shall state the penalty, if any, to be imposed, which may be either censure, or suspension or expulsion from membership in this Society, regardless of any recommendation or suggestion for penalty made in the charges.

SECTION 4.—*Appeals to District Boards of Censors.* Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by a Component Society shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

SECTION 5.—*Appeals to the Judicial Council.* Any member of any Component Society or any Component Society aggrieved by a decision of a District Board of Censors may appeal from such decision by giving written notice of such appeal to the Judicial Council within sixty days after the date of the decision of the District Board of Censors and by submitting a brief, outlining the basis of such appeal, to the Judicial Council within ninety days after the decision of the District Board of Censors. The action of the Judicial Council in cases of appeals shall be limited, except in extraordinary circumstances, to a review of the record of the proceedings before the District Board of Censors.

SECTION 6.—*Appeals to the Judicial Council of the American Medical Association.* Any member of the American Medical Association or any Component Society aggrieved by a decision of the Judicial Council of this Society may appeal such decision to the Judicial Council of the American Medical Association in accordance with the By-laws and rules thereof, however, no such right of appeal shall be deemed to effect in any way the provisions of Section 7 of this Chapter of these By-laws.

SECTION 7.—*Effective Date of Decisions of Component Societies, District Boards of Censors and the Judicial Council.* No action of any Component Society censuring, suspending, or expelling a member and no action of any District Board of Censors affirming any such action shall become effective so long as the member has any right of appeal under Sections 4 and 5 of this Chapter, or during the pendency of any such appeal. All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until thirty days after the decision of the Judicial Council, and, if the member or the Component Society, if any, has given written notice to the Judicial Council of the American Medical Association during said thirty day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member to the secretary of his Component Society, until the expiration of the appeal period and the final disposition of the appeal by the Judicial Council of the American Medical Association.

CHAPTER XIV.—COMMITTEES, ADMINISTRATIVE COUNCILS AND COMMISSIONS.

SECTION 1.—*Appointment of Members, Vacancies and Qualification.* Except as otherwise provided in the Constitution and By-laws, all appointments of chairmen, vice-chairmen, and members of committees, administrative councils, and commissions, the tenure and qualification of members thereof, and the filling of vacancies therein shall be as prescribed below.

(a) *Appointment of Chairmen, Vice-Chairmen, and Members of Standing Committees, Administrative Councils and Commissions.* All such appointments shall be made by the President-Elect at least ninety days prior to the next Annual Session, or by the President if the President-Elect shall be incapacitated or unable to perform the duties of his office or if a vacancy occurs in the office of President-Elect before all appointments are made, or by the Vice-President if both the President-Elect and the President be incapacitated or unable to perform the duties of their offices or if a vacancy occurs in both of the offices of President and President-Elect before all appointments are made. In making appointments to commissions, the President-Elect may consult with the members of the related administrative council. Appointments of the chairmen, vice-chairmen, and members of administrative councils shall be subject to confirmation by the Board of Trustees and Councilors.

(b) *Appointment of Members and Chairmen of Special Committees.* Unless otherwise ordered by the House of Delegates, the number of members of special committees shall be determined, and the members and chairmen of special committees shall be appointed, by the President.

(c) *Tenure of Chairmen, Vice-Chairmen, and Members of Committees, Administrative Councils and Commissions.* The terms of all appointed chairmen, vice-chairmen, and members of committees, commissions and administrative councils shall be one year beginning and ending with an Annual Session.

(d) *Qualification for Membership on Committees, Administrative Councils and Commissions.* All members of this Society, except Associate, Affiliate, Honorary and Special Student Members, shall be eligible to serve as members of committees, administrative councils and commissions, except that:

(i) No member of the Judicial Council shall be eligible for appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by Article V of the Constitution.

(ii) The President, the President-Elect, the Vice-President and members of the Board of Trustees and Councilors shall not be appointed members of any standing committee, administrative council or commission unless required by these By-Laws.

(iii) No member shall serve concurrently as (a) a member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.

(iv) No member of an administrative council, committee or a commission shall serve more than six consecutive terms. For the purposes of this subsection, a member appointed to fill a term or unexpired term of less than one-half the regular term of that appointment shall not be deemed to have served a term.

(e) *Vacancies.* All vacancies shall be filled in the following manner:

(i) Vacancies among elected members of standing committees shall be filled by the Board of Trustees and Councilors until the next Annual Session of the House of Delegates when successors shall be regularly elected.

(ii) Vacancies among members of standing committees, special committees and commissions originally appointed by the President-Elect shall be filled by the President, with the advice, in the case of appointments to commissions, of the members of the related administrative council.

(iii) Vacancies among members of standing committees and special committees originally appointed by an individual or body other than the President-Elect, shall be filled by the individual or body originally appointing them.

(iv) Vacancies among the members or in the office of chairman or vice-chairman of any administrative council shall be filled by the President. All such appointments shall be subject to confirmation by the Board of Trustees and Councilors.

SECTION 2.—*Standing Committees* This Society shall have the following standing committees:

Advisory Committee to the Woman's Auxiliary
Committee on Constitution and By-laws
Committee on Medical Benevolence
Committee on Aid to Education
Committee to Nominate Delegates to the American Medical Association
Committee on Objectives
Committee on Relationships with Allied Professions
Committee on Discipline

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the Executive Vice-President before July 1, and shall be composed and have the functions, as follows:

(a) *Advisory Committee to the Woman's Auxiliary.* The Advisory Committee to the Woman's Auxiliary shall consist of five members. It shall act in an advisory capacity whenever called upon by the Woman's Auxiliary regarding its functions or changes in its Constitution and By-laws.

(b) *Committee on Constitution and By-laws.* The Committee on Constitution and By-laws shall consist of (a) five voting members of the House of Delegates to be appointed annually by the Speaker of the House of Delegates prior to August 1 from the members already reported as members of the House of Delegates for the coming Annual Session of this Society, and (b) the Speaker and Vice-Speaker of the House of Delegates, the Secretary, Legal Counsel, and the Executive Vice-President as ex-officio members without vote. This Committee shall constantly study the Constitution and By-laws and recommend revisions and modifications necessitated by changing times, methods or conditions. All proposals for amendments to

the Constitution or By-laws shall, wherever possible, be submitted to this Committee in advance by any proponent thereof for consultation and advice, and this Committee shall serve as the Reference Committee of the House of Delegates as provided in Section 9 of Chapter III of these By-laws.

(c) *Committee on Medical Benevolence.* The Committee on Medical Benevolence shall consist of the Secretary of the Society who shall be secretary of the committee, and three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. The committee shall select its own chairman and shall perform the duties prescribed in Section 6 of Chapter IX of these By-laws.

(d) *Committee on Aid to Education.* The Committee on Aid to Education shall consist of three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. This committee shall select its own chairman, shall perform the functions prescribed in Section 7 of Chapter IX of these By-laws, shall encourage all members to contribute to loan and scholarship funds of the Educational and Scientific Trust of the Pennsylvania Medical Society and of the Component Societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said Association.

(e) *Committee to Nominate Delegates to the American Medical Association.* The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members with a term of three years except that at the time this amendment becomes effective two members shall be elected for one year, two shall be elected for two years, and one shall be elected for three years. This committee shall select its own chairman annually immediately upon the adjournment of the House of Delegates. It shall be the duty of this committee to submit to the House of Delegates a list of nominees for Delegates and Alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each Component Society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to two terms.

(f) *Committee on Objectives.* The Committee on Objectives shall consist of seven members, four of whom shall be appointed by the Speaker and three of whom shall be appointed by the President. When this amended paragraph becomes effective, the President shall appoint three members, one for a term of one year, one for a term of two years, one for a term of three years, and thereafter annually the President shall appoint one member to this committee for a term of three years; and the Speaker shall appoint four members, one for a term of one year, one for a term of two years, one for a term of three years, and one for a term of four years, and thereafter annually shall appoint one member for a term of four years. Among the appointees from the Speaker shall be included one member who is either a member of SAMA, an Intern or a Resident. The Committee on Objectives shall report to the Board of Trustees and shall submit annually a written report to the House of Delegates. This committee shall select its own chairman and vice-chairman. It shall be the duty of the committee to recommend objectives to the Board of Trustees and to review annually these objectives and recommend any desirable changes.

(g) *Committee on Relationships with Allied Professions.* The Committee on Relationships with Allied Professions shall consist of five members. Appointments shall be subject to confirmation by the Board of Trustees and Councilors. The committee shall render a written report to the Board of Trustees and Councilors at appropriate times. It shall concern itself with matters requiring liaison and/or cooperation between this Society and other professional organizations.

(h) *Committee on Discipline.* The Committee on Discipline shall consist of six members, one of whom shall be the Chairman of the Board of Medical Education and Licensure of the Commonwealth of Pennsylvania with voting privileges when a member of the Pennsylvania Medical Society.

The activities of the Committee on Discipline shall not conflict with, or supersede, the provision for disciplinary proceedings and appeals contained in Chapter XIII of these By-laws.

The Committee shall be responsible for:

(i) consulting on problems of discipline with Component Societies through their judicial boards and grievance committees.

(ii) discussing and investigating matters referred to the Committee by the State Board of Medical Education and Licensure, by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(iii) maintaining liaison between Component Societies, the Pennsylvania Medical Society, and the Board of Medical Education and Licensure by acting as a transmitting agent or clearing house on matters of discipline.

(iv) evaluating actions of a local grievance committee when requested by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(v) operating visitation programs for the discussion of disciplinary problems with Component Societies at their invitation.

SECTION 3.—*Special Committees.* This Society may have such special committees as the House of Delegates may from time to time determine.

Each such committee shall submit a written report at the Annual Session of the House of Delegates next following its creation, and at each Annual Session thereafter until the committee is discharged. The report shall be delivered to the office of the Executive Vice-President before July 1.

SECTION 4.—*Administrative Councils.* The administrative councils shall conduct all of the activities

and business of the Society, except as otherwise provided in the Constitution and By-laws. The four administrative councils shall be as follows:-

(a) The Council on Governmental Relations, which shall be responsible for

(i) securing legislation in the best interest of the public, scientific medicine and the medical profession,

(ii) informing the membership of the Society of important proposed legislation, and encouraging the members to be active individually in political affairs, and

(iii) liaison between the Society and the executive and legislative branches of government;

(b) The Council on Medical Service, which shall be responsible for

(i) insuring to the Society that the various Blue Cross, Blue Shield, and other medical and hospital insurance plans in the Commonwealth of Pennsylvania are being operated for the benefit of the subscribers and the public in conformity with the ideas and ethics of the medical profession,

(ii) evaluating proposals for health and medical services to be rendered in the Commonwealth by state and federal governments and private organizations; supervising the preparation of fee schedules and investigating other financial phases of medical practice; and reviewing the various group insurance plans offered to members of the Society, and

(iii) liaison with the general practice and specialty groups in Pennsylvania in regard to fee schedules;

(c) The Council on Public Service, which shall be responsible for

(i) informing the general public about health, hygiene and the philosophy of organized scientific medicine.

(ii) conducting a professional relations program to inform all members of the affairs of organized medicine and to encourage their active participation therein, and

(iii) cooperating with organizations concerned with rural health;

(d) The Council on Education and Science which shall be responsible for all matters relating to continuing medical education, the extension of medical knowledge, and the advancement of medical science.

The Board of Trustees and Councilors shall determine the number of members which each administrative council shall have and such members shall be appointed by the President-elect and qualified in accordance with these By-laws. A Trustee and Councilor, appointed by the chairman of the Board of Trustees and Councilors, shall be a member of each administrative council, ex-officio without right to vote. Each administrative council shall have a chairman and a vice-chairman appointed by the President-Elect.

Each administrative council shall report directly to the Board of Trustees and Councilors, and, annually to the House of Delegates. The latter report shall be delivered to the office of the Executive Vice-President before July 1. Each administrative council shall have general supervision over the commissions assigned to it. Each administrative council chairman shall, after receiving recommendations from the members of his Council, submit a budget to the Board of Trustees and Councilors covering the work of his council.

Any council or commission may be augmented by not more than eight consultants, appointed by the council with the approval of the President. Such consultants shall be recognized authorities in their fields. Their appointments shall terminate at the Annual Session.

SECTION 5. — *Commissions.* Each council shall recommend the number of commissions and the size of each commission as it shall deem to be necessary to discharge its responsibilities, and the final determination thereof shall be the responsibility of the Board of Trustees and Councilors. Members of commissions shall be appointed and qualified as provided in Section 1 of this Chapter. The chairman of each commission shall be chosen from the membership of the council to which the commission is assigned.

CHAPTER XV.—PENNSYLVANIA MEDICAL CARE PROGRAM.

SECTION 1.—*Purpose.* The Pennsylvania Medical Care Program recognizes the responsibility of the medical profession for the maintenance of high quality health care at reasonable cost. The Program shall encourage cooperation among physicians, county medical societies, hospitals, health insurance carriers, and all other groups interested in health care in working toward the attainment of the program's stated purpose.

SECTION 2.—*Organization.*

(a) *Administration of Program.*— The Council on Medical Service shall be responsible for general supervision of the Pennsylvania Medical Care Program throughout the Commonwealth.

The Council shall report on the Program directly to the Board of Trustees and Councilors in the interim between sessions of the House of Delegates and shall report annually to the House of Delegates as required by Section 4(b) of Chapter XIV of these By-laws.

(b) *Regional Committees.*— Regional committees may be appointed by the Council on Medical Service whenever deemed necessary and for whatever region deemed advisable, upon recommendation of the trustee and councilor (or trustees and councilors) of the region.

Each regional committee shall be composed of two Active, Senior Active, Resident or Intern Members of each county medical society within the region, and ex-officio, the trustee and councilor (or trustees and councilors) serving the area. The appointments shall be made upon advice of the county medical societies located within the region and shall be subject to confirmation by the Board of Trustees and Councilors. Appointments shall be for a term of one year beginning and ending with an Annual Session. Vacancies among the membership of a regional committee occurring between Annual Sessions shall be filled for the remainder of the current term by the Council on Medical Service upon the recommendation of the trustee and councilor (or trustees and councilors) of the region.

A regional committee shall elect its own chairman. It shall be responsible for coordinating the activities of the Pennsylvania Medical Care Program within the designated

region. Upon request, a regional committee may serve as a liaison committee to resolve medical care problems arising outside its defined region. It shall utilize to the fullest extent all existing control mechanisms of the county medical socieites and the hospitals. Matters within the jurisdiction of the grievance committee of a county medical society shall be referred to said grievance committee.

A regional committee shall report periodically to the Council on Medical Service, such report period to be determined by the Council on Medical Service. Minutes of each meeting of a regional committee shall be submitted to the Council on Medical Service and to the office of each county medical society within the region within fifteen days after each meeting. In addition, the regional committee immediately shall send a written report to the county medical society of any action taken affecting one of its members.

(c) *Sub-committees.*— Each regional committee may establish whatever sub-committees it deems necessary to implement the Pennsylvania Medical Care Program within the region. A regional committee shall be responsible for defining the purpose of the sub-committee, including the number of members to serve thereon. Establishment of and appointments to sub-committees shall be subject to confirmation by the Council on Medical Service.

CHAPTER XVI.—COMPONENT SOCIETIES.

SECTION 1.—*Admission.* Any county medical society hereafter organized in the Commonwealth of Pennsylvania in a county, or in sparsely settled areas in two or more counties, in which no Component Society exists may, on application to the Board of Trustees and Councilors, become a Component Society, provided (a) its purposes are generally in accord with the purposes of this Society, (b) its constitution and by-laws are not inconsistent with the Constitution and By-laws of this Society and have been approved by the Board of Trustees and Councilors, and (c) its application has been approved unanimously by the District Censors of the Councilor District in which it is located.

SECTION 2.—*Termination of Affiliation.* The House of Delegates may terminate the affiliation of any Component Society by a vote of two-thirds of the voting members thereof in the event reasonable evidence is presented to the House of Delegates that (a) the constitution or by-laws of the Component Society is not in accord with the Constitution and By-laws of this Society, (b) the activities of the Component Society are not in accord with the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the Component Society has refused after reasonable notice to comply with any requirement of the Constitution or By-laws of this Society, as the same may from time to time be amended.

SECTION 3.—*Investigation of Applicants for Membership.* Remembering that the Component Society is the only portal to this Society and to the American Medical Association, each Component Society shall make a thorough investigation of applicants for membership therein, including a formal inquiry to the Biographic Department of the American Medical Association, so that only reputable physicians, licensed to practice their profession in Pennsylvania, and only bonafide interns and residents may be admitted to active membership in the Component Society.

SECTION 4.—*Membership Records.* The secretary of each Component Society shall keep a roster of its members in which shall be shown the full name, current address, medical or osteopathic school and date of graduation, date of registration and license to practice in this state, and such other information as may be necessary or appropriate. The secretary of each Component Society shall note on such roster (a) any changes in membership, with appropriate dates, caused by changes in membership classification, death, resignation, transfer, suspension, termination, expulsion, or new admissions, and (b) changes of address, and promptly forward such information to the office of the Executive Vice-President in appropriate form, which shall be on blanks, if any, supplied by this Society. In the case of a new member such report shall be accompanied by an appropriate form furnished by this Society (a) in the case of Active Members, certifying that the member possesses the qualifications of such membership set forth in Section 2 of Article IV of the Constitution, or (b) in the case of Senior Active Members certifying that the member possesses the qualifications of such membership set forth in Section 3 of Article IV of the Constitution, or (c) in the case of Associate Members, certifying that the member possesses the qualifications of such membership set forth in Section 4 of Article IV of the Constitution, or (d) in the case of full-time federally employed physicians, certifying that the member possesses the qualifications for such membership set forth in Section 5 of Article IV, or (e) in the case of Affiliate Members, certifying that the member possesses the qualifications of such membership set forth in Section 6 of Article IV of the Constitution or (f) in the case of Intern or Resident Members, certifying that the member possesses the qualifications of such membership set forth in Section 7 of Article IV of the Constitution. At the time of reporting new members the amount of the annual assessment then payable shall be remitted. The secretary shall also promptly notify the Executive Vice-President of the suspension of any member, including full details of the action taken by the Component Society. The secretary of each Component Society shall also report to the office of the Executive Vice-President the names of the officers of the Component Society within fifteen days after their election.

SECTION 5.—*Membership Assessments.* The secretary or the treasurer of each Component Society shall, prior to January 1 of each year, render a statement to each of its members of the annual assessment of this Society, which statement shall indicate that the annual assessment is due to this Society on January 1 and must be paid before March 1, and shall render a similar statement to every new member thereof upon his election to membership, except that such statement shall indicate that the annual assessment is payable prior to the member becoming a member of this Society. The secretary or treasurer of the Component Society, as the case may be, shall, promptly upon receipt, remit all assessments of this Society to the Executive Vice-President thereof.

SECTION 6.—*Delinquent Members.* No Component Society shall permit any member thereof to remain as a member for a period of more than sixty days after the

membership of such member in this Society has been terminated for any reason whatsoever.

SECTION 7.—*Membership Transfers.* A member in good standing of any Component Society moving to another county in Pennsylvania shall, on request, be recommended by his Society for admission to membership in the Component Society into whose jurisdiction he moves without the delay attendant upon ordinary applications for membership.

SECTION 8.—*Choice of Membership.* Any physician living near a county line or living in one county and maintaining an office in another county may hold membership in the Component Society most convenient for him to attend on permission of the Councilor of the Councilor District in which he resides, but no person may concurrently hold membership in more than one Component Society, except that a member who has full membership or proper membership in one county medical society in Pennsylvania may be eligible to hold affiliate membership in any other county medical society in the state.

SECTION 9.—*Direction of Affairs of Component Societies.* Each Component Society shall have general direction of its own affairs and of the admission to membership therein. It shall, however, constantly exert its influence for the betterment of the scientific, moral and economic conditions of every physician within its jurisdiction and it shall make systematic efforts to increase its membership until it includes every qualified physician within its jurisdiction. It shall file with the Executive Vice-President a copy of all amendments to its constitution or by-laws within fifteen days after the adoption thereof and may submit in advance copies of proposed amendments for review and advance approval.

SECTION 10.—*Delegates to this Society.* Each Component Society shall at some meeting held prior to June 1 of each year elect, from among its members who are Active, Senior Active, Intern or Resident Members of this Society, delegates and alternates to the House of Delegates of this Society in accordance with the provisions of Article VI of the Constitution. A Component Society may, if it so desires, hold the election of such delegates and alternates during the preceding year. In such event the By-laws of the Component Society shall contain appropriate provisions for determining the manner in which the elected delegates and alternates shall be reduced should they prove to be a number in excess of those to which the Component Society is entitled on the basis of the number of its members as of December 31 of such preceding year, and appropriate provisions for the designation prior to June 1 of additional alternates and delegates should the Component Society be entitled to more than those elected at the earlier election.

CHAPTER XVII—AMENDMENTS

These By-laws may be amended at any Annual Session of the House of Delegates by an affirmative vote of three-fourths of the delegates present after lying over one day. If there be a majority but less than a three-fourths favorable vote, the amendment shall lie over until the next session of the House of Delegates and the adoption thereof shall be in the manner and in accordance with the procedure for amendments to the Constitution.

These By-laws may be amended at any special session of the House of Delegates in the same manner as amendments to the Constitution. The House of Delegates may determine the effective date of any amendment.

SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

Chapter XIV, Section 3 of the By-laws authorizes the House of Delegates to establish special committees to assist in its work. The membership of these committees is determined by the President of the Society unless otherwise specified by the House. They report annually to the House of Delegates. Following is a brief outline of the origins and duties of the special committees of the House:

COMMITTEE ON MEDICINE AND RELIGION

In 1963, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee on Medicine and Religion.

(Page 86, Proceedings, 1963 House of Delegates)

COMMITTEE TO STUDY RELATIONS BETWEEN MEDICINE AND OSTEOPATHY

In 1961, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee to Study Relations Between Medicine and Osteopathy. The House of Delegates stipulated:

"a. That the Committee develop a plan for future relations between Medicine and Osteopathy.

"b. That individual county societies be notified to consult and cooperate with this committee, rather than engage in independent action with regard to this problem."

In 1962, the Committee presented its plan for the ultimate merger of medicine and osteopathy. The House of Delegates adopted the plan and directed that the Committee achieve these stated objectives.

(Page 229, Proceedings, 1961 House of Delegates, Supplemental Report D, as amended; Page 75, Official Reports, 1961-62)

LAY ADVISORY COMMITTEE

In his address before the 1968 House of Delegates, George E. Farrar, Jr., M.D., then President-Elect, made the following recommendation:

"I recommend that the Pennsylvania Medical Society authorize the President annually to appoint such a Committee of seven prominent laymen, subject to approval by the Board of Trustees, and I recommend budget authorization for two half-day meetings of the Committee . . ."

This recommendation, which was referred to the Board, was reiterated by Dr. Farrar to the House in 1969 at which time the committee was authorized on a trial basis. At its meeting on May 12, 1971 the Board enlarged the Committee to eleven members.

SPECIAL COMMITTEES OF THE BOARD OF TRUSTEES

Chapter V, Section 3 of the By-laws authorizes the Board of Trustees and Councilors to create special committees to aid in its work. Under this provision the Board has the authority to determine the duties and membership of its committees. Following is a brief summary of the functions and origins of the special committees of the Board.

COMMITTEE ON LIBRARY AND ARCHIVES

This committee was established by the Board on August 4, 1965. The responsibilities of the committee are to determine adequate protection for the Society's archives and to make recommendations with regard to the disposition of surplus archival items. The committee is also responsible for assuring the effectiveness of the library service.

(Pages 9-10, Minutes, Board of Trustees, August 4, 1965; Pages 5-7, Minutes, Board of Trustees, January 19-20, 1966)

COMMITTEE ON BENJAMIN RUSH AWARDS

On January 23, 1948, the Board of Trustees decided that an annual award program should be created which would recognize outstanding contributions to the health and welfare of Pennsylvanians by laymen and lay organizations. To this end, the Board created a special Award Committee. Subsequently the awards were named in honor of Benjamin Rush. The recipients of these awards are selected by the Board of Trustees upon recommendation by the committee..

(Pages 5-6, Minutes, Board of Trustees, January 23, 1948)

COMMITTEE ON DISTINGUISHED SERVICE AWARD

On November 17, 1955, the Board of Trustees established an award program to be known as the Distinguished Service Award. This award is to be given to members of the Pennsylvania Medical Society who make outstanding scientific contributions to medicine. The award is not given on an annual basis; recipients are chosen by the Board upon recommendation by the committee. Membership of the committee is composed of the three living immediate past presidents of the Society.

(Page 23, Minutes, Board of Trustees, November 17, 1955)

LIAISON COMMITTEE WITH THE HOSPITAL ASSOCIATION OF PENNSYLVANIA

On October 8, 1969, the Board of Trustees created this Committee to meet with a committee of the Board of Directors of the Hospital Association of Pennsylvania to discuss subjects of mutual interest.

(Minutes, Board of Trustees, October 8, 1969)

COMMITTEE ON OFFICERS' CONFERENCE

On August 7, 1958, the House of Delegates discontinued its special committee on the Secretaries and Editors Conference and the Board of Trustees appointed a special committee to plan the program for a meeting of state and county officers. On January 8, 1959, the committee was given the name of the Committee on Officers' Conference. Tenure of the Officers Conference Committee shall be a maximum of five one-year terms. The Committee is also responsible for planning a Socio-Economic Seminar in conjunction with the Annual Business Session.

(Page 8, Minutes, Board of Trustees, August 7, 1958; Page 38, Minutes, Board of Trustees, January 8, 1959; Page 12, Minutes, Board of Trustees, May 13, 1970; Page 8, Minutes, Board of Trustees, May 15, 1968)

COMMITTEE ON SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

On January 26, 1967 the Board of Trustees created this committee to assume responsibility for the Susquehanna Valley Regional Medical Program. The committee consists, among others, of the Trustees from the Councilor Districts involved in the program.

(Page 27, Minutes, Board of Trustees, January 26, 1967)

INTERSPECIALTY COMMITTEE

On October 8, 1969, the Board of Trustees created this Committee to: (a) Make readily available to the Officers, Board of Trustees, and House of Delegates the knowledge, wisdom, facilities, and energy of the medical specialty societies of Pennsylvania; (b) To facilitate access of medical specialists to policy making of Pennsylvania Medical Society; (c) To improve coordination of professional effort in the community.

(Minutes, Board of Trustees, October 8, 1969)

COMMITTEE ON FAMILY PRACTICE

In his address before the 1964 House of Delegates, Richard A. Kern, M.D., then President-Elect of the Society, delineated the future role of the general practitioner as he envisioned it and made the following suggestion:

> "I therefore suggest to this House of Delegates the appointment of an ad hoc committee to study the subject of group practice, including the training of the general practitioner for his role in such groups, the establishment of an American Board of General Practice, and such other measures as may further this program, and that this House of Delegates instruct our delegates to the American Medical Association to advocate such measures therein."

This portion of Dr. Kern's speech was referred to the Reference Committee on Miscellaneous Business, and the House of Delegates approved its recommendation as follows:

> "Your reference committee also considered that portion of the address of the President-Elect on the future of the general practitioner and recommends that the Board of Trustees promptly appoint a Special Committee on General Practice. The purpose of this committee will be to study the problems of general practice, including those outlined in Dr. Kern's address. It is further recommended that this committee have adequate representation from the Pennsylvania Academy of General Practice."

(Page 78, Proceedings, 1964 House of Delegates)

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

Preamble.—These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

SECTION 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

SECTION 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

SECTION 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

SECTION 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

SECTION 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

SECTION 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

SECTION 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

SECTION 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

SECTION 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

SECTION 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

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PMS—AMA Membership
Categories, Dues and Benefits at a Glance

The PMS Benefits designated below as "all" include participation in or eligibility for:

- Appointment to commissions, committees and councils; election to office; the right to vote
- Group insurance programs
  - PMS Professional Liability Insurance Program
  - Disability Income Plan
  - Exceptional Risk Disability Income Plan
  - Executive Major Medical Coverage
  - Excess Major Medical Coverage
  - Business Overhead Expense Plan
  - Accidental Death and Dismemberment Plan
  - Individual Life Insurance Program
- Medical Benevolence Fund
- Educational Fund
- Pennsylvania Medical Continuing Education Institute
- Pennsylvania Medical Care Foundation
- Legal opinions on medico-legal questions
- Counsel on questions of medical ethics
- Peer review on request in disputes involving third parties
- Input on legislative matters through an effective lobby
- PENNSYLVANIA MEDICINE
- Physician Placement Service
- PaMPAC
- Speech writing service
- Public Relations Counsel
- Free Health Education pamphlets

There are other programs and services in addition to those listed.

Membership Classifications
PMS and AMA Dues Purposes

ACTIVE MEMBER - Any physician who is fully licensed to practice medicine and surgery in the Commonwealth of Pennsylvania and is a member of a component society. Also, any physician who is employed full-time by the federal government in a civilian or military capacity and does not hold an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

Dues: PMS - $100.00
AMA - $110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, or (2) if member is retired from active practice.)

Benefits: PMS - All
AMA - All except publications for AMA dues exempt under (1) or (2) are available only by subscription at reduced rates.

MILITARY - (ACTIVE MEMBER) - Any active member serving *temporarily* in the armed forces or other federal government service (before March 1).

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - All
AMA - Same as AMA dues exempt (1) and (2) above.

DISABILITY - (ACTIVE MEMBER) - Any Active Member who is prevented from the practice of medicine by reason of illness or disability.

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - All
AMA - Same as AMA dues exempt (1) and (2) above.

INTERN and RESIDENT - Any Member serving a hospital internship, residency, or other recognized full-time postgraduate training.

Dues: PMS - $10.00 (10% of regular assessment)
AMA - $20.00
Benefits: PMS - All
AMA - All

SENIOR ACTIVE MEMBER - Any member at least 65 years of age on January 1 with at least 30 years continuous membership (membership in other states or AMA may be included).

Dues: PMS - $50.00 (50% of regular assessment)
AMA - $110.00 (AMA dues may be excused (1) by reason of financial hardship or illness, or (2) if member is retired from active practice or (3) over age 70).
Benefits: PMS - All
AMA - Same as Active Member except publications for AMA dues exempt under (1), (2) or (3) are available only by subscription at a reduced rate.

AFFILIATE MEMBER - Any member of a component society who belongs to one of the following classes:

(a) members of national medical societies of foreign countries
(b) American physicians whether or not licensed to practice medicine and surgery in Pennsylvania engaged in missionary or philanthropic labors
(c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania
(d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health or administrative medicine
(e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice
(f) physicians in active practice who move out of the Commonwealth of Pennsylvania if they maintain active membership in a county society and the state society in their new state of residence. Members in this category are not eligible for any Society-endorsed insurance programs.

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - cannot vote or hold any office, serve as a delegate, member of a commission, committee, or council, and is not entitled to benefits of Medical Benevolence Fund or Educational Fund
AMA - Same as Associate Member

ASSOCIATE MEMBER - Any Active or Senior Active Member who is at least 70 years of age and who has at least 30 years continuous membership (membership in other states or AMA may be included).

Dues: PMS and AMA - Dues-exempt
Benefits: PMS - All— except cannot vote, hold any office, serve as delegate, member of commission, committee, or council.
AMA - May not vote or hold office and will not receive scientific publications except by direct subscription.

Exhibit A P.130

CHARTER,

CONSTITUTION

and

BY-LAWS

of the

PENNSYLVANIA MEDICAL SOCIETY



As amended October 6, 1971

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CHARTER

IN THE COURT OF COMMON PLEAS
FOR THE COUNTY OF DAUPHIN,
PENNSYLVANIA

In Re:
MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA } No. 1171
TERM September, 1959

APPLICATION FOR AMENDMENT OF CHARTER AND ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

To The Honorable, the Judges of the Said Court:

The Application of The Medical Society of the State of Pennsylvania (herein called "Corporation") respectfully states as follows:

1. The initial registered office of the Corporation, as set forth in its Certificate of Incorporation, was the City of Philadelphia. Thereafter, on April 3, 1959, the registered office of the Corporation was duly changed, pursuant to Section 304 of the Non-Profit Corporation Law (1933, May 5, P.L. 289, Article III, Section No. 304, 15 P.S. 2851-304), to 230 State Street, Harrisburg, Dauphin County, Pennsylvania. In accordance with the procedure set forth in Section 316 of the Non-Profit Corporation Law, and as required thereby, notice of such change of registered office was filed with and recorded by the Recorder of Deeds of Philadelphia, the county from which the registered office was moved, on the 3rd day of April, 1959 in Misc. Book No. 235 at page 271, &c., and with the Recorder of Dauphin County on April 3, 1959 in Charter Book "Y" at page 265, and with the Secretary of the Commonwealth on April 3, 1959, and a certified copy of the Articles of the Corporation were filed with and recorded by the Recorder of Deeds of Dauphin County on April 3, 1959 in Charter Book "Y" at page 266.

2. The Corporation was incorporated in compliance with the requirements of an Act of the General Assembly of the Commonwealth of Pennsylvania entitled "An Act to Provide for the Incorporation and Regulation of Certain Corporations," approved the 29th day of April, 1874 and the supplements thereto, and the Court of Common Pleas No. 4 for Philadelphia County entered its Decree of Incorporation on the 20th day of December 1890 and the original Articles were recorded in the Office for Recording of Deeds in and for the City and County of Philadelphia in Charter Book No. 16 at page 507, etc., on the 20th day of December, 1890. A certified copy of the Certificate of Incorporation and the Decree of said court are attached hereto as Exhibits A-1 and A-2.

3. A verbatim copy of this Application was published in the PENNSYLVANIA MEDICAL JOURNAL, the official journal of the Corporation, which was mailed to every member of the Corporation not later than September 1, 1959. On October 19, 1959 at a meeting in Pittsburgh, Pennsylvania, the House of Delegates of the Corporation, the duly constituted body of the Corporation authorized under its Constitution and By-laws to act on behalf of the membership thereof, of which meeting written notice was given on September 30, 1959 to each and every member thereof entitled to vote thereat, duly adopted by the unanimous vote of all of the delegates present and entitled to vote thereat a resolution authorizing the filing of this Application with the Court, a copy of which resolution is attached hereto as Exhibit B.

4. As set forth in the resolution referred to in Paragraph 3 above, the Corporation hereby makes application to this Honorable Court for approval of the restatement, in its entirety, of its Articles of Incorporation, said restated Articles to read as follows:

RESTATED ARTICLES OF INCORPORATION

ARTICLE I. The name of the Corporation shall be "Pennsylvania Medical Society." Said name has been registered with the Department of State of the Commonwealth of Pennsylvania within six months of the date of the application for approval of these Restated Articles of Incorporation.

ARTICLE II. The registered office of the Corporation will be in Harrisburg, Dauphin County, Pennsylvania, and its address shall be 230 State Street, Harrisburg, Dauphin County, Pennsylvania.

ARTICLE III. The said corporation is formed for the purpose of federating the medical profession in the Commonwealth of Pennsylvania; to unite with similar state medical societies to constitute the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education, and to uphold the ethics and dignity of the medical profession.

ARTICLE IV. The Corporation is to have perpetual existence.

ARTICLE V. The Corporation shall have no capital stock.

ARTICLE VI. No members of the Corporation shall receive any pecuniary gain or profit, incidental or otherwise, from its activities.

ARTICLE VII. Membership in the Corporation shall be limited exclusively to persons who are members in good standing of a county medical society duly affiliated with the Corporation, and the failure on the part of any such member to keep himself or herself in good standing in such affiliated county medical society shall be sufficient cause for expelling the member from the Corporation, either by automatic termination of membership or otherwise as the By-laws of the Corporation shall provide. Nothing herein shall be construed to prevent the Corporation from electing honorary members or special members from among persons who are not members in good standing of affiliated county medical societies.

5. As stated in the Restated Articles of Incorporation of the Corporation, the new corporate name as set forth therein has been duly registered with the Department of State of the Commonwealth of Pennsylvania, as evidenced by its Certificate dated November 20, 1959, attached hereto as Exhibit C and made a part hereof.

6. As provided in Section 706 of the Non-Profit Corporation Law, the Corporation has caused due notice of its intention to apply to this Honorable Court for an amendment to its charter to be advertised in two newspapers and proofs of publication thereof are attached hereto as Exhibits D-1 and D-2.

In view of the foregoing, the Corporation requests this Honorable Court to issue its Order and Decree that the Restated Articles of Incorporation of the Corporation be approved as the charter of the Corporation.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and affixed the corporate seal of the Corporation this 23rd day of November, 1959.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA
By. A. W. Cowley, M.D.
President
Harold B. Gardner, M.D.
Secretary

HULL, LEIBY AND METZGER
By: William H. Wood
Attorneys for Medical Society of the State of Pennsylvania
(SEAL)
Arthur H. Clephane
Of Counsel

COMMONWEALTH OF PENNSYLVANIA }
COUNTY OF DAUPHIN } ss.

On the 23rd day of November, 1959, before me, the Subscriber, a Notary Public in and for the Commonwealth of Pennsylvania, with office in the County of Dauphin, personally appeared the within-named A. W. Cowley, President and Harold B. Gardner, Secretary, the subscribers to the foregoing Application for Amendment of Charter and Restated Articles of Incorporation, and in due form of law, acknowledged the same to be their act and deed, and the act and deed of their associates for the purposes therein specified.

WITNESS my hand and Notarial Seal the day and year aforesaid.

(SEAL)
Geneva C. Magonel
Notary Public

DECREE

And now, this 30th day of November, 1959, an application for the Restated Articles of Incorporation and the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA under the Pennsylvania Nonprofit Corporation Law approved May 5, 1933, as amended, having been presented for approval to me, a law judge of the said County, accompanied by proof of the publication of notice of said application and a certified copy of the resolutions authorizing the Restated Articles of Incorporation, I do hereby certify that I have perused and examined the said instruments and that I find them to be in the proper form within the provisions and requirements of the Act of the General Assembly of the Commonwealth of Pennsylvania, known as the "Nonprofit Corporation Law," approved May 5, 1933, as amended, and that the proposed Restated Articles of Incorporation appear to be lawful and that they will be beneficial and not injurious to the community. It is, therefore, ordered and decreed that the Restated Articles of Incorporation of MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA be and the same are hereby approved and upon the recording of the said Restated Articles of Incorporation and this Decree, the said Restated Articles of Incorporation shall become the Articles of Incorporation and the Charter of said Corporation.

WITNESS my hand and seal of the Court.

(SEAL)
Homer L. Kreider
Judge

Entered in the Court of Common Pleas of Dauphin County to No. 1171 September Term, 1959.

Certified December 15, 1959 Russel G. Hummel
Prothonotary

Recorded in the office for the Recording of Deeds for the County of Dauphin in Charter Book "Z", page 103.

WITNESS my hand and seal of office this 3rd day of December, 1959.

(SEAL)
Marion Anderson
Recorder of Deeds

CONSTITUTION

ARTICLE I.—NAME

The name and title of this organization is Pennsylvania Medical Society.

ARTICLE II.—PURPOSES OF THIS SOCIETY.

The purposes of this Society shall be to federate the medical profession of the Commonwealth of Pennsylvania; to unite with similar state medical societies to form the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education; to uphold the ethics and dignity of the medical profession; to advocate and support the enactment of such legislation as will accrue to the health and well-being of the public, and to enlighten and direct public opinion in regard to health and hygiene.

ARTICLE III.—COMPONENT SOCIETIES.

Component Societies shall be those county medical societies whose several constitutions and by-laws have been approved by this Society, and whose constitutions and by-laws continue thereafter to be in accord with the Constitution and By-laws of this Society. Notwithstanding the foregoing, Component Societies shall continue as such until action is taken by this Society to terminate the relationship as provided by the By-laws of this Society.

ARTICLE IV.—MEMBERSHIP.

SECTION 1. *Definition.*—As used in this Constitution except as otherwise herein expressly qualified, the term "physician" means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2. *Active Members.*—The Active Members of this Society shall be physicians who are members of the Component Societies.

SECTION 3. *Senior Active Member.*—A Senior Active Member of this Society shall be a physician who (i) is not an Associate Member hereof, (ii) is sixty-five years of age or over, and (iii) has been an Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of not less than thirty years. Such Senior Active Member shall enjoy full benefits, but shall be required to pay only 50 percent of the annual assessment. Such Senior Active Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Director of this Society.

No member of this Society qualified to be a Senior Active Member hereunder who is in a non-assessment membership category at the time this Section becomes effective shall be required to pay any annual assessment unless and until such member shall cease to hold such non-assessment membership in his component Society.

SECTION 4. *Associate Member.*—An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Director of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment.

SECTION 5. *Affiliate Member.*—Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) persons who are eligible to be service members of the American Medical Association; (d) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (e) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research, public health, or administrative medicine, and (f) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

SECTION 6. *Intern and Resident Members.*— Intern and Resident Members shall be persons serving an accredited hospital internship, residency, or other form of recognized full-time post-graduate training. Intern and Resident members shall be required to pay 10 per cent of the annual assessment.

SECTION 7. *Honorary Member.*—Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assessment.

SECTION 8. *Special Student Member.*—The President of each Active Chapter of the Student American Medical Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 9. *Rights and Privileges of Members, Including Voting Rights.*—All members of the Society shall have all of the rights and privileges of membership except as otherwise

provided in this Constitution and the By-Laws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission.

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and By-laws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 10. *Admission and Tenure of Members.*—Admission to and suspension or termination of membership in this Society shall be determined as provided in the By-laws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 11. *Continuing Medical Education Requirement.*—In order for an Active or Senior Active dues-paying Member of this Society to remain a member in good standing of the Society after December 31, 1975, he must show evidence of engaging in continuing medical education as prescribed by the By-laws of this Society.

ARTICLE V.—SEPARATION OF POWERS.

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by By-laws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently:

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-elect, Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI.—HOUSE OF DELEGATES.

SECTION 1. *Duties.*—The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and the By-laws of this Society. It shall fill all elective offices as provided in this Constitution and the By-laws of this Society.

SECTION 2. *Composition.*—The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's By-laws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Director of the Pennsylvania Medical Society as instructed by the Executive Director, and in January of each year the Executive Director of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) special student members (or their alternates) as defined in Sections 8 and 9 of Article IV; and (d) ex-officio, but without the right to vote, the Speaker and Vice-Speaker of the House of Delegates, the President, President-elect, the Vice-Presidents, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex-presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex-officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice-Speaker while serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. *Alternates.*—Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Director, as set forth in Section 2, and such certification shall set forth the order in which such alternates are to be seated in the absence of a delegate. In the event of a failure to designate the order in such certification, the alternates shall be seated to serve for absent delegates in alphabetical order.

In the absence of its secretary, the president of that Component Society may be seated with the right to vote. In the absence of both the secretary and the president of any Component Society, an alternate of the Component Society may be seated with the right to vote, the designation of said alternate to be made in accordance with the provisions aforesaid.

If any Component Society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern or Resident Member or Members registered in attendance from that Component Society may select himself or one delegate from their number, as the case may be, who shall be the representative of that Component Society and shall serve in the place of an accredited delegate.

If any special student member is unable to serve he may designate an alternate to serve in his place from the active membership of his Chapter of the Student American Medical Association.

SECTION 4. *Seating of Members.*—When any member of this Society is once seated as a member of the House of Delegates, no change may be made in his status during the session, except that a voting delegate elected as Speaker of

the House during any session thereof may be immediately replaced by an alternate delegate, and the Vice-Speaker, if a voting delegate, may be temporarily replaced by an alternate delegate while acting as Speaker. Each seated member of the House of Delegates shall be entitled to one vote and no seated member of the House of Delegates shall be permitted to vote for any other seated member.

ARTICLE VII.—SESSIONS AND ASSEMBLIES.

SECTION 1. *Annual Session.*—This Society and the House of Delegates shall convene in Annual Session at such place to be determined by the House of Delegates and at such time to be determined by the Board of Trustees and Councilors, and each session shall continue for three days, or longer if required by the business of this Society. In case of strikes, governmental regulations, catastrophes or other reasons beyond the control of this Society, the Board of Trustees and Councilors shall have the power to cancel or change the date or place of meeting of the Annual Session of this Society.

At least sixty days prior to the Annual Session, the Secretary shall issue a call to each of the members of this Society, as their names and addresses appear on the records in the office of the Executive Director, which call may be either by mail or by publication in the JOURNAL of this Society, if there be such, and shall contain the time and place of the meeting and such other information as is required by the Constitution and By-laws or appropriate to such call. In the event it becomes necessary to change the time or place of the Annual Session after the call has been issued, an additional call in the manner provided above shall be made by the Secretary not later than fifteen days prior to convening the session.

SECTION 2. *Special Sessions.*—Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians, for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than forty and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than thirty days prior to the holding of the session.

SECTION 3. *Business to be Conducted.*—No business shall be conducted at any Annual Session or special session of the House of Delegates which is not within the jurisdiction of the House, and, as to any special session thereof, which is not also expressly stated in the request and call for the special session. No business of any character shall be conducted at any Annual Session or special session of the membership of this Society except (i) business, if any, which under the laws of the Commonwealth of Pennsylvania requires action by the voting membership of the Society, (ii) scientific business, and (iii) such business as may be permitted to be conducted at such session by any provision of the By-laws, provided, however, that nothing herein shall be construed to prohibit any such session from discussing any matter related to this Society or from rendering with respect thereto an advisory opinion to any body of this Society subject to the limitation that no matter may be considered at any special session of the membership of this Society which has not been expressly stated in the request and call for the session.

SECTION 4. *Scientific Assemblies.*—Scientific Assemblies of this Society may be held at such places and at such times as determined by the Board of Trustees and Councilors.

ARTICLE VIII.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. *Duties.*—The Board of Trustees and Councilors shall be the policy-making body of this Society between sessions of the House of Delegates, but it may not establish any policies that are inconsistent with prior policies established by the House of Delegates. It shall have charge of the property and financial affairs of the Society and shall perform such other duties as are prescribed by law governing directors of corporations or as may be prescribed in the Constitution and By-laws of this Society.

SECTION 2. *Composition.*—The Board of Trustees and Councilors shall consist of the President, the President-Elect, and the Immediate Past President, ex-officio with the right to vote, and the Speaker and the Vice-Speaker of the House of Delegates, ex-officio without the right to vote, and one Active, Senior Active, Intern or Resident Member from each Councilor District of this Society as determined by the By-laws. Each Trustee and Councilor shall be elected for a term of five years and shall serve until his successor shall have been elected and qualified. No Trustee and Councilor shall serve more than two consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than two years, and for this purpose a year shall be deemed to be the period between annual sessions of the House of Delegates.

SECTION 3. *Election.*—The Trustee and Councilor from each Councilor District shall be nominated by the voting members in the House of Delegates from the Councilor District which the Trustee and Councilor is to represent, and shall be elected by all the voting members present at the Annual Session of the House of Delegates at the expiration of the term of the Trustee and Councilor from that Councilor District, or when a vacancy exists as set forth in Section 4 below. This section shall not be construed to require a new election of any Trustee and Councilor whose term has not expired at the first session of the House of Delegates following the adoption of this section of the Constitution, nor shall it be construed as creating a vacancy in the office of any Trustee and Councilor, it being the intention that the terms of Trustees and Councilors shall continue to be arranged so that the terms of no more than three Trustees and Councilors expire at any Annual Session as at the time of the adoption of this section.

SECTION 4. *Vacancies.*—In the event of a vacancy in the office of any Trustee and Councilor the Board of Trustees

and Councilors shall fill the vacancy within ninety days by the appointment of a member from that Councilor District, such appointee to serve until the next Annual Session of the House of Delegates. In the event of the death, resignation or inability to act of any of the Trustees and Councilors, temporary Councilors may be appointed in such manner, for such periods of time and under such circumstances as may be provided in the By-laws of this Society.

ARTICLE IX.—THE JUDICIAL COUNCIL.

SECTION 1. *Duties.*—The judicial power of this Society shall be vested in the Judicial Council, whose decisions shall be final, subject to the right of appeal to the Judicial Council of the American Medical Association as provided in the Constitution and By-laws of the American Medical Association and in the By-laws of this Society.

SECTION 2. *Original Jurisdiction.*—The Council shall have original jurisdiction in (a) all questions involving membership in this Society or in a Component Society, or the rights and standing of members, whether in relation to other members, to Component Societies, to the Society, or to the public, except as such questions arise in connection with disciplinary proceedings instituted by any Component Society or any board of censors or other similar group thereof; (b) all controversies arising under the Constitution or By-laws of this Society, and under the Principles of Medical Ethics, including cases where a member has been convicted of an offense or committed to an institution under a charge, for which his medical license may be revoked, but excluding all other controversies involving the discipline of a member; and (c) controversies between two or more Component Societies or their members.

SECTION 3. *Appellate Jurisdiction.*—The Council shall have appellate jurisdiction to review the record of the proceedings in disciplinary cases before any intermediate appellate body of this Society created under the By-laws hereof, or if none exists, before any final tribunal of any Component Society in appeals taken pursuant to the provisions of the By-laws of this Society.

SECTION 4. *General Jurisdiction.*—The Council shall have jurisdiction on all questions of medical ethics and the interpretation of the Constitution, By-laws, resolutions and rules of this Society. In the event that the Council shall determine that any provision, or the manner of adoption of any provision, of the Constitution or By-laws of this Society or any resolution, rule or other action of the House of Delegates is contrary to law or to the Constitution or By-laws or to the duly adopted procedures, resolutions or rules of this Society, and is therefore invalid in whole or in part, it shall forthwith report its action to the Executive Director of this Society, and in the absence thereof to any officer of this Society, and the Executive Director or such officer shall promptly call a meeting of the Board of Trustees and Councilors to convene within twenty-one days from the date of such action by the Council for the purpose of effecting the intent of the House of Delegates by some other means if such is possible within the powers granted to the Board of Trustees and Councilors by the Constitution and By-laws of this Society. In acting on matters within its jurisdiction as set forth in this Article IX, the Council shall not make any determinations based on its own policies nor shall any of its decisions constitute legislation for this Society, however, nothing contained in this sentence shall be deemed to prohibit the Council from interpreting the policies established by the House of Delegates or the Board of Trustees and Councilors if the statement of such policy being interpreted is ambiguous. It shall also have power, at its discretion, to investigate general professional conditions and all matters pertaining to the relations of physicians to one another or to the public, and may make such recommendations to the House of Delegates or the Component Societies as it deems necessary.

SECTION 5. *Composition.*—The Judicial Council shall consist of five members, qualified as provided in Section 6 of this Article IX, elected by the House of Delegates on nomination by the Board of Trustees and Councilors or from the floor of the House, for terms of three years. At the time this amendment becomes effective, one member will be completing his first year, one his second year, one his third year, and one his fourth year of five year elected terms, and one member shall be completing his five-year term thereby creating a vacancy which shall be filled by electing one member for a term of three years, and in the case of the remaining four members, those members with two years and one year remaining of their five-year terms shall remain in office for a period of one year, at the end of which period such two positions shall be filled by electing two persons for terms of three years each; and those members with four and three years remaining of their five year terms shall remain in office for a period of two years, at the end of which period such two positions shall be filled by electing two members for terms of three years each. Thereafter, in the first year, one position will be filled for a term of three years; in the second year, two positions will be filled for periods of three years; and in the third year, two positions will be filled for periods of three years; and so forth thereafter. At least thirty days prior to each Annual Session of the House of Delegates, the Board of Trustees and Councilors shall nominate at least three qualified persons for each vacancy on the Judicial Council and shall promptly publish their names to the membership of this Society in the Journal of this Society, if there be such, or by some other appropriate means; however, the failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which is otherwise validly conducted by the House of Delegates. The Judicial Council annually shall select, at its first meeting, a Chairman and a Vice-Chairman who shall be members thereof. The Secretary of this Society shall serve as Secretary of and alternate member of the Council. The Secretary shall become a voting member of the Judicial Council when any regular member thereof shall be unable to attend a meeting. In any event three members, including the alternate member, shall constitute a quorum, without which the Council can not properly conduct its business."

SECTION 6. *Qualifications of Members.*—No member of this Society shall be eligible for election to the Judicial Council unless: (a) he has served as (i) a President of this Society; or (ii) a member of the Board of Trustees and Councilors for at least one full term; or (iii) a member of the House of Delegates for at least five years; and (b) he shall not be a member of a Component Society, a member of which (i) is then serving as a member of the Judicial

Council and whose term will continue during any portion of the period for which the new member is to be elected, or (ii) has previously been elected to the Judicial Council at the same election. Notwithstanding qualifications as set forth above, no person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year, and for this purpose a year shall be deemed to be the period between Annual Sessions of the House of Delegates.

SECTION 7. *Vacancies.*—In the event a vacancy shall occur in the membership of the Judicial Council between Annual Sessions of the House of Delegates, the Board of Trustees and Councilors shall have the power to fill such vacancy by majority vote, and such appointed member shall serve until the next Annual Session of the House of Delegates.

SECTION 8. *Quorum.*—Three members of the Judicial Council shall constitute a quorum for the transaction of business.

ARTICLE X.—OFFICERS.

SECTION 1. *Designations.*—The officers of this Society shall be a President, a President-Elect, four Vice-Presidents, who shall, at the time of their election, be designated First, Second, Third and Fourth Vice-Presidents, respectively, a Treasurer, a Secretary, a Speaker and a Vice-Speaker of the House of Delegates, as many District Censors as there are Component Societies and such Assistant Treasurers and Assistant Secretaries as the Board of Trustees and Councilors may from time to time designate by resolution.

SECTION 2. *Qualifications.*—All officers of this Society must be Active, Senior Active, Intern or Resident Members, except that the Treasurer may be a corporation or an employee of this Society and the Assistant Treasurers and Assistant Secretaries may be employees of this Society. The Speaker and Vice-Speaker must be members of the House of Delegates at the time of their election.

SECTION 3. *Term of President-Elect.*—A President-Elect shall be elected annually by the House of Delegates. He shall serve as President-Elect until the first general meeting of the Annual Session of the Society next ensuing after his election and shall become President on his installation at such meeting, serving thereafter as President until the installation of his successor. In the event that circumstances beyond the control of this Society prevent the holding of the Annual Session, he shall assume the office of President at the previously announced time for the Annual Session.

SECTION 4. *Terms of Other Officers.*—Four Vice-Presidents, a Secretary, a Speaker and Vice-Speaker of the House of Delegates and the District Censors shall be elected annually by the House of Delegates, each to serve until the end of the next Annual Session of the House of Delegates of this Society or until his successor is elected and installed. The Treasurer shall be appointed annually by the Board of Trustees and Councilors.

SECTION 5. *Successor to the President.*—If the office of President becomes vacant, the President-Elect shall immediately become President and shall serve for the remainder of the term of his immediate predecessor. If a President-Elect succeeds to the presidency, he shall serve as President until the second Annual Session of this Society following his election as President-Elect. If there is a vacancy in the offices of both President and President-Elect, the office of President-Elect shall remain vacant and the Vice-President with the highest order of seniority shall act as President until the next Annual Session of this Society, at which time the House of Delegates shall elect an eligible person to serve as President until the following Annual Session of this Society.

SECTION 6. *Vacancies in Other Offices.*—Vacancies in any office, other than that of Speaker of the House of Delegates, and those mentioned in Section 5 of this Article X occurring between Annual Sessions of the House of Delegates shall be filled by the Board of Trustees and Councilors, and the persons so elected to fill vacancies shall serve until the next Annual Session of this Society and until their successors are elected and installed. The Vice-Speaker of the House of Delegates shall act for the Speaker in the event of a vacancy in the office of the Speaker or in the absence of the Speaker or in the event of his inability to act.

SECTION 7. *Duties.*—The officers of this Society shall have such duties as are prescribed by the By-laws of this Society and such additional duties as may be normally incident to their respective offices, or as may be directed from time to time by the Board of Trustees and Councilors.

ARTICLE XI.—FUNDS

SECTION 1. *Annual Assessment.*—Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident member. (a) Senior Active Members shall be required to pay only 50 per cent of the annual assessment. Interns or Residents during their period of training shall be required to pay only 10 per cent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (c) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the By-laws of this Society.

SECTION 2. *Other Income.*—Money may also be raised by voluntary contributions and in any other legal manner approved by the House of Delegates.

SECTION 3. *Expenses.*—All appropriations for expenses shall be made by the Board of Trustees and Councilors.

SECTION 4. *Special Funds.*—The House of Delegates may by resolution or By-law establish special funds for educational, scientific, charitable, benevolent, endowment, medical defense, or other purposes, in the form of trusts or otherwise and with such trustees or managers, and under such terms and conditions as it shall determine, and in fixing the annual assessment as provided in Section 1 above may require specific portions of such assessments to be allocated to such fund or funds by the Board of Trustees and Councilors. Notwithstanding the foregoing, the Board of Trustees and Councilors shall always have the power to establish reserves and special funds consistent with good accounting practice and to establish and manage, or delegate to trustees or managers the management of, trusts and funds comprised of monies donated or contributed to this Society.

ARTICLE XII.—PRINCIPLES OF ETHICS.

The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public, and to this end each member shall conduct himself so as not to defeat or tend to defeat the purposes for which this Society is organized and is operating.

ARTICLE XIII.—BY-LAWS.

The House of Delegates shall have the power to enact, alter and repeal By-laws, not inconsistent with this Constitution and, in such manner as it shall determine.

ARTICLE XIV.—SEAL.

This Society shall have a corporate seal which shall contain the monogram "A.M.A." and "1847" within a circle on a keystone, at the sides of which shall appear: "Organized 1848: Chartered 1890", and the whole surrounded by a double circle containing the words, "Pennsylvania Medical Society."

ARTICLE XV.—AMENDMENTS.

The House of Delegates may amend this Constitution at any session by an affirmative vote of two-thirds of the delegates present provided the text of the proposed amendment has been (a) submitted not less than four months, and not more than fifteen months, prior thereto, to a session of the House of Delegates, or to the Secretary of this Society by (i) the Committee on Constitution and By-laws, if the By-laws provide for such committee, or (ii) fifteen Active, Senior Active, Intern and/or Resident Members of this Society, whose signatures shall be appended thereto, and (b) at least two months prior thereto, published in the JOURNAL of this Society, if there be such, and in the call for the session. The House of Delegates may determine the effective date of any amendment.

BY-LAWS

CHAPTER I.—MEMBERSHIP.

SECTION 1.—*Definition.* In conformity with the Constitution of this Society the term "physician" as used in these By-laws, except as otherwise expressly qualified in the Constitution in any particular related provision, means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2.— *Membership Compulsory.* Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society within three months after his election to any class of membership therein, unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

SECTION 3.—*Admission to Membership.* Every member of a Component Society eligible to become an Active Member or a Senior Active Member of this Society shall become such upon receipt by the office of the Executive Director of the certification and assessment required by Section 4 of Chapter XVI of these By-laws. The Continuing Education Requirement as provided in Section 5 of this Chapter I will not be invoked until the third year of membership. Every member of a Component Society eligible to become an Associate Member of this Society shall become such upon receipt by the office of the Executive Director of the certification required by Section 4 of Chapter XVI of these By-laws. Every member of a Component Society eligible to become an Affiliate Member of this Society shall become such upon his election to such membership by the Board of Trustees and Councilors as provided in the Constitution. Every member of a Component Society eligible to become an Intern or Resident Member of this Society shall become such upon receipt by the Executive Director of the certification required by Section 4 of Chapter XVI of these By-Laws.

SECTION 4.—*Limitations on Privileges of Membership.* In addition to the limitations on the rights and privileges of membership contained in the Constitution of this Society and elsewhere in these By-laws, neither Affiliate Members nor Special Student Members shall be entitled to the benefits of any Medical Benevolence or similar fund established by this Society.

SECTION 5.— *Continuing Medical Education Requirement.* In order for an Active or Senior Active dues-paying member of this Society to remain a member in good standing of the Society after December 31, 1975, he must have qualified for the American Medical Association's Physician Recognition Award, which award is currently based upon a three-year continuing medical education program, which in this instance commences on July 1, 1972. Each Active or Senior Active dues-paying member once he has qualified for the American Medical Association's Physician Recognition Award, must continue to qualify for such award in order to remain a member in good standing of the Pennsylvania Medical Society. The Board of Trustees and Councilors shall, in accordance with procedures established by such Board, have the power to waive such requirements in those cases involving Active or Senior Active members of this Society serving temporarily in the Armed Forces or other Government service of the United States or prevented from the practice of medicine by reason of illness or disability or in such other cases as in its judgment such waiver should be granted.

SECTION 6.— *Suspension from Membership.* The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1975) if he is an Active or Senior Active dues-paying member who has failed to qualify for the American Medical Association's Physician Recognition Award provided the Office of the Executive Director has given such member sixty days notice prior to December 31 that such suspension will be invoked against him unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall be for a period of one year, (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these By-laws, of an order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the rights or privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

SECTION 7.—*Termination of Membership.* The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of the one year period of suspension, (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these By-laws, or (iii) three months after ceasing to be eligible for membership herein in the class of

membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Director of this Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these By-laws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year, and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these By-laws. Any Active or Senior Active dues-paying member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

CHAPTER II.—GENERAL MEETINGS AND SCIENTIFIC ASSEMBLIES.

SECTION 1.—*General Meetings.* The Annual Session of the Society and special sessions of the Society shall be presided over by the President or a Vice-President or a delegated chairman. The program at the Annual Session may include: (a) introduction of special guests and officers of the Society; (b) report on necrology; (c) installation of the incoming President and other officers; (d) any business within the jurisdiction of the membership; and (e) appropriate entertainment.

SECTION 2.— *Scientific Assemblies.* The Board of Trustees shall determine the scope and number of scientific assemblies and be responsible for the direction thereof. Scientific Assemblies shall be presided over by the Chairman of the Council on Education and Science or a delegated substitute.

SECTION 3.—*Registration.* No member or invited guest shall take part in any proceedings of the Annual Session or any special session or any scientific assembly unless he shall have first registered in the manner prescribed by the Executive Director.

CHAPTER III.—HOUSE OF DELEGATES.

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution of this Society and these By-laws, the House of Delegates shall:

(a) Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-laws of that body and subject to the provisions of Section 1 of Chapter IV of these By-laws; and

(b) Take such steps as may be necessary or appropriate to further the purposes of this Society as expressed in Article II of its Constitution.

SECTION 2.—*Meetings.* The House of Delegates shall meet on the day fixed by the Board of Trustees and Councilors as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business. It shall also meet in special session at the time and place fixed by the Secretary as required by Article VII of the Constitution of this Society.

SECTION 3.—*Credentials Committee.* There shall be a Committee on Credentials consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. All questions regarding the registration and credentials of delegates and alternates at any session of the House of Delegates shall be referred to this Committee, and it shall have such other duties as are specified in these By-laws.

SECTION 4.—*Credentials of Delegates.* Prior to the opening of any session of the House of Delegates, each voting delegate and each alternate delegate shall deposit with the Committee on Credentials a certificate signed by the President and Secretary of the Component Society, or any two officers thereof duly authorized by its governing board to sign such certificates, under the seal of the same, stating that he has been legally and regularly designated as a voting delegate or alternate delegate to this Society. Each Special Student Member or his alternate shall deposit with the Committee on Credentials a certificate signed by the Secretary of this Society under the Society's seal which states that he is the duly certified representative of his Chapter of the Student American Medical Association. No voting delegate and no alternate delegate may be seated until the foregoing requirement has been complied with, provided, however, that the credentials Committee may waive this requirement in unusual cases when satisfied that the person presenting himself as a voting delegate or alternate delegate is the person who has been certified as such to the Executive Director in accordance with the provisions of Article VI of the Constitution, or has been duly selected in accordance with Section 3 of Article VI of the Constitution of this Society. Prior to the opening of any session of the House of Delegates, the Executive Director shall certify to the Committee on Credentials the names of all members of the House of Delegates as shown on his official records. Such certification shall be sufficient for the seating of the secretaries or presidents of Component Societies and for the identification of the non-voting members of the House of Delegates. Any dispute that shall arise as to the seating of any voting delegate or any alternate delegate shall be determined by the House of Delegates after a report thereon by the Committee on Credentials, and the action of the House in such cases shall be final.

SECTION 5.—*Quorum.* Forty voting delegates shall constitute a quorum at any session, annual or special, of the House of Delegates.

SECTION 6.—*Rules of Order* Sturgis Standard Code of Parliamentary Procedure shall govern the proceedings of the House of Delegates unless otherwise provided in the Constitution or these By-laws.

SECTION 7.—*Committee on Rules.* There shall be a Committee on Rules consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. This Committee shall (a) present recommendations to the House of Delegates for the adoption of any necessary or desirable rules of procedure not inconsistent with these By-laws (b) present to every Annual Session of the House of Delegates an Order of Business for the session if none has been adopted as a Standing Rule by the House, and (c) present to any special session an Order of Business for the session, which must include any matter set forth in the call for the special session and may include any other business related thereto and properly within the jurisdiction of the House of Delegates. An Order of Business, whether at an Annual Session or special session, shall be adopted as the first order of business by a majority of the voting delegates present and voting, and once adopted may not be changed except by a two-thirds vote of all of the voting delegates seated at the session.

SECTION 8.—*Reports.* The House of Delegates shall receive reports of officers, administrative councils, and committees at each Annual Session. All reports of administrative councils and committees not previously published shall be limited to ten minutes in verbal presentation before the House of Delegates. Any report of greater length shall be printed or mimeographed and a copy furnished each delegate. The pertinent or argumentative features of a report shall then be presented in the allotted ten-minute period.

In unusual cases the foregoing rule may be suspended by a two-thirds vote of the House of Delegates, each exception to this rule to be voted on separately.

Special sessions of the House of Delegates shall consider only that business set forth in the call therefor.

SECTION 9.—*Reference Committees.* The Reference Committees of the House of Delegates shall each consist of five members, whose terms shall end the following May 31, appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates. The Speaker shall appoint such Reference Committees and clearly identify them as he deems necessary to expedite the business of the House.

In addition to the foregoing, the standing Committee on Constitution and By-laws shall be a Reference Committee of the House of Delegates. Each member of this Society has the right to appear and be heard before any reference committee of the House of Delegates.

Each report, resolution and proposition presented to the House of Delegates shall be referred for consideration and report to one or more of the Reference Committees, as may be appropriate and as the Speaker of the House of Delegates shall determine. The reports of the Reference Committees shall be presented to the House of Delegates before final action may be taken unless otherwise ordered by the House of Delegates by a two-thirds vote of those present and voting.

SECTION 10.—*Open, Closed and Executive Sessions.* The House of Delegates shall meet in open session, to which any person may be admitted, except as it shall move into closed session restricted to members of this Society, its legal counsel and members of the staff of this Society and Component Societies, and except as it shall move into executive session restricted to members of the House of Delegates, legal counsel and such members of the staff of this Society as are necessary for the proper functioning of the House.

SECTION 11.—*Publication of Proceedings.* The proceedings of the House of Delegates at the Annual Session, or any special session, shall be published in the JOURNAL in the first possible issue following the session.

CHAPTER IV.—ELECTIONS.

SECTION 1.—*Ballot.* All elections shall be by ballot of the House of Delegates and a majority of votes cast shall be necessary to elect, except that delegates and alternates to the American Medical Association and the Vice-Presidents shall be elected by a plurality vote. If the ballot for Vice-Presidents results in a tie between two or more candidates, the House of Delegates shall elect the candidates for the offices concerned in said tie.

SECTION 2.—*Time of Elections.* The elections shall be conducted at a time and place determined by and pursuant to rules promulgated by the Committee on Rules and adopted by the House of Delegates by a majority vote. The Speaker of the House of Delegates shall appoint such number of tellers as he deems necessary for each session of the House of Delegates.

SECTION 3.—*Disqualification for Office.* Any person known to have solicited votes for himself for any office within the gift of this Society, after a determination to that effect by a two-thirds vote of the members of the House of Delegates present and voting, be ineligible for any office for a period of two years after the related election.

SECTION 4.—*Commencement of Terms.* All members of this Society elected to any office, except that of a delegate to the American Medical Association, shall assume their duties at the close of the last meeting of the Annual Session of the House of Delegates at which they are elected.

SECTION 5.—*Nominations.* All candidates for any office to be elected by the House of Delegates may be nominated from the floor except that candidates for the Board of Trustees and Councilors shall be nominated only by a delegate from the nominee's Councilor District. No nomination shall be accepted by the House unless the delegate moving the nomination states that the nominee meets all of the qualifications prescribed by the Constitution and By-laws for the office. In addition to nominations from the floor, (a) candidates for delegates and alternates to the American Medical Association may and should be nominated by the Committee provided for in Section 2(e) of Chapter XIV of these By-laws, (b) a candidate for District Censor may and should be nominated by each Component Society, and (c) candidates for the Judicial Council may and should be nominated by the Board of Trustees and Councilors.

CHAPTER V.—BOARD OF TRUSTEES AND COUNCILORS

SECTION 1.—*Duties.* In addition to the duties set forth in the Constitution and other sections of the By-laws of this Society, the Board of Trustees and Councilors shall exercise general supervision over the conduct of all administrative

councils and committees in the interval between Annual Sessions, it shall have the right to borrow money on behalf of this Society; and to invest its funds; it shall have charge of all the properties of the Society with authority to purchase, mortgage, lease, sell, or otherwise dispose of any real estate; it shall supervise the business and editorial affairs of the JOURNAL and appoint a medical editor therefore; it shall appoint an Executive Director for this Society; it shall fix the salaries or other compensation and the terms of employment of the Secretary, the Treasurer, the Medical Editor of the JOURNAL and the Executive Director; it shall require the Treasurer, the Assistant Treasurers, the Secretary, the Assistant Secretaries, the Executive Director and all employees handling funds of this Society to furnish, at the cost of this Society, corporate surety bonds in such amounts as the Board of Trustees and Councilors shall determine, for the faithful discharge of their respective duties and for the return of all books, papers and documents belonging to this Society in their respective possession; it shall elect delegates and alternates to the House of Delegates of the American Medical Association to fill vacancies created by an apportionment occurring between meetings of the House of Delegates of this Society and for this purpose may request the Committee to Nominate Delegates and Alternates to the American Medical Association to submit the names of one or more nominees; it shall appoint substitute delegates and substitute alternates to the House of Delegates of the American Medical Association when permitted to do so by the By-laws of the American Medical Association; it shall have the authority to expend monies of the Society to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; and it shall render a report at each Annual Session of the House of Delegates.

SECTION 2.—*Board Officers.* At the first meeting of the Board of Trustees and Councilors after the Annual Session of this Society it shall elect a Chairman and a Vice-Chairman to serve until the next organization meeting of the Board and until their successors are elected.

The Chairman of the Board of Trustees and Councilors shall preside at meetings of the Board, coordinate the work of the Board, and appoint the committees provided for in Section 3 of this Chapter V.

The Vice-Chairman shall serve in the absence of the Chairman and perform such other duties as the Board may direct.

The Secretary of this Society shall serve as Secretary of the Board of Trustees and Councilors.

SECTION 3.—*Committees of the Board.* The Board shall have the following standing committees consisting of three or more members:

(a) Finance Committee

(b) Publication Committee, to supervise the publication of the JOURNAL

(c) Executive Committee. The Executive Committee shall have only that authority given it by the Board.

The Board of Trustees and Councilors may from time to time authorize special committees of the Board to aid it in its work, which special committees shall report directly to it. Such special committees shall have such duties and consist of such number of members, who need not be members of the Board, as the Board shall decide.

SECTION 4.—*Meetings.* Regular meetings of the Board of Trustees and Councilors shall be held immediately after the conclusion of the Annual Session of the House of Delegates and at least quarterly thereafter at such time and place as the Board shall determine.

During the Annual Session of this Society the Board of Trustees and Councilors shall hold meetings as often as may be deemed necessary and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours if so requested by the House of Delegates.

Special meetings of the Board of Trustees and Councilors may be called at any time by the Chairman or by three members of the Board, provided that due notice thereof shall be sent to each member of the Board (a) within three days thereof, if by telegram, or (b) within five days thereof, if by mail.

SECTION 5.—*Quorum.* Seven members of the Board of Trustees and Councilors shall constitute a quorum.

SECTION 6.—*Publication of Proceedings.* The actions taken by the Board of Trustees and Councilors shall be published in the first possible issue of the JOURNAL following the meetings thereof.

CHAPTER VI.—OFFICERS.

SECTION 1.—*President.* The President shall preside at all general meetings of this Society. At the first meeting of the Annual Session of the House of Delegates he shall deliver an address on such matters as he may deem of importance to this Society, and file a written report on his term as President. He shall be an ex-officio member of all committees, administrative councils and commissions, without the right to vote, and he shall perform the other duties required of his office by the Constitution of the Society and these By-laws.

SECTION 2.—*President-Elect.* The President-Elect shall assist the President in the performance of his duties. He shall make all appointments specified in Section 1 of Chapter XIV of these By-laws and perform such other duties as may be required by the Constitution and By-laws or directed by the Board of Trustees and Councilors.

SECTION 3.—*Vice-Presidents.* The Vice-Presidents should assist the President and President-Elect in the performance of their duties, and perform such other duties as may, from time to time, be assigned to them by the Board of Trustees and Councilors.

SECTION 4.—*Speaker of the House of Delegates.* The Speaker or the Vice-Speaker of the House of Delegates or a chairman delegated by the Speaker or the Vice-Speaker shall preside over all meetings of the House of Delegates. The Speaker of the House of Delegates shall in addition perform such other duties as may be required of him by the Constitution of this Society and these By-laws.

SECTION 5.—*Secretary.* The Secretary shall take the minutes of meetings of this Society, of the House of Delegates and the Board of Trustees and Councilors, and record them in separate minute books; he shall perform such other duties as are provided in the Constitution and

these By-laws and as may from time to time be directed by the House of Delegates and the Board of Trustees and Councilors, and shall render a report at each meeting of the Board of Trustees and Councilors and an annual report to the House of Delegates.

All matters concerned with medical ethics, other than disciplinary proceedings, which may be directed to any officer of this Society, the Board of Trustees and Councilors, or the staff of this Society, shall be referred to the Secretary. He may give advice thereon as to previous rulings of courts, or of the Judicial Council of the American Medical Association and this Society, but he shall not in so doing invade the exclusive jurisdiction of the Judicial Council to interpret the Principles of Medical Ethics.

In the event of a vacancy in the office of Secretary, the Executive Director shall automatically assume the duties of that office until the vacancy has been filled as provided in the Constitution of this Society.

SECTION 6.—*Treasurer.* The Treasurer shall have custody of all funds and securities of this Society, and shall deposit all monies in such depositaries, and place all securities in such places of safekeeping or with such corporate custodians, as shall be designated by the Board of Trustees and Councilors.

The Treasurer shall, except as expressly provided in these By-laws, disburse the funds of this Society as may be ordered by the Board of Trustees and Councilors, however, the Treasurer may delegate limited authority to the Executive Director, an Assistant Treasurer or a bonded staff member to supervise the disbursement of money for necessary and usual operating expenses of this Society. The Treasurer shall sell and purchase securities as directed by the Board of Trustees and Councilors.

The Treasurer shall render reports at the regular meetings of the Board and at the Annual Session of the House of Delegates.

In the event that the Treasurer is an individual, the Board of Trustees and Councilors may combine this office with that of Executive Director.

SECTION 7.—*Assistant Treasurers.* The Assistant Treasurers, if any, shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the death, resignation or inability of the Treasurer to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Treasurers to exercise all of the powers and duties of the Treasurer until the next meeting of the Board of Trustees and Councilors.

SECTION 8.—*Assistant Secretaries.* The Assistant Secretaries of this Society shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the inability of the Secretary to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Secretaries to exercise all of the powers and duties of the Secretary until the next meeting of the Board of Trustees and Councilors.

SECTION 9.—*Execution of Documents.* The Chairman of the Board of Trustees and Councilors, the President, any Vice-President, or the Treasurer shall execute on behalf of this Society under its seal any bonds, deeds, mortgages, or other contracts approved by the Board of Trustees and Councilors. The Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the Treasurer shall not attest to the seal affixed to any instrument which he has executed on behalf of this Society.

CHAPTER VII.—THE EXECUTIVE DIRECTOR

SECTION 1.—*Duties.* In addition to the duties imposed on the Executive Director by the Constitution and other provisions of these By-laws, the Executive Director shall be the administrative head of this Society and shall be responsible for the administration of the headquarters of this Society. He shall, within the budgetary limitations imposed by the Board of Trustees and Councilors, be empowered to (a) employ such personnel, at such salaries and under such terms and conditions of employment as he shall determine, (b) provide administrative and clerical assistance and arrange the business details and facilities for meetings for this Society and the House of Delegates, Board of Trustees and Councilors, the Judicial Council, the officers and the committees, administrative councils and commissions, as he deems necessary for the efficient operation of this Society, the conduct of its meetings and the publication of the JOURNAL, and (c) rent and maintain the real and personal property of this Society.

The Executive Director shall attend the meetings of the House of Delegates, the Board of Trustees and Councilors and the general meetings of this Society, and he shall be responsible for the preparation of the agenda of these meetings and for the preparation of the program for scientific assemblies.

He shall conduct the correspondence of this Society, notify all members of their election to office or their appointments to committees, administrative councils and commissions, and issue over the proper signature all notices required by the Constitution or By-laws or by action of the House of Delegates or the Board of Trustees and Councilors. He shall be the custodian of, and supervise and maintain at the office of this Society, the membership records and roster and all other record books and papers of this Society.

He shall be responsible for the publication of the JOURNAL, under the supervision of the Publication Committee, and for the publication of the annual roster, memoirs and all other publications of this Society. He shall employ a Managing Editor who shall assist in the publication of the JOURNAL other than the portion on scientific matters which shall be under the direction of the Medical Editor.

He shall prepare a report on necrology for presentation by a representative of the Board of Trustees and Councilors at the Annual Session.

The Executive Director shall render a report to the Board of Trustees and Councilors at each of its meetings and to the House of Delegates at its Annual Session.

The Executive Director, if a member of this Society, shall not, except as expressly permitted by the By-laws, be eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2.—*Vacancies.* In the event of a vacancy in the position of Executive Director, the Board of Trustees and

Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Director until a permanent appointment is made.

CHAPTER VIII.—LEGAL COUNSEL.

SECTION 1.—*Appointment.* The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2.—*Duties.* Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Director in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX.—ASSESSMENTS AND FUNDS.

SECTION 1.—*Assessments.* Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay his annual assessment to the Executive Director prior to March 1. New members shall pay the assessments in the same manner at the time of their certifications or applications for membership.

SECTION 2.—*Delinquent Assessments.* A member whose assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Director shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these By-laws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3.—*Deposit of Monies and Special Funds.* The Executive Director shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these By-laws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4.—*Appropriations and Disbursements.* All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these By-laws.

SECTION 5.—*Audit of Accounts.* The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6.—*Medical Benevolence Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7.—*Educational Fund.* Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the expenses of continuing the education of students who are (a) in high school, college or graduate school, in financial need and the children of living or deceased members of this Society, or (b) in medical school, in financial need and who do not qualify under Clause (a) of this section, but who are

residents of Pennsylvania and have been certified by the Component Society of the county in which they reside as needing financial aid to complete their medical education, or (c) in medical school and residents of Pennsylvania and who by their superior scholastic achievements have shown unusual promise. The Trustees of the Educational and Scientific Trust, upon the recommendation of the Committee on Aid to Education of the Society, shall select the recipients of loans or grants on the basis of character, scholastic ability and, under Clauses (a) and (b) above, financial need. No such loans or grants may be made without the approval of a majority of the Committee on Aid to Education by resolution.

The Board of Trustees and Councilors may establish such further terms and conditions of the said Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

CHAPTER X.—FISCAL YEAR AND ASSESSMENT YEAR.

SECTION 1.—*Fiscal Year.* The calendar year shall be the fiscal year for the society.

SECTION 2.—*Assessment Year.* The calendar year shall be the assessment year for the purpose of the annual assessment of members.

CHAPTER XI.—COUNCILOR DISTRICTS.

SECTION 1.—*Area.* The Commonwealth of Pennsylvania shall be divided into twelve Councilor Districts, each of which shall be entitled to one Councilor. The Councilor Districts shall be as follows:

First Councilor District—Philadelphia County.

Second Councilor District—Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third Councilor District—Carbon, Lackawanna, Monroe, Northampton, Pike, and Wayne Counties.

Fourth Councilor District—Columbia, Montour, Northumberland, Schuylkill, and Snyder Counties.

Fifth Councilor District—Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, and York Counties.

Sixth Councilor District—Blair, Centre, Clearfield, Huntingdon, Juniata, and Mifflin Counties.

Seventh Councilor District—Cameron, Clinton, Elk, Lycoming, Potter, Tioga, and Union Counties.

Eighth Councilor District—Crawford, Erie, Forest, Mercer, McKean, and Warren Counties.

Ninth Councilor District—Armstrong, Butler, Clarion, Indiana, Jefferson, and Venango Counties.

Tenth Councilor District—Allegheny, Beaver, Lawrence, and Westmoreland Counties.

Eleventh Councilor District—Bedford, Cambria, Fayette, Greene, Somerset, and Washington Counties.

Twelfth Councilor District—Bradford, Luzerne, Sullivan, Susquehanna, and Wyoming Counties.

SECTION 2.—*General Duties of Councilors.* Each Councilor shall be the representative of this Society for his Councilor District. He shall visit the Component Societies in his Councilor District at least once a year and make a report of such visit at the next meeting of the Board of Trustees and Councilors. It shall be his function to help organize county medical societies where none exist, to inquire into the condition of the profession, and to increase the zeal of Component Societies and their members. He shall make an annual report of his work and of the profession in each county in his Councilor District at the Annual Session of the House of Delegates. He shall perform such other duties as are otherwise provided in these By-laws and as may be assigned to him from time to time by the Board of Trustees and Councilors. Trustees and Councilors shall be reimbursed for their travel expenses in attendance at meetings of the Board and for any official business of this Society.

SECTION 3.—*Temporary Councilors.* In the event of the death, resignation or inability to act of any of the Councilors, the Chairman of the Board of Trustees and Councilors, after consultation with the Component Society or Societies in that Councilor District, may promptly appoint a temporary councilor who shall be an active member of a Component Society in that Councilor District to perform temporarily the duties of Councilor until the next meeting of the Board of Trustees and Councilors, at which time the Board shall, if conditions are unchanged, (a) fill the vacancy, if one exists and such is required by the Constitution or desirable in the opinion of the Board, or (b) continue the temporary appointment made by the Chairman of the Board.

CHAPTER XII.—DISTRICT BOARDS OF CENSORS.

SECTION 1.—*Composition.* Each Councilor District shall have a separate Board of Censors comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

SECTION 2.—*Jurisdiction.* The District Boards of Censors shall have jurisdiction in all cases of appeals from the decision of a Component Society as provided in Section 4 of Chapter XIII of these By-laws.

CHAPTER XIII.—DISCIPLINARY PROCEEDINGS AND APPEALS.

SECTION 1.—*Scope of Disciplinary Proceedings.* No disciplinary proceedings shall be conducted by any body of this Society, except (a) a Component Society, (b) original disciplinary proceedings by the Judicial Council as provided in Section 3 of this Chapter, (c) appeals to District Boards of Censors as provided in Section 4 of this Chapter, and (d) appeals to the Judicial Council as provided in Section 5 of this Chapter.

SECTION 2.—*General Rules.* Except as the context otherwise requires, the following general rules shall apply to all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the District Boards of Censors:

(a) The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to

enable the member to defend properly the charges.

(b) A copy of the written charge or charges against a member or a copy of the appeal and brief, as the case may be, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least thirty days prior to the date of any hearing thereon, which date and the place of hearing shall be set forth therein.

(c) The Judicial Council and the District Boards of Censors shall act as promptly as possible in holding hearings.

(d) The member must be accorded a fair and impartial hearing at which he may be represented by an attorney, be confronted by the witnesses and documentary evidence, if any, have an opportunity to cross-examine the witnesses and present any matter pertinent to his defense. The Judicial Council and the District Boards of Censors shall not be bound by the rules of evidence used in courts and may receive such oral or written evidence as in their respective judgments will best and most fairly present the relevant facts. Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

(e) The Judicial Council and the District Boards of Censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the District Boards of Censors shall be concurred in by a majority of the members of the District Board of Censors present at the hearing. In the event of a tie vote in original proceedings before the Judicial Council the charges against the member shall be dismissed, and in the event of a tie vote in appeals, either by a District Board of Censors or by the Judicial Council, the decision appealed from shall be sustained. All decisions of the Judicial Council and the District Boards of Censors shall be in writing and copies thereof shall be given promptly to the interested parties, and in the case of decisions of the District Boards of Censors, to the Chairman of the Judicial Council.

SECTION 3.—*Original Disciplinary Proceedings.* In all cases of original disciplinary proceedings against a member of this Society before the Judicial Council as provided in Section 2 of Article IX of the Constitution the charge or charges upon which the proceeding is based must be brought by a majority vote of either the Board of Trustees and Councilors or the Board of Censors of the Councilor District of the Component Society of the member, and if the decision of the Judicial Council finds the member guilty of any of the charges, the decision shall state the penalty, if any, to be imposed, which may be either censure, or suspension or expulsion from membership in this Society, regardless of any recommendation or suggestion for penalty made in the charges.

SECTION 4.—*Appeals to District Boards of Censors.* Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by a Component Society shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

SECTION 5.—*Appeals to the Judicial Council.* Any member of any Component Society or any Component Society aggrieved by a decision of a District Board of Censors may appeal from such decision by giving written notice of such appeal to the Judicial Council within sixty days after the date of the decision of the District Board of Censors and by submitting a brief, outlining the basis of such appeal, to the Judicial Council within ninety days after the decision of the District Board of Censors. The action of the Judicial Council in cases of appeals shall be limited, except in extraordinary circumstances, to a review of the record of the proceedings before the District Board of Censors.

SECTION 6.—*Appeals to the Judicial Council of the American Medical Association.* Any member of the American Medical Association or any Component Society aggrieved by a decision of the Judicial Council of this Society may appeal such decision to the Judicial Council of the American Medical Association in accordance with the By-laws and rules thereof, however, no such right of appeal shall be deemed to effect in any way the provisions of Section 7 of this Chapter of these By-laws.

SECTION 7.—*Effective Date of Decisions of Component Societies, District Boards of Censors and the Judicial Council.* No action of any Component Society censuring, suspending, or expelling a member and no action of any District Board of Censors affirming any such action shall become effective so long as the member has any right of appeal under Sections 4 and 5 of this Chapter, or during the pendency of any such appeal. All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until thirty days after the decision of the Judicial Council, and, if the member or the Component Society, if any, has given written notice to the Judicial Council of the American Medical Association during said thirty day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member to the secretary of his Component Society, until the expiration of the appeal period and the final disposition of the appeal by the Judicial Council of the American Medical Association.

CHAPTER XIV.—COMMITTEES, ADMINISTRATIVE COUNCILS AND COMMISSIONS.

SECTION 1.—*Appointment of Members, Vacancies and Qualification.* Except as otherwise provided in the Constitution and By-laws, all appointments of chairmen, vice-chairmen, and members of committees, administrative

councils, and commissions, the tenure and qualification of members thereof, and the filling of vacancies therein shall be as prescribed below.

(a) *Appointment of Chairmen, Vice-Chairmen, and Members of Standing Committees, Administrative Councils and Commissions.* All such appointments shall be made by the President-Elect at least ninety days prior to the next Annual Session, or by the President if a vacancy occurs in the office of President-Elect before all appointments are made. In making appointments to commissions, the President-Elect may consult with the members of the related administrative council. Appointments of the chairmen, vice-chairmen, and members of administrative councils shall be subject to confirmation by the Board of Trustees and Councilors.

(b) *Appointment of Members and Chairmen of Special Committees.* Unless otherwise ordered by the House of Delegates, the number of members of special committees shall be determined, and the members and chairmen of special committees shall be appointed, by the President.

(c) *Tenure of Chairmen, Vice-Chairmen, and Members of Committees, Administrative Councils and Commissions.* The terms of all appointed chairmen, vice-chairmen, and members of committees, commissions and administrative councils shall be one year beginning and ending with an Annual Session.

(d) *Qualification for Membership on Committees, Administrative Councils and Commissions.* All members of this Society, except Associate, Affiliate, Honorary and Special Student Members, shall be eligible to serve as members of committees, administrative councils and commissions, except that:

(i) No member of the Judicial Council shall be eligible for appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by Article V of the Constitution.

(ii) The President, the President-Elect and members of the Board of Trustees and Councilors shall not be appointed members of any standing committee, administrative council or commission unless required by these By-laws.

(iii) No member shall serve concurrently as (a) a member of more than one administrative council or commission, or (b) a member of more than one commission and one standing committee, or (c) as an appointed member of more than two standing committees.

(iv) No member of an administrative council, committee or a commission shall serve more than six consecutive terms. For the purposes of this subsection, a member appointed to fill a term or unexpired term of less than one-half the regular term of that appointment shall not be deemed to have served a term.

(e) *Vacancies.* All vacancies shall be filled in the following manner:

(i) Vacancies among elected members of standing committees shall be filled by the Board of Trustees and Councilors until the next Annual Session of the House of Delegates when successors shall be regularly elected.

(ii) Vacancies among members of standing committees, special committees and commissions originally appointed by the President-Elect shall be filled by the President, with the advice, in the case of appointments to commissions, of the members of the related administrative council.

(iii) Vacancies among members of standing committees and special committees originally appointed by an individual or body other than the President-Elect, shall be filled by the individual or body originally appointing them.

(iv) Vacancies among the members or in the office of chairman or vice-chairman of any administrative council shall be filled by the President. All such appointments shall be subject to confirmation by the Board of Trustees and Councilors.

SECTION 2.—*Standing Committees.* This Society shall have the following standing committees:

Advisory Committee to the Woman's Auxiliary
Committee on Constitution and By-laws
Committee on Medical Benevolence
Committee on Aid to Education
Committee to Nominate Delegates to the American Medical Association
Committee on Objectives
Committee on Relationships with Allied Professions
Committee on Discipline

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the Executive Director before July 1, and shall be composed and have the functions, as follows:

(a) *Advisory Committee to the Woman's Auxiliary.* The Advisory Committee to the Woman's Auxiliary shall consist of five members. It shall act in an advisory capacity whenever called upon by the Woman's Auxiliary regarding its functions or changes in its Constitution and By-laws.

(b) *Committee on Constitution and By-laws.* The Committee on Constitution and By-laws shall consist of (a) five voting members of the House of Delegates to be appointed annually by the Speaker of the House of Delegates prior to August 1 from the members already reported as members of the House of Delegates for the coming Annual Session of this Society, and (b) the Speaker and Vice-Speaker of the House of Delegates, the Secretary, Legal Counsel, and the Executive Director as ex-officio members without vote. This Committee shall constantly study the Constitution and By-laws and recommend revisions and modifications necessitated by changing times, methods or conditions. All proposals for amendments to the Constitution or By-laws shall, wherever possible, be submitted to this Committee in advance by any proponent thereof for consultation and advice, and this Committee shall serve as the Reference Committee of the House of Delegates as provided in Section 9 of Chapter III of these By-laws.

(c) *Committee on Medical Benevolence.* The Committee on Medical Benevolence shall consist of the Secretary of the Society who shall be secretary of the committee, and three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. The committee shall select its own chairman and

shall perform the duties prescribed in Section 6 of Chapter IX of these By-laws.

(d) *Committee on Aid to Education.* The Committee on Aid to Education shall consist of three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. This committee shall select its own chairman, shall perform the functions prescribed in Section 7 of Chapter IX of these By-laws, shall encourage all members to contribute to loan and scholarship funds of the Educational and Scientific Trust of the Pennsylvania Medical Society and of the Component Societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said Association.

(e) *Committee to Nominate Delegates to the American Medical Association.* The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members with a term of three years except that at the time this amendment becomes effective two members shall be elected for one year, two shall be elected for two years, and one shall be elected for three years. This committee shall select its own chairman annually immediately upon the adjournment of the House of Delegates. It shall be the duty of this committee to submit to the House of Delegates a list of nominees for Delegates and Alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each Component Society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to two terms.

(f) *Committee on Objectives.* The Committee on Objectives shall consist of seven members, four of whom shall be appointed by the Speaker and three of whom shall be appointed by the President. When this amended paragraph becomes effective, the President shall appoint three members, one for a term of one year, one for a term of two years, one for a term of three years, and thereafter annually the President shall appoint one member to this committee for a term of three years; and the Speaker shall appoint four members, one for a term of one year, one for a term of two years, one for a term of three years, and one for a term of four years, and thereafter annually shall appoint one member for a term of four years. Among the appointees from the Speaker shall be included one member who is either a member of SAMA, an Intern or a Resident. The Committee on Objectives shall report to the Board of Trustees and shall submit annually a written report to the House of Delegates. This committee shall select its own chairman and vice-chairman. It shall be the duty of the committee to recommend objectives to the Board of Trustees and to review annually these objectives and recommend any desirable changes.

(g) *Committee on Relationships with Allied Professions.* The Committee on Relationships with Allied Professions shall consist of five members. Appointments shall be subject to confirmation by the Board of Trustees and Councilors. The committee shall render a written report to the Board of Trustees and Councilors at appropriate times. It shall concern itself with matters requiring liaison and/or cooperation between this Society and other professional organizations.

(h) *Committee on Discipline.* The Committee on Discipline shall consist of six members, one of whom shall be the Chairman of the Board of Medical Education and Licensure of the Commonwealth of Pennsylvania with voting privileges when a member of the Pennsylvania Medical Society.

The activities of the Committee on Discipline shall not conflict with, or supersede, the provision for disciplinary proceedings and appeals contained in Chapter XIII of these By-laws.

The Committee shall be responsible for:

(i) consulting on problems of discipline with Component Societies through their judicial boards and grievance committees.

(ii) discussing and investigating matters referred to the Committee by the State Board of Medical Education and Licensure, by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(iii) maintaining liaison between Component Societies, the Pennsylvania Medical Society, and the Board of Medical Education and Licensure by acting as a transmitting agent or clearing house on matters of discipline.

(iv) evaluating actions of a local grievance committee when requested by a Component Society, by an individual member, or by the Pennsylvania Medical Society.

(v) operating visitation programs for the discussion of disciplinary problems with Component Societies at their invitation.

SECTION 3.—*Special Committees.* This Society may have such special committees as the House of Delegates may from time to time determine.

Each such committee shall submit a written report at the Annual Session of the House of Delegates next following its creation, and at each Annual Session thereafter until the committee is discharged. The report shall be delivered to the office of the Executive Director before July 1.

SECTION 4.—*Administrative Councils.* The administrative councils shall conduct all of the activities and business of the Society, except as otherwise provided in the Constitution and By-laws. The four administrative councils shall be as follows:

(a) The Council on Governmental Relations, which be responsible for

(i) securing legislation in the best interest of the public, scientific medicine and the medical profession,

(ii) informing the membership of the Society of important proposed legislation, and encouraging the members to be active individually in political affairs, and

(iii) liaison between the Society and the executive and judicial branches of government;

(b) The Council on Medical Service, which shall be responsible for

(i) insuring to the Society that the various Blue Cross, Blue Shield, and other medical and hospital insurance plans in the Commonwealth of Pennsylvania are being operated for the benefit of the subscribers and the public in conformity with the ideals and ethics of the medical profession,

(ii) evaluating proposals for health and medical services to be rendered in the Commonwealth by state and federal governments and private organizations; supervising the preparation of fee schedules and investigating other financial phases of medical practice; and reviewing the various group insurance plans offered to members of the Society, and

(iii) liaison with the general practice and specialty groups in Pennsylvania in regard to fee schedules;

(c) The Council on Public Service, which shall be responsible for

(i) informing the general public about health, hygiene and the philosophy of organized scientific medicine.

(ii) conducting a professional relations program to inform all members of the affairs of organized medicine and to encourage their active participation therein, and

(iii) cooperating with organizations concerned with rural health;

(d) The Council on Education and Science which shall be responsible for all matters relating to continuing medical education, the extension of medical knowledge, and the advancement of medical science.

The Board of Trustees and Councilors shall determine the number of members which each administrative council shall have and such members shall be appointed by the President-elect and qualified in accordance with these By-laws. A Trustee and Councilor, appointed by the chairman of the Board of Trustees and Councilors, shall be a member of each administrative council, ex-officio without right to vote. Each administrative council shall have a chairman and a vice-chairman appointed by the President-Elect.

Each administrative council shall report directly to the Board of Trustees and Councilors, and, annually to the House of Delegates. The latter report shall be delivered to the office of the Executive Director before July 1. Each administrative council shall have general supervision over the commissions assigned to it. Each administrative council chairman shall, after receiving recommendations from the members of his Council, submit a budget to the Board of Trustees and Councilors covering the work of his council.

Any council or commission may be augmented by not more than eight consultants, appointed by the council with the approval of the President. Such consultants shall be recognized authorities in their fields. Their appointments shall terminate at the Annual Session.

SECTION 5. — *Commissions.* Each council shall recommend the number of commissions and the size of each commission as it shall deem to be necessary to discharge its responsibilities, and the final determination thereof shall be the responsibility of the Board of Trustees and Councilors. Members of commissions shall be appointed and qualified as provided in Section 1 of this Chapter. The chairman of each commission shall be chosen from the membership of the council to which the commission is assigned.

CHAPTER XV.—PENNSYLVANIA MEDICAL CARE PROGRAM.

SECTION 1.—*Purpose.* The Pennsylvania Medical Care Program recognizes the responsibility of the medical profession for the maintenance of high quality health care at reasonable cost. The Program shall encourage cooperation among physicians, county medical societies, hospitals, health insurance carriers, and all other groups interested in health care in working toward the attainment of the program's stated purpose.

SECTION 2.—*Organization.*

(a) *Administration of Program.*— The Council on Medical Service shall be responsible for general supervision of the Pennsylvania Medical Care Program throughout the Commonwealth.

The Council shall report on the Program directly to the Board of Trustees and Councilors in the interim between sessions of the House of Delegates and shall report annually to the House of Delegates as required by Section 4(b) of Chapter XIV of these By-laws.

(b) *Regional Committees.*— Regional committees may be appointed by the Council on Medical Service whenever deemed necessary and for whatever region deemed advisable, upon recommendation of the trustee and councilor (or trustees and councilors) of the region.

Each regional committee shall be composed of two Active, Senior Active, Resident or Intern Members of each county medical society within the region, and ex-officio, the trustee and councilor (or trustees and councilors) serving the area. The appointments shall be made upon advice of the county medical societies located within the region and shall be subject to confirmation by the Board of Trustees and Councilors. Appointments shall be for a term of one year beginning and ending with an Annual Session. Vacancies among the membership of a regional committee occurring between Annual Sessions shall be filled for the remainder of the current term by the Council on Medical Service upon the recommendation of the trustee and councilor (or trustees and councilors) of the region.

A regional committee shall elect its own chairman. It shall be responsible for coorordinating the activities of the Pennsylvania Medical Care Program within the designated region. Upon request, a regional committee may serve as a liaison committee to resolve medical care problems arising outside its defined region. It shall utilize to the fullest extent all existing control mechanisms of the county medical societes and the hospitals. Matters within the jurisdiction of the grievance committee of a county medical society shall be referred to said grievance committee.

A regional committee shall report periodically to the Council on Medical Service, such report period to be determined by the Council on Medical Service. Minutes of each meeting of a regional committee shall be submitted to the Council on Medical Service and to the office of each county medical society within the region within fifteen

days after each meeting. In addition, the regional committee immediately shall send a written report to the county medical society of any action taken affecting one of its members.

(c) *Sub-committees.*— Each regional committee may establish whatever sub-committees it deems necessary to implement the Pennsylvania Medical Care Program within the region. A regional committee shall be responsible for defining the purpose of the sub-committee, including the number of members to serve thereon. Establishment of and appointments to sub-committees shall be subject to confirmation by the Council on Medical Service.

CHAPTER XVI.—COMPONENT SOCIETIES.

SECTION 1.—*Admission.* Any county medical society hereafter organized in the Commonwealth of Pennsylvania in a county, or in sparsely settled areas in two or more counties, in which no Component Society exists may, on application to the Board of Trustees and Councilors, become a Component Society, provided (a) its purposes are generally in accord with the purposes of this Society, (b) its constitution and by-laws are not inconsistent with the Constitution and By-laws of this Society and have been approved by the Board of Trustees and Councilors, and (c) its application has been approved unanimously by the District Censors of the Councilor District in which it is located.

SECTION 2.—*Termination of Affiliation.* The House of Delegates may terminate the affiliation of any Component Society by a vote of two-thirds of the voting members thereof in the event reasonable evidence is presented to the House of Delegates that (a) the constitution or by-laws of the Component Society is not in accord with the Constitution and By-laws of this Society, (b) the activities of the Component Society are not in accord with the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the Component Society has refused after reasonable notice to comply with any requirement of the Constitution or By-laws of this Society, as the same may from time to time be amended.

SECTION 3.—*Investigation of Applicants for Membership.* Remembering that the Component Society is the only portal to this Society and to the American Medical Association, each Component Society shall make a thorough investigation of applicants for membership therein, including a formal inquiry to the Biographic Department of the American Medical Association, so that only reputable physicians, licensed to practice their profession in Pennsylvania, may be admitted to active membership in the Component Society.

SECTION 4.—*Membership Records.* The secretary of each Component Society shall keep a roster of its members in which shall be shown the full name, current address, medical or osteopathic school and date of graduation, date of registration and license to practice in this state, and such other information as may be necessary or appropriate. The secretary of each Component Society shall note on such roster (a) any changes in membership, with appropriate dates, caused by changes in membership classification, death, resignation, transfer, suspension, termination, expulsion, or new admissions, and (b) changes of address, and promptly forward such information to the office of the Executive Director in appropriate form, which shall be on blanks, if any, supplied by this Society. In the case of a new member such report shall be accompanied by an appropriate form furnished by this Society (a) in the case of Active Members, certifying that the member possesses the qualifications of such membership set forth in Section 2 of Article IV of the Constitution, or (b) in the case of Senior Active Members certifying that the member possesses the qualifications of such membership set forth in Section 3 of Article IV of the Constitution, or (c) in the case of Associate Members, certifying that the member possesses the qualifications of such membership set forth in Section 4 of Article IV of the Constitution, or (d) in the case of Affiliate Members, certifying that the member possesses the qualifications of such membership set forth in Section 5 of Article IV of the Constitution or (e) in the case of Intern or Resident Members, certifying that the member possesses the qualifications of such membership set forth in Section 6 of Article IV of the Constitution. At the time of reporting new members the amount of the annual assessment then payable shall be remitted. The secretary shall also promptly notify the Executive Director of the suspension of any member, including full details of the action taken by the Component Society. The secretary of each Component Society shall also report to the office of the Executive Director the names of the officers of the Component Society within fifteen days after their election.

SECTION 5.—*Membership Assessments.* The secretary or the treasurer of each Component Society shall, prior to January 1 of each year, render a statement to each of its members of the annual assessment of this Society, which statement shall indicate that the annual assessment is due to this Society on January 1 and must be paid before March 1, and shall render a similar statement to every new member thereof upon his election to membership, except that such statement shall indicate that the annual assessment is payable prior to the member becoming a member of this Society. The secretary or treasurer of the Component Society, as the case may be, shall, promptly upon receipt, remit all assessments of this Society to the Executive Director thereof.

SECTION 6.—*Delinquent Members.* No Component Society shall permit any member thereof to remain as a member for a period of more than sixty days after the membership of such member in this Society has been terminated for any reason whatsoever.

SECTION 7.—*Membership Transfers.* A member in good standing of any Component Society moving to another county in Pennsylvania shall, on request, be recommended by his Society for admission to membership in the Component Society into whose jurisdiction he moves without the delay attendant upon ordinary applications for membership.

SECTION 8.—*Choice of Membership.* Any physician living near a county line or living in one county and maintaining an office in another county may hold membership in the Component Society most convenient for him to attend on permission of the Councilor of the Councilor District in which he resides, but no person may concurrently hold membership in more than one Component Society.

SECTION 9.—*Direction of Affairs of Component Societies.* Each Component Society shall have general direction of its own affairs and of the admission to membership therein. It shall, however, constantly exert its influence for the betterment of the scientific, moral and economic conditions of every physician within its jurisdiction and it shall make systematic efforts to increase its membership until it includes every qualified physician within its jurisdiction. It shall file with the Executive Director a copy of all amendments to its constitution or by-laws within fifteen days after the adoption thereof and may submit in advance copies of proposed amendments for review and advance approval.

SECTION 10.—*Delegates to this Society.* Each Component Society shall at some meeting held prior to June 1 of each year elect, from among its members who are Active, Senior Active, Interne or Resident Members of this Society, delegates and alternates to the House of Delegates of this Society in accordance with the provisions of Article VI of the Constitution. A Component Society may, if it so desires, hold the election of such delegates and alternates during the preceding year. In such event the By-laws of the Component Society shall contain appropriate provisions for determining the manner in which the elected delegates and alternates shall be reduced should they prove to be a number in excess of those to which the Component Society is entitled on the basis of the number of its members as of December 31 of such preceding year, and appropriate provisions for the designation prior to June 1 of additional alternates and delegates should the Component Society be entitled to more than those elected at the earlier election.

CHAPTER XVII.—AMENDMENTS

These By-laws may be amended at any Annual Session of the House of Delegates by an affirmative vote of three-fourths of the delegates present after having over one day. If there be a majority but less than a three fourths favorable vote, the amendment shall lie over until the next session of the House of Delegates and the adoption thereof shall be in the manner and in accordance with the procedure for amendments to the Constitution.

These By-laws may be amended at any special session of the House of Delegates in the same manner as amendments to the Constitution. The House of Delegates may determine the effective date of any amendment.

SPECIAL COMMITTEES OF THE HOUSE OF DELEGATES

Chapter XIV, Section 3 of the By-Laws authorizes the House of Delegates to establish special committees to assist in its work. The membership of these committees is determined by the President of the Society unless otherwise specified by the House. They report annually to the House of Delegates. Following is a brief outline of the origins and duties of the special committees of the House:

COMMITTEE ON GENERAL PRACTICE

In his address before the 1964 House of Delegates, Richard A. Kern, M.D., then President-Elect of the Society, delineated the future role of the general practitioner as he envisioned it and made the following suggestion:

"I therefore suggest to this House of Delegates the appointment of an ad hoc committee to study the subject of group practice, including the training of the general practitioner for his role in such groups, the establishment of an American Board of General Practice, and such other measures as may further this program, and that this House of Delegates instruct our delegates to the American Medical Association to advocate such measures therein."

This portion of Dr. Kern's speech was referred to the Reference Committee on Miscellaneous Business, and the House of Delegates approved its recommendation as follows:

"Your reference committee also considered that portion of the address of the President-Elect on the future of the general practitioner and recommends that the Board of Trustees promptly appoint a Special Committee on General Practice. The purpose of this committee will be to study the problems of general practice, including those outlined in Dr. Kern's address. It is further recommended that this committee have adequate representation from the Pennsylvania Academy of General Practice."

(Page 78, Proceedings, 1964 House of Delegates)

COMMITTEE ON MEDICINE AND RELIGION

In 1963, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee on Medicine and Religion.

(Page 86, Proceedings, 1963 House of Delegates)

COMMITTEE TO STUDY RELATIONS BETWEEN MEDICINE AND OSTEOPATHY

In 1961, the House of Delegates approved a recommendation of the Board of Trustees that the House create a Committee to Study Relations Between Medicine and Osteopathy. The House of Delegates stipulated:

"1. That the Committee develop a plan for future relations between Medicine and Osteopathy.

"2. That individual county societies be notified to consult and cooperate with this committee, rather than engage in independent action with regard to this problem."

In 1962, the Committee presented its plan for the ultimate merger of medicine and osteopathy. The House of Delegates adopted the plan and directed that the Committee achieve these stated objectives.

(Page 229, Proceedings, 1961 House of Delegates, Supplemental Report D, as amended; Page 75, Official Reports, 1961-62)

LAY ADVISORY COMMITTEE

In his address before the 1958 House of Delegates, George E. Farrar, Jr., M.D., then President-Elect, made the following recommendation:

"I recommend that the Pennsylvania Medical Society authorize the President annually to appoint such a committee of seven prominent laymen, subject to approval by the Board of Trustees, and I recommend

budget authorization for two half-day meetings of the Committee . . ."

This recommendation, which was referred to the Board, was reiterated by Dr. Farrar to the House in 1969 at which time the committee was authorized on a trial basis. At its meeting on May 12, 1971 the Board enlarged the Committee to eleven members.

SPECIAL COMMITTEES OF THE BOARD OF TRUSTEES

Chapter V, Section 3 of the By-laws authorizes the Board of Trustees and Councilors to create special committees to aid in its work. Under this provision the Board has the authority to determine the duties and membership of its committees. Following is a brief summary of the functions and origins of the special committees of the Board.

COMMITTEE ON LIBRARY AND ARCHIVES

This committee was established by the Board on August 4, 1965. The responsibilities of the committee are to determine adequate protection for the Society's archives and to make recommendations with regard to the disposition of surplus archival items. The committee is also responsible for assuring the effectiveness of the library service.

(Pages 9-10, Minutes, Board of Trustees, August 4, 1965; Pages 5-7, Minutes, Board of Trustees, January 19-20, 1966)

COMMITTEE ON BENJAMIN RUSH AWARDS

On January 23, 1948, the Board of Trustees decided that an annual award program should be created which would recognize outstanding contributions to the health and welfare of Pennsylvanians by laymen and lay organizations. To this end, the Board created a special Award Committee. Subsequently the awards were named in honor of Benjamin Rush. The recipients of these awards are selected by the Board of Trustees upon recommendation by the committee..

(Pages 5-6, Minutes, Board of Trustees, January 23, 1948)

COMMITTEE ON DISTINGUISHED SERVICE AWARD

On November 17, 1955, the Board of Trustees established an award program to be known as the Distinguished Service Award. This award is to be given to members of the Pennsylvania Medical Society who make outstanding scientific contributions to medicine. The award is not given on an annual basis; recipients are chosen by the Board upon recommendation by the committee. Membership of the committee is composed of the three living immediate past presidents of the Society.

(Page 23, Minutes, Board of Trustees, November 17, 1955)

LIAISON COMMITTEE WITH THE HOSPITAL ASSOCIATION OF PENNSYLVANIA

On October 8, 1969, the Board of Trustees created this Committee to meet with a sub-committee of the Board of Directors of the Hospital Association of Pennsylvania to discuss subjects of mutual interest.

(Minutes, Board of Trustees, October 8, 1969)

COMMITTEE ON OFFICERS' CONFERENCE

On August 7, 1958, the House of Delegates discontinued its special committee on the Secretaries and Editors Conference and the Board of Trustees appointed a special committee to plan the program for a meeting of state and county officers. On January 8, 1959, the committee was given the name of the Committee on Officers' Conference. Tenure of the Officers Conference Committee shall be a maximum of five one-year terms.

(Page 8, Minutes, Board of Trustees, August 7, 1958; Page 38, Minutes, Board of Trustees, January 8, 1959; Page 12, Minutes, Board of Trustees, May 13, 1970)

COMMITTEE ON SUSQUEHANNA VALLEY REGIONAL MEDICAL PROGRAM

On January 26, 1967 the Board of Trustees created this committee to assume responsibility for the Susquehanna Valley Regional Medical Program. The committee consists, among others, of the Trustees from the Councilor Districts involved in the program.

(Page 27, Minutes, Board of Trustees, January 26, 1967)

INTERSPECIALTY COMMITTEE

On October 8, 1969, the Board of Trustees created this Committee to: (a) Make readily available to the Officers, Board of Trustees, and House of Delegates the knowledge, wisdom, facilities, and energy of the medical specialty societies of Pennsylvania; (b) To facilitate access of medical specialists to policy making of Pennsylvania Medical Society; (c) To improve coordination of professional effort in the community.

(Minutes, Board of Trustees, October 8, 1969)

PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION

Preamble.—These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

SECTION 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

SECTION 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

SECTION 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

SECTION 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

SECTION 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

SECTION 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

SECTION 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies, or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

SECTION 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

SECTION 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

SECTION 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community.

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- W -

Woman's Auxiliary, Advisory Committee to .....

Pennsylvania Medical Society

EXHIBIT B

Officials for the Year 1971-1972

Officers

PRESIDENT
George P. Rosemond, M.D.
3401 N. Broad St.
Philadelphia 19140

PRESIDENT-ELECT
Park M. Horton, M.D.
215 Church St.
New Milford 18834

IMMEDIATE PAST PRESIDENT
William A. Limberger, M.D.
Lenape and Birmingham Rds.
West Chester 19380

FIRST VICE-PRESIDENT
Charles K. Rose, Jr., M.D.
Oakhurst Manor, R.D. 1
Center Valley 18034

SECOND VICE-PRESIDENT
Charles A. Bikle, M.D.
19 N. Fifth Ave.
Chambersburg 17201

THIRD VICE-PRESIDENT
Edward T. Lis, M.D.
1776 S. Queen St.
York 17403

FOURTH VICE-PRESIDENT
Carmelo F. deRivas, M.D.
700 Joseph Drive
Wayne 19087

SECRETARY
Raymond C. Grandon, M.D.
131 State St.
Harrisburg 17101

TREASURER AND EXECUTIVE DIRECTOR
John F. Rineman
20 Erford Rd.
Lemoyne 17043

SPEAKER HOUSE OF DELEGATES
William Y. Rial, M.D.
111 Dartmouth Ave.
Swarthmore 19081

VICE-SPEAKER HOUSE OF DELEGATES
John B. Lovette, M.D.
353 Market St.
Johnstown 15901

Board of Trustees and Councilors

David S. Masland, M.D., *Chairman*
Robert S. Sanford, M.D., *Vice-Chairman*

First District—A. Reynolds Crane, M.D., Pennsylvania Hospital, Philadelphia 19107. Term expires 1974. Philadelphia County.

Second District—LeRoy A. Gehris, M.D., 808 N. Third St., Reading 19601. Term expires 1976. Berks, Bucks, Chester, Delaware, Lehigh and Montgomery Counties.

Third District—Ralph K. Shields, M.D., 35 E. Elizabeth Ave., Bethlehem 18018. Term expires 1975. Carbon, Lackawanna, Monroe, Northampton, Pike and Wayne Counties.

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Fifth District—David S. Masland, M.D., 313 S. Hanover St., Carlisle 17013. Term expires 1973. Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry and York Counties.

Sixth District—H. Thompson Dale, M.D., 138 W. College Ave., State College 16801. Term expires 1974. Blair, Centre, Clearfield, Huntingdon, Juniata and Mifflin Counties.

Seventh District—Robert S. Sanford, M.D., 12 N. Main St., Mansfield 16933. Term expires 1972. Cameron, Clinton, Elk, Lycoming, Potter, Tioga and Union Counties.

Eighth District—David J. Keck, M.D., 7 E. Main St., Fairview 16415. Term expires 1976. Crawford, Erie, Forest, Mercer, McKean and Warren Counties.

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Twelfth District— Orlo G. McCoy, M.D., Box 195, Canton 17724. Term expires 1972. Bradford, Luzerne, Sullivan, Susquehanna and Wyoming Counties.

EXHIBIT B

Pennsylvania Medical Society

Officials for the Year 1972-1973

Officers

PRESIDENT
Robert S. Sanford, M.D.
12 N. Main St.
Mansfield 16933

PRESIDENT-ELECT
Ralph C. Wilde, M.D.
320 East North Ave.
Pittsburgh 15212

IMMEDIATE PAST PRESIDENT
George P. Rosemond, M.D.
3401 N. Broad St.
Philadelphia 19140

VICE-PRESIDENT
A. Reynolds Crane, M.D.
Pennsylvania Hospital
Philadelphia 19107

SECRETARY
Raymond C. Grandon, M.D.
131 State St.
Harrisburg 17101

SPEAKER
HOUSE OF DELEGATES
William Y. Rial, M.D.
111 Dartmouth Ave.
Swarthmore 19081

VICE-SPEAKER
HOUSE OF DELEGATES
John B. Lovette, M.D.
353 Market St.
Johnstown 15901

TREASURER AND
EXECUTIVE VICE-PRESIDENT
John F. Rineman
20 Erford Rd.
Lemoyne 17043

Board of Trustees and Councilors

David S. Masland, M.D., *Chairman*
Cyrus B. Slease, M.D., *Vice-Chairman*

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Pennsylvania Medical Society Officials for the Year 1973-74

OFFICERS

PRESIDENT
Ralph C. Wilde, M.D.
320 East North Ave.
Pittsburgh 15212

PRESIDENT ELECT
A. Reynolds Crane, M.D.
Pennsylvania Hospital
Philadelphia 19107

IMMEDIATE PAST PRESIDENT
Robert S. Sanford, M.D.
12 N. Main St.
Mansfield 16933

VICE PRESIDENT
David S. Masland, M.D.
313 S. Hanover St.
Carlisle 17013

SECRETARY
Charles E. Schlager, M.D.
810 Bonneview Rd.
York 17402

SPEAKER
HOUSE OF DELEGATES
John B. Lovette, M.D.
353 Market St.
Johnstown 15901

VICE SPEAKER
HOUSE OF DELEGATES
D. Ernest Witt, M.D.
Fifth and Park Sts.
Bloomsburg 17815

TREASURER AND
EXECUTIVE VICE PRESIDENT
John F. Rineman
20 Erford Rd.
Lemoyne 17043

BOARD OF TRUSTEES AND COUNCILORS

Cyrus B. Slease, M.D., *Chairman*

H. Thompson Dale, M.D., *Vice Chairman*

First District—Donald R. Cooper, M.D., 3300 Henry Ave., Philadelphia 19129. Term expires 1974. Philadelphia County.
Second District—Leroy A. Gehris, M.D., 508 N. Third St., Reading 19601. Term expires 1976. Berks, Bucks, Chester, Delaware, Lehigh and Montgomery Counties.
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Twelfth District—Orlo G. McCoy, M.D., Box 195, Canton 17724. Term expires 1977. Bradford, Luzerne, Sullivan, Susquehanna and Wyoming Counties.

EXHIBIT B

Pennsylvania Medical Society Officials for the Year 1974-75

Officers

President
A. Reynolds Crane, M.D.
Pennsylvania Hospital
Philadelphia 19107

President Elect
David S. Masland, M.D.
313 S. Hanover St.
Carlisle 17013

Immediate Past President
Robert S. Sanford, M.D.
12 N. Main St.
Mansfield 16933

Vice President
William J. Kelly, M.D.
721 Jenkins Bldg.
Pittsburgh 15222

Secretary
G. Winfield Yarnall, M.D.
1192 Lowther Rd.
Camp Hill 17011

Speaker
House of Delegates
John B. Lovette, M.D.
353 Market St.
Johnstown 15901

Vice Speaker
House of Delegates
D. Ernest Witt, M.D.
Fifth and Park Sts.
Bloomsburg 17815

Treasurer and
Executive Vice President
John F. Rineman
20 Erford Rd.
Lemoyne 17043

Board of Trustees and Councilors

Cyrus B. Slease, M.D., *Chairman*

George A. Rowland, M.D., *Vice Chairman*

First District—Donald R. Cooper, M.D., 3300 Henry Ave., Philadelphia 19129. Term expires 1979. Philadelphia County.

Second District—Leroy A. Gehris, M.D., 808 N. Third St., Reading 19601. Term expires 1976. Berks, Bucks, Chester, Delaware, Lehigh and Montgomery Counties.

Third District—Ralph K. Shields, M.D., 65 E. Elizabeth Ave., Bethlehem 18018. Term expires 1975. Carbon, Lackawanna, Monroe, Northampton, Pike and Wayne Counties.

Fourth District—George A. Rowland, M.D., 101 State St., Millville 17846. Term expires 1978. Columbia, Montour, Northumberland, Schuylkill and Snyder Counties.

Fifth District—Raymond C. Grandon, M.D., 131 State St., Harrisburg 17101. Term expires 1978. Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry and York Counties.

Sixth District—Joseph M. Stowell, M.D., 501 Howard Ave., Altoona 16601. Term expires 1979. Blair, Centre, Clearfield, Huntingdon, Juniata and Mifflin Counties.

Seventh District—Kenneth L. Cooper, M.D., 230 Dunbar Rd., Williamsport 17701. Term expires 1977. Cameron, Clinton, Elk, Lycoming, Potter, Tioga and Union Counties.

Eighth District—David J. Keck, M.D., 210 E. Main St., Fairview 16415. Term expires 1976. Crawford, Erie, Forest, Mercer, McKean and Warren Counties.

Ninth District—Cyrus B. Slease, M.D., 183 S. Jefferson St., Kittanning 16201. Term expires 1975. Armstrong, Butler, Clarion, Indiana, Jefferson and Venango Counties.

Tenth District—David W. Clare, M.D., 121 University Place, Pittsburgh 15213. Term expires 1977. Allegheny, Beaver, Lawrence and Westmoreland Counties.

Eleventh District—William C. Ryan, M.D., W. Fairview St., Somerset 15501. Term expires 1976. Bedford, Cambria, Fayette, Greene, Somerset and Washington Counties.

Twelfth District—Orlo G. McCoy, M.D., Box 195, Canton 17724. Term expires 1977. Bradford, Luzerne, Sullivan, Susquehanna and Wyoming Counties.

EXHIBIT B

Pennsylvania Medical Society Officials for the Year 1975-76

Officers

President
David S. Masland, M.D.
313 S. Hanover St.
Carlisle 17013

Secretary
G. Winfield Yarnall, M.D.
1192 Lowther Rd.
Camp Hill 17011

President Elect
William J. Kelly, M.D.
721 Jenkins Bldg.
Pittsburgh 15222

Speaker
House of Delegates
John B. Lovette, M.D.
353 Market St.
Johnstown 15901

Immediate Past President
A. Reynolds Crane, M.D.
Pennsylvania Hospital
Philadelphia 19107

Vice Speaker
House of Delegates
D. Ernest Witt, M.D.
Fifth and Park Sts.
Bloomsburg 17815

Vice President
John V. Blady, M.D.
2201 B Franklin Pkwy.
Philadelphia 19130

Treasurer and
Executive Vice President
John F. Rineman
20 Erford Rd.
Lemoyne 17043

Board of Trustees and Councilors

George A. Rowland, M.D., *Chairman*

First District–Donald R. Cooper, M.D., 3300 Henry Ave., Philadelphia 19129. Term expires 1979. Philadelphia County.

Second District–Leroy A. Gehris, M.D., 808 N. Third St., Reading 19601. Term expires 1976. Berks, Bucks, Chester, Delaware, Lehigh and Montgomery Counties.

Third District–Richard L. Huber, M.D., 1736 Sanderson Ave., Scranton 18509. Term expires 1980. Carbon, Lackawanna, Monroe, Northampton, Pike and Wayne Counties.

Fourth District–George A. Rowland, M.D., 101 State St., Millville 17846. Term expires 1978. Columbia, Montour, Northumberland, Schuylkill and Snyder Counties.

Fifth District–Raymond C. Grandon, M.D., 131 State St., Harrisburg 17101. Term expires 1978. Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry and York Counties.

Sixth District–Joseph M. Stowell, M.D., 501 Howard Ave., Altoona 16601. Term expires 1979. Blair, Centre, Clearfield, Huntingdon, Juniata and Mifflin Counties.

William C. Ryan, M.D., *Vice Chairman*

Seventh District–Kenneth L. Cooper, M.D., 230 Dunbar Rd., Williamsport 17701. Term expires 1977. Cameron, Clinton, Elk, Lycoming, Potter, Tioga and Union Counties.

Eighth District–David J. Keck, M.D., 210 E. Main St., Fairview 16415. Term expires 1976. Crawford, Erie, Forest, Mercer, McKean and Warren Counties.

Ninth District–Carol N. Maurer, M.D., 15 Stewart Rd., Oil City 16301. Term expires 1980. Armstrong, Butler, Clarion, Indiana, Jefferson and Venango Counties.

Tenth District–David W. Clare, M.D., 121 University Place, Pittsburgh 15213. Term expires 1977. Allegheny, Beaver, Lawrence and Westmoreland Counties.

Eleventh District–William C. Ryan, M.D., W. Fairview St., Somerset 15501. Term expires 1976. Bedford, Cambria, Fayette, Greene, Somerset and Washington Counties.

Twelfth District–Orlo G. McCoy, M.D., Box 195, Canton 17724. Term expires 1977. Bradford, Luzerne, Sullivan, Susquehanna and Wyoming Counties.

Pennsylvania Medical Society Officials for the Year 1976-77

Officers

President
William J. Kelly, M.D.
721 Jenkins Bldg.
Pittsburgh 15222

President Elect
John V. Blady, M.D.
2009 Stone Ridge Lane
Villanova 19085

Immediate Past President
David S. Masland, M.D.
313 S. Hanover St.
Carlisle 17013

Vice President
John B. Lovette, M.D.
353 Market St.
Johnstown 15901

Secretary
G. Winfield Yarnall, M.D.
1192 Lowther Road
Camp Hill 17011

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House of Delegates
D. Ernest Witt, M.D.
Fifth & Park Sts.
Bloomsburg 17815

Vice Speaker
House of Delegates
Donald E. Harrop, M.D.
750 S. Main St.
Phoenixville 19460

Treasurer and
Executive Vice President
John F. Rineman
20 Erford Road
Lemoyne 17043

Board of Trustees and Councilors

George A. Rowland, M.D., *Chairman*

William C. Ryan, M.D., *Vice Chairman*

First District—Donald R. Cooper, M.D., 3300 Henry Ave., Philadelphia 19129. Term expires 1979. Philadelphia County.

Second District—Leroy A. Gehris, M.D., 808 N. Third St., Reading 19501. Term expires 1981. Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third District—Richard L. Huber, M.D., 1736 Sanderson Ave., Scranton 18509. Term expires 1980. Carbon, Lackawanna, Monroe, Northampton, Pike and Wayne Counties.

Fourth District—George A. Rowland, M.D., 101 State St., Millville 17846. Term expires 1978. Columbia, Montour, Northumberland, Schuylkill and Snyder Counties.

Fifth District—Raymond C. Grandon, M.D., 131 State St., Harrisburg 17101. Term expires 1978. Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry and York Counties.

Sixth District—Joseph M. Stoxell, M.D., 501 Howard Ave., Altoona 16601. Term expires 1979. Blair, Centre, Clearfield, Huntingdon, Juniata and Mifflin Counties.

Seventh District—Kenneth L. Cooper, M.D., 230 Dunbar Road, Williamsport 17701. Term expires 1977. Cameron, Clinton, Elk, Lycoming, Potter, Tioga and Union Counties.

Eighth District—David J. Keck, M.D., 210 E. Main St., Fairview 16415. Term expires 1981. Crawford, Erie, Forest, Mercer, McKean and Warren Counties.

Ninth District—Carol N. Maurer, M.D., 15 Stewart Rd., Oil City 16301. Term expires 1980. Armstrong, Butler, Clarion, Indiana, Jefferson and Venango Counties.

Tenth District—David W. Clare, M.D., 532 S. Aiken Ave., Pittsburgh 15232. Term expires 1977. Allegheny, Beaver, Lawrence and Westmoreland Counties.

Eleventh District—William C. Ryan, M.D., W. Fairview St., Somerset 15501. Term expires 1981. Bedford, Cambria, Fayette, Greene, Somerset and Washington Counties.

Twelfth District—Orlo G. McCoy, M.D., Box 195, Canton 17724. Term expires 1977. Bradford, Luzerne, Sullivan, Susquehanna and Wyoming Counties.

EXHIBIT C

P. 166

PENNSYLVANIA MEDICAL SOCIETY

Delegates and Alternates to American Medical Association

DELEGATES WHOSE TERMS EXPIRE 1972

William A. Barrett, M.D.
3708 Fifth Ave., Pittsburgh 15213
Park M. Horton, M.D., *Chairman*
215 Church St., New Milford 18834
Edmund L. Housel, M.D., *Secretary*
255 S. Seventeenth St., Philadelphia 19103
William A. Linaberger, M.D.
Lenape and Birmingham Rds., West Chester 19380
William Y. Rial, M.D.
111 Dartmouth Ave., Swarthmore 19081
William B. West, M.D.
904 Mifflin St., Huntingdon 16652

DELEGATES WHOSE TERMS EXPIRE 1973

Paul S. Friedman, M.D.
1422 Chestnut St., Philadelphia 19102
John B. Lovette, M.D.
353 Market St., Johnstown 15901
Matthew Marshall, Jr., M.D.
570 Medical Center E., 211 N. Whitfield St., Pittsburgh 15206
Malcolm W. Miller, M.D., *Vice Chairman*
412 Lankenau Medical Bldg., Philadelphia 19151
Russell B. Roth, M.D.
225 W. Twenty-Fifth St., Erie 16502

ALTERNATE DELEGATES WHOSE TERMS EXPIRE 1972

R. William Alexander, M.D.
542 Elm St., Reading 19601
Jerome Chamovitz, M.D.
17 Beaver Rd., Sewickley 15143
Leo C. Eddinger, M.D.
951 N. Fourth St., Allentown 18102
Raymond C. Grandon, M.D.
131 State St., Harrisburg 17101
George A. Rowland, M.D.
101 State St., Millville 17846
R. Robert Tyson, M.D.
3401 N. Broad St., Philadelphia 19140

ALTERNATE DELEGATES WHOSE TERMS EXPIRE 1973

Robert F. Beckley, M.D.
341 Susquehanna Ave., Lock Haven 17745
Wilbur E. Flannery, M.D.
24 E. Grant St., New Castle 16101
John Helwig, Jr., M.D.
E. Penn and Wistar Sts., Philadelphia 19144
William J. Kelly, M.D.
721 Jenkins Bldg., Pittsburgh 15222
David S. Macland, M.D.
313 S. Hanover St., Carlisle 17013

EXHIBIT C

P.167

PENNSYLVANIA MEDICAL SOCIETY

Delegates and Alternates to American Medical Association

DELEGATES WHOSE TERMS EXPIRE 1973
Wilbur E. Flannery, M.D.,
24 E. Grant St., New Castle 16101
Paul S. Friedman, M.D.,
1422 Chestnut St., Philadelphia 19102
John B. Lovette, M.D., *Vice-Chairman*
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Matthew Marshall, Jr., M.D.,
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Philadelphia 19103
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William J. Kelly, M.D.,
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David S. Masland, M.D.,
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Jerome Chamovitz, M.D.,
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John H. Harris, Jr., M.D.,
224 Parker St., Carlisle 17013
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1735 Sanderson Ave., Scranton 18509
R. Robert Tyson, M.D.,
3401 N. Broad St., Philadelphia 19140

PENNSYLVANIA MEDICAL SOCIETY

EXHIBIT C

P. 168

Delegates and Alternates to American Medical Association

DELEGATES WHOSE TERMS EXPIRE 1974
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224 Parker St., Carlisle 17013
Richard L. Huber, M.D.,
1735 Sanderson Ave., Scranton 18509
R. Robert Tyson, M.D.,
3401 N. Broad St., Philadelphia 19140

ALTERNATE DELEGATES WHOSE TERMS EXPIRE 1975
Henry H. Fetterman, M.D.,
501 N. Seventeenth St., Allentown 18104
John Helvig, Jr., M.D.,
E. Penn & Wister Sts., Philadelphia 19144
William J. Kelly, M.D.,
721 Jenkins Bldg., Pittsburgh 15222
David S. Masland, M.D.,
313 S. Hanover St., Carlisle 17013
Robert N. Moyers, M.D.,
361 Chestnut St., Meadville 16335

Delegates and Alternates to American Medical Association

Delegates whose Terms Expire 1975

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Delegates whose Terms Expire 1976

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George A. Rowland, M.D.
101 State St., Millville 17846

Alternate Delegates whose Terms Expire 1975

H. Robert Davis, M.D.
112 4th St., Boiling Springs 17007
Lawrence D. Ellis, M.D.
3515 5th Ave., Pittsburgh 15213
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501 N. 17th St., Allentown 18104
John Helwig, Jr., M.D.
E. Penn & Wister Sts., Philadelphia 19144
Robert N. Moyers, M.D.
764 Kennedy St., Meadville 16335

Alternate Delegates whose Terms Expire 1976

Harry V. Armitage, M.D.
225 E. 24th St., Chester 19013
Robert J. Carroll, M.D.
3339 McClure Ave., Pittsburgh 15212
James D. Donaldson, M.D.
3401 N. Broad St., Philadelphia 19140
Loraine H. Erhard, M.D.
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Richard L. Huber, M.D.
1736 Sanderson Ave., Scranton 18509
H. Robert Tyson, M.D.
3401 N. Broad St., Philadelphia 19140

PENNSYLVANIA MEDICAL SOCIETY **EXHIBIT C**

Delegates and Alternates to American Medical Association

Delegates whose Terms Expire 1976

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Delegates whose Terms Expire 1977

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Alternate Delegates whose Terms Expire 1976

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Robert J. Carroll, M.D.
3339 McClure Ave., Pittsburgh 15212
James B. Donaldson, M.D.
3401 N. Broad St., Philadelphia 19140
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Richard L. Huber, M.D.
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Alternate Delegates whose Terms Expire 1977

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Wayne W. Helmick, M.D.
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John Helwig, Jr., M.D.
E. Penn & Wister Sts., Philadelphia 19144
David J. Kock, M.D.
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PENNSYLVANIA MEDICAL SOCIETY EXHIBIT C

Delegates and Alternates to American Medical Association

Delegates whose Terms Expire 1977

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Malcolm W. Miller, M.D.
230 Lankenau Med. Bldg., Philadelphia 19151
Robert N. Moyers, M.D.
764 Kennedy St., Meadville 16335

Delegates whose Terms Expire 1978

R. William Alexander, M.D.
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131 State St., Harrisburg 17101
William J. Kelly, M.D.
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Alternate Delegates whose Terms Expire 1977

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3515 Fifth Ave., Pittsburgh 15213
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349 New York Ave., Rochester 15074
John Helwig, Jr., M.D.
East Penn & Wister Sts., Philadelphia 19144
David J. Keck, M.D.
210 E. Main St., Fairview 16415

Alternate Delegates whose Terms Expire 1978

Donald C. Drown, M.D.
Irwin Prof. Ctr., 100 Pa. Ave., Irwin 15642
Betty L. Cottle, M.D.
25 Sylvan Dr., Hollidaysburg 16648
James B. Donaldson, M.D.
Temple Univ. Hosp., 3401 N. Broad St., Philadelphia 19140
Michael P. Levis, M.D.
4725 McKnight Rd., Pittsburgh 15237
R. Robert Tyson, M.D.
3401 N. Broad St., Philadelphia 19140

d Road
, Pennsylvania 17043

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General Counsel
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Washington, D.C. 20463

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CONSTITUTION AND BYLAWS

OF THE

PENNSYLVANIA MEDICAL SOCIETY

AS AMENDED OCTOBER 27, 1977

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CONSTITUTION

ARTICLE I--NAME

The name and title of this organization is Pennsylvania Medical Society.

ARTICLE II--PURPOSES OF THIS SOCIETY

The purposes of this Society shall be to federate the medical profession of the Commonwealth of Pennsylvania; to unite with similar state medical societies to form the American Medical Association; to extend medical knowledge and to advance medical science; to elevate and maintain the standards of medical education; to uphold the ethics and dignity of the medical profession; to advocate and support the enactment of such legislation as will accrue to the health and well-being of the public, and to enlighten and direct public opinion in regard to health and hygiene.

ARTICLE III--COMPONENT SOCIETIES

Component Societies shall be those county medical societies whose several constitutions and bylaws have been approved by this Society, and whose constitutions and bylaws continue thereafter to be in accord with the Constitution and Bylaws of this Society. Notwithstanding the foregoing, Component Societies shall continue as such until action is taken by this Society to terminate the relationship as provided by the Bylaws of this Society.

ARTICLE IV--MEMBERSHIP

SECTION 1. Definition--As used in this Constitution except as otherwise herein expressly qualified, the term "physician" means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2. Active Members--The Active Members of this Society shall be physicians who are members of the Component Societies.

SECTION 3. Senior Active Member--A Senior Active Member of this Society shall be a physician who (i) is not an Associate Member hereof, (ii) is sixty-five years of age or over, and (iii) has been an Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of not less than thirty years. Such Senior Active Member shall enjoy full benefits, but shall be required to pay only 50 percent of the annual assessment. Such Senior Active Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society.

No member of this Society qualified to be a Senior Active Member hereunder who is in a non-assessment membership category at the time this Section becomes effective shall be required to pay any annual assessment unless and until such member shall cease to hold such non-assessment membership in his component Society.

SECTION 4. Associate Member--An Associate Member of this Society shall be a physician who (i) is seventy years of age or over and (ii) has been an Active or Senior Active Member of this Society, a service member of the American Medical Association, or an active member of a constituent association of the American Medical Association for a continuous term of thirty years. Such Associate Member shall have the right to this class of membership upon certification in due form by the Component Society to the Executive Vice President of this Society; and thereafter such Associate Member shall not be required to pay any annual assessment, (iii) members in this category shall not be required to maintain their licenses.

SECTION 5. Full-Time Federally Employed Physicians--Full-time civilian physicians employed by all federal agencies including but not limited to the Veteran's Administration, who do not have an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, and regular commissioned medical officers and commissioned medical officers of the reserve components, who hold the degree of Doctor of Medicine or Bachelor of Medicine or Doctor of Osteopathy, on extended active duty (more than two years) with the United States Army, the United States Navy, the United States Air Force and the United States Public Health Service, who upon application have been nominated by the Surgeons General of their respective services, may become Active members of the Society enjoying all the rights and privileges thereof provided they pay the annual assessment.

SECTION 6. Affiliate Member--Upon recommendation and certification in due form by the Component Society to and election by the Board of Trustees and Councilors, any member of a Component Society not engaged in active practice within the jurisdiction of the Component Society, may be made an Affiliate Member of this Society and remain as such provided he is a person who belongs to one of the following classes: (a) persons who are members of national medical societies of foreign countries; (b) American physicians, whether or not licensed to practice medicine and surgery in the Commonwealth, engaged in missionary or philanthropic labors; (c) full-time teachers of medicine or of the arts and sciences allied to medicine who are not holders of an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania; (d) physicians not fully licensed to practice medicine in Pennsylvania who are engaged in Pennsylvania in research or administrative medicine; (e) physicians, whether or not fully licensed to practice medicine in Pennsylvania, who are retired from active practice, and (f) physicians in active practice who move out of the Commonwealth provided they concurrently maintain active membership in a county medical society and the state medical society in their new state of residence. Such out-of-state affiliate members shall not be eligible to participate in insurance programs endorsed by the Pennsylvania Medical Society. In addition, county society executives shall be eligible for Affiliate Membership. Affiliate Members shall not be required to pay any annual assessment.

Election to Affiliate Membership pursuant to part (b) above shall not be interpreted as breaking the continuous Active Membership of an Active Member so as to make him ineligible for Senior Active Membership or Associate Membership under Section 3 and 4 respectively of this Article IV.

SECTION 7. Intern and Resident Members--Intern and Resident Members shall be persons serving an accredited hospital internship, residency, or other form of recognized fulltime post-graduate training. Intern and Resident members shall be required to pay 10 percent of the annual assessment.

SECTION 8. Honorary Member--Any physician, whether or not holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania, not a resident of Pennsylvania but a member of his own state or territorial medical association may be elected an Honorary Member of this Society by the House of Delegates by a three-fourths vote at any Annual Session. Not more than two may be elected in any one year. Honorary Members shall not be required to pay any annual assessment.

SECTION 9. Special Student Member--The President of each Active Chapter of the American Medical Students Association in the medical schools of the Commonwealth of Pennsylvania shall be a Special Student Member. Special Student Members shall not be required to pay any annual assessment.

SECTION 10. Rights and Privileges of Members, Including Voting Rights--All members of the Society shall have all of the rights and privileges of membership except as otherwise provided in this Constitution and the Bylaws and except that neither Associate nor Affiliate nor Honorary Members shall have the right to vote or hold any office or to be members of any council, committee, or commission.

Each Special Student Member shall serve as a delegate in the House of Delegates with the right to vote and to serve on reference committees, with the exception of the Reference Committee on Constitution and Bylaws; but no Special Student Member shall have the right to hold any office or to be a member of any council, commission, or committee.

No member of this Society of any class shall have any direct vote in the affairs of this Society except as to such matters, if any, where such vote is required by the laws of the Commonwealth of Pennsylvania.

SECTION 11. Admission and Tenure of Members--Admission to and suspension or termination of membership in this Society shall be determined as provided in the Bylaws consistent with the Articles of Incorporation and the Constitution of this Society as the same may from time to time be amended.

SECTION 12. Continuing Medical Education Requirement--In order for an Active or Senior Active dues-paying or Associate Member of this Society to remain a member in good standing of the Society after June 30, 1976, he must show evidence of engaging in continuing medical education as prescribed by the Bylaws of this Society.

ARTICLE V--SEPARATION OF POWERS

The powers of this Society with respect to its affairs shall be divided into legislative, judicial and administrative divisions and except as provided in this Constitution and by Bylaws not inconsistent herewith, the powers of the three divisions of this Society shall be separate. To this end, no member of this Society may serve concurrently:

(a) As a voting member of the House of Delegates and as (i) a member of the Judicial Council, or (ii) a member of the Board of Trustees and Councilors, or (iii) President, President-Elect, Vice President, Treasurer, or Secretary; or

(b) As a member of the Judicial Council and as (i) an officer of this Society as defined in Article X of this Constitution, or (ii) a member of any council, commission or administrative committee, which latter term shall not be construed to include any committee, elective or appointive, for the nomination of persons to hold any office or to receive awards, or of a purely advisory nature, or

(c) As more than one officer of this Society as defined in Article X of this Constitution.

ARTICLE VI--HOUSE OF DELEGATES

SECTION 1. Duties--The House of Delegates shall be the legislative and policy-making body of this Society, and shall transact all business of the Society except as otherwise provided in this Constitution and Bylaws of this Society. It shall fill all elective offices as provided in this Constitution and the Bylaws of this Society.

SECTION 2. Composition--The House of Delegates shall be composed of (a) delegates (or their alternates) elected by the Component Societies in the proportion of

one delegate for every one hundred or fraction thereof of its Active, Senior Active, Intern and Resident Members in this Society whose dues are paid or excused as of December 31 of each preceding year, whose term of office shall be for a term of one year or for a term in excess of one year if such Component Society's Bylaws provide for a longer term than one year provided that at least one delegate or alternate be elected by such Component Society each year, and whose names have been submitted to the office of the Executive Vice President of the Pennsylvania Medical Society as instructed by the Executive Vice President, and in January of each year the Executive Vice President of the Pennsylvania Medical Society shall certify to each Component Society the number of delegates to which it is entitled during the current year; (b) the secretaries of the Component Societies in office at the time of any meeting of the House of Delegates; (c) specialty section members, delegates elected by the American Medical Association Board certified specialties having organized societies in Pennsylvania on the basis of one delegate for each such specialty society, such specialty delegates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society; (d) special student members (or their alternates) as defined in Sections 9 and 10 of Article IV; and (e) ex-officio, but without the right to vote, the Speaker, Vice Speaker, and Immediate Past Speaker, of the House of Delegates, the President, President-Elect, the Vice President, the Secretary, the Trustees and Councilors, and the members of the Judicial Council of this Society, the ex-presidents of this Society and the presidents of the Component Societies, except that any of the foregoing ex-officio delegates, other than those prohibited from so doing by Article V of this Constitution, may at the same time serve as voting delegates duly designated as such by the respective Component Societies, and except that the Speaker, or the Vice Speaker when serving as Speaker, shall have the right to vote in all cases where his vote would change the result of a vote taken other than a vote decided by ballot.

SECTION 3. Alternates--Component Societies shall be entitled to elect at the time of electing delegates two alternates-at-large for each delegate, who shall take office, serve for the term, and be certified to the office of the Executive Vice President, as set forth in Section 2. Alternate delegates shall be seated as determined by the Chairman of the delegation from each county society, or in the absence of the Chairman, the Secretary of the county society, or in the absence of either of these by the Credentials Committee. No Chairman of a delegation shall have the power to unseat a delegate involuntarily.

Specialty societies shall be entitled to elect at the time of electing their delegate, one alternate. Such alternates shall be Active, Senior Active, Intern, or Resident Members in good standing in this Society.

Although automatically an ex-officio member of the House without the right to vote (Section 2) the President of any Component Society may be elected as one of the county's regular elected delegates or alternates, pursuant to the customary rules of electing delegates and alternates to the House of Delegates.

If any Component Society is without any duly accredited voting member of the House of Delegates at any session thereof, then the Active, Senior Active, Intern or Resident Member or Members registered in attendance from that Component Society may select himself or one delegate from their number, as the case may be, who shall be the representative of that Component Society and shall serve in the place of an accredited delegate.

If any special student member is unable to serve he may designate an alternate to serve in his place from the active membership of his Chapter of the American Medical Students Association.

SECTION 4. Seating of Members--A delegate whose credentials have been accepted by the Committee on Credentials shall remain a seated delegate until final adjournment of that Convention; however, if such delegate is unable to be present, his place may be taken during the period of his absence by a certified alternate and further should no certified alternate be present then a member of his component society may be seated in accordance with Section 3 above. A voting delegate elected as Speaker of the House during any session thereof may be immediately replaced by an alternate delegate, and the Vice Speaker, if a voting delegate, may be temporarily replaced by an alternate delegate while acting as speaker. Each seated member of the House of Delegates shall be entitled to one vote and no seated member of the House of Delegates shall be permitted to vote for any other seated member.

ARTICLE VII--SESSIONS AND ASSEMBLIES

SECTION 1. Annual Session--This Society and the House of Delegates shall convene in Annual Session at such place to be determined by the House of Delegates and at such time to be determined by the Board of Trustees and Councilors, and each session shall continue for three days, or longer if required by the business of this Society. In case of strikes, governmental regulations, catastrophes or other reasons beyond the control of this Society, the Board of Trustees and Councilors shall have the power to cancel or change the date or place of meeting of the Annual Session of this Society.

At least sixty days prior to the Annual Session, the Secretary shall issue a call to each of the members of this Society, as their names and addresses appear on the records in the office of the Executive Vice President, which call may be either by mail or by publication in the JOURNAL of this Society, if there be such, and shall contain the time and place of the meeting and such other information as is required by the Constitution and Bylaws or appropriate to such call. In the event it becomes necessary to change the time or place of the Annual Session after the call has been issued, an additional call in the manner provided above shall be made by the Secretary not later than fifteen days prior to convening the session.

SECTION 2. Special Sessions--Special sessions, either of this Society or of the House of Delegates, may be requested at any time by (a) nine members of the Board of Trustees and Councilors, or (b) forty voting members of the House of Delegates, or (c) two hundred Active, Senior Active, Intern and/or Resident Members of this Society, provided such special session has the approval of the Component Society or Societies having an aggregate membership of at least 200 physicians, for the transaction of such business as is proper and set forth in the request for call. Such request shall be in writing and delivered to the Secretary, and thereupon the Secretary shall fix the time and place for the session, which shall be not less than fourteen and not more than ninety days after receipt of the request, and shall call the session by appropriate notice, which shall state the purpose and shall be made in the manner provided in Section 1 of this Article VII except that the original call shall be issued no later than fourteen days prior to the holding of the session.

SECTION 3. Business to be Conducted--No business shall be conducted at any Annual Session or special session of the House of Delegates which is not within the jurisdiction of the House, and, as to any special session thereof, which is not also expressly stated in the request and call for the special session. No business of any character shall be conducted at any Annual Session or special session of the membership of this Society except (i) business, if any, which under the laws of the Commonwealth of Pennsylvania requires action by the voting membership of the Society, (ii) scientific business, and (iii) such business as may be permitted to be conducted at such session by any provision of the Bylaws, provided, however, that nothing

herein shall be construed to prohibit any such session from discussing any matter related to this Society or from rendering with respect thereto an advisory opinion to any body of this Society subject to the limitation that no matter may be considered at any special session of the membership of this Society which has not been expressly stated in the request and call for the session.

SECTION 4. Scientific Assemblies--Scientific assemblies of this Society may be held at such places and at such times as determined by the Board of Trustees and Councilors.

ARTICLE VIII--BOARD OF TRUSTEES AND COUNCILORS

SECTION 1. Duties--The Board of Trustees and Councilors shall be the policy-making body of this Society between sessions of the House of Delegates, but it may not establish any policies that are inconsistent with prior policies established by the House of Delegates. It shall have charge of the property and financial affairs of the Society and shall perform such other duties as are prescribed by law governing directors of corporations or as may be prescribed in the Constitution and Bylaws of this Society.

SECTION 2. Composition--The Board of Trustees and Councilors shall consist of the President, the President Elect, the Vice President, and the Immediate Past President, ex-officio with the right to vote, and the Speaker and the Vice Speaker of the House of Delegates, ex-officio without the right to vote, and one Active, Senior Active, Intern or Resident Member from each Councilor District of this Society as determined by the Bylaws. Each Trustee and Councilor shall be elected for a term of five years and shall serve until his successor shall have been elected and qualified. No Trustee and Councilor shall serve more than two consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than two years, and for this purpose a year shall be deemed to be the period between annual sessions of the House of Delegates.

SECTION 3. Election--The Trustee and Councilor from each Councilor District shall be nominated by the voting members in the House of Delegates from the Councilor District which the Trustee and Councilor is to represent, and shall be elected by all the voting members present at the Annual Session of the House of Delegates at the expiration of the term of the Trustee and Councilor from that Councilor District, or when a vacancy exists as set forth in Section 4 below. This section shall not be construed to require a new election of any Trustee and Councilor whose term has not expired at the first session of the House of Delegates following the adoption of this section of the Constitution, nor shall it be construed as creating a vacancy in the office of any Trustee and Councilor, it being the intention that the terms of Trustees and Councilors shall continue to be arranged so that the terms of no more than three Trustees and Councilors expire at any Annual Session as at the time of the adoption of this section.

SECTION 4. Vacancies--In the event of a vacancy in the office of any Trustee and Councilor the Board of Trustees and Councilors shall fill the vacancy within ninety days by the appointment of a member from that Councilor District, such appointee to serve until the next Annual Session of the House of Delegates. In the event of the death, resignation or inability to act of any of the Trustees and Councilors, temporary Councilors may be appointed in such manner, for such periods of time and under such circumstances as may be provided in the Bylaws of this Society.

ARTICLE IX--THE JUDICIAL COUNCIL

SECTION 1. Duties--The judicial power of this Society shall be vested in the Judicial Council, whose decisions shall be final, subject to the right of appeal to the Judicial Council of the American Medical Association as provided in the Constitution and Bylaws of the American Medical Association and in the Bylaws of this Society.

SECTION 2. Original Jurisdiction--The Council shall have original jurisdiction in (a) all questions involving membership in this Society or in a Component Society, or the rights and standing of members, whether in relation to other members, to Component Societies, to the Society, or to the public, except as such questions arise in connection with disciplinary proceedings instituted by any Component Society or any board of censors or other similar group thereof; (b) all controversies arising under the Constitution or Bylaws of this Society, and under the Principles of Medical Ethics, including cases where a member has been convicted of an offense or committed to an institution under a charge, for which his medical license may be revoked, but excluding all other controversies involving the discipline of a member; and (c) controversies between two or more Component Societies or their members.

SECTION 3. Appellate Jurisdiction--The Council shall have appellate jurisdiction to review the record of the proceedings in disciplinary cases before any intermediate appellate body of this Society created under the Bylaws hereof, or if none exists, before any final tribunal of any Component Society in appeals taken pursuant to the provisions of the Bylaws of this Society.

SECTION 4. General Jurisdiction--The Council shall have jurisdiction on all questions of medical ethics and the interpretation of the Constitution, Bylaws, resolutions and rules of this Society. In the event that the Council shall determine that any provision, or the manner of adoption of any provision, of the Constitution and Bylaws of this Society or any resolution, rule or other action of the House of Delegates is contrary to law or to the Constitution or Bylaws or to the duly adopted procedures, resolutions or rules of this Society, and is therefore invalid in whole or in part, it shall forthwith report its action to the Executive Vice President of this Society, and in the absence thereof to any officer of this Society, and the Executive Vice President or such officer shall promptly call a meeting of the Board of Trustees and Councilors to convene within twenty-one days from the date of such action by the Council for the purpose of effecting the intent of the House of Delegates by some other means if such is possible within the powers granted to the Board of Trustees and Councilors by the Constitution and Bylaws of this Society. In acting on matters within its jurisdiction as set forth in this Article IX, the Council shall not make any determinations based on its own policies nor shall any of its decisions constitute legislation for this Society, however, nothing contained in this sentence shall be deemed to prohibit the Council from interpreting the policies established by the House of Delegates or the Board of Trustees and Councilors if the statement of such policy being interpreted is ambiguous. It shall also have power, at its discretion, to investigate general professional conditions and all matters pertaining to the relations of physicians to one another or to the public, and may make such recommendations to the House of Delegates or the Component Societies as it deems necessary.

SECTION 5. Composition--The Judicial Council shall consist of five members, qualified as provided in Section 6 of this Article IX, elected by the House of Delegates on nomination by the Board of Trustees and Councilors or from the floor of the

House, for terms of three years. At least thirty days prior to each Annual Session of the House of Delegates, the Board of Trustees and Councilors shall nominate at least three qualified persons for each vacancy on the Judicial Council and shall promptly publish their names to the membership of this Society in the Journal of this Society, if there be such, or by some other appropriate means; however, the failure of the Board to nominate any, or a sufficient number of, candidates or to publish their names shall not invalidate any election which is otherwise validly conducted by the House of Delegates. The Judicial Council annually shall select, at its first meeting, a Chairman and a Vice Chairman who shall be members thereof. The Secretary of this Society shall serve as Secretary of and alternate member of the Council. The Secretary shall become a voting member of the Judicial Council when any regular member thereof shall be unable to attend a meeting. In any event three members, including the alternate member, shall constitute a quorum, without which the Council can not properly conduct its business.

SECTION 6. Qualifications of Members--No member of this Society shall be eligible for election to the Judicial Council unless: (a) he has served as (i) a President of this Society; or (ii) a member of the Board of Trustees and Councilors for at least one full term; or (iii) a member of the House of Delegates for at least five years; and (b) he shall not be a member of a Component Society, a member of which (i) is then serving as a member of the Judicial Council and whose term will continue during any portion of the period for which the new member is to be elected, or (ii) has previously been elected to the Judicial Council at the same election. Notwithstanding qualifications as set forth above, no person shall be eligible to serve for more than three consecutive terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless he has served more than one year, and for this purpose a year shall be deemed to be the period between Annual Sessions of the House of Delegates.

SECTION 7. Vacancies--In the event a vacancy shall occur in the membership of the Judicial Council between Annual Sessions of the House of Delegates, the Board of Trustees and Councilors shall have the power to fill such vacancy by majority vote, and such appointed member shall serve until the next Annual Session of the House of Delegates.

SECTION 8. Quorum--Three members of the Judicial Council shall constitute a quorum for the transaction of business.

ARTICLE X--OFFICERS

SECTION 1. Designations--The officers of this Society shall be a President, a President Elect, a Vice President, a Treasurer, a Secretary, a Speaker and a Vice Speaker of the House of Delegates, as many District Censors as there are Component Societies and such Assistant Treasurers and Assistant Secretaries as the Board of Trustees and Councilors may from time to time designate by resolution.

SECTION 2. Qualifications--All officers of this Society must be Active, Senior Active, Intern or Resident Members, except that the Treasurer may be a corporation or an employee of this Society and the Assistant Treasurers and Assistant Secretaries may be employees of this Society. The Speaker and Vice Speaker must be members of the House of Delegates at the time of their election.

SECTION 3. Term of Vice President, President Elect, and President--The Vice President shall be elected annually by the House of Delegates. He shall serve as

Vice President until the first general meeting of the Annual Session of the Society next ensuing after his election at which time he automatically shall accede to the office of President Elect. He shall serve as President Elect until the succeeding Annual Session, at which time he automatically shall accede to the office of President and shall serve as President until the installation of his successor. In the event that circumstances beyond the control of the Society prevent the holding of the Annual Session, the Vice President shall automatically accede to the office of President Elect and the President Elect shall automatically accede to the office of President at the previously announced time for the Annual Session.

SECTION 4. Terms of Other Officers--A Secretary, a Speaker and Vice Speaker of the House of Delegates and the District Censors shall be elected annually by the House of Delegates, each to serve until the end of the next Annual Session of the House of Delegates of this Society or until his successor is elected and installed. The Treasurer shall be appointed annually by the Board of Trustees and Councilors.

SECTION 5. Successor to the President, President Elect, and Vice President--If the office of President should become vacant, the President Elect shall immediately become President and shall serve for the remainder of the term of his immediate predecessor. If a President Elect succeeds to the presidency, he shall serve as President until the second Annual Session of this Society following his accession as President Elect. If the office of President Elect becomes vacant, the Vice President shall immediately become President Elect and shall serve for the remainder of the term of his immediate predecessor. If the office of Vice President becomes vacant, such shall remain vacant until the next Annual Session of this Society at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of both President and President Elect become vacant, the Vice President shall immediately become President and shall serve as President until the second Annual Session of this Society following his election as Vice President. If the offices of both President Elect and Vice President become vacant, the Board of Trustees shall designate from the Board of Trustees one who shall act as President Elect and one who shall act as Vice President, each of whom shall so act until the next Annual Session of this Society, at which time the House of Delegates shall elect an eligible person as President Elect and an eligible person as Vice President. If the offices of President, President Elect and Vice President should become vacant, the Board of Trustees shall designate from among the Board of Trustees one who shall act as President, one who shall act as President Elect, and one who shall act as Vice President, each of whom shall so act until the next Annual Session of the House of Delegates, at which time the House of Delegates shall elect an eligible person as President, an eligible person as President Elect, and an eligible person as Vice President.

Should the President, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the President Elect shall act in his stead. Should the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of his office, the Vice President shall act in his stead. Should both the President and the President Elect, as determined by the Board of Trustees, be incapacitated or unable to perform the duties of their offices, the Vice President shall act in their stead.

SECTION 6. Vacancies in Other Offices--Vacancies in any office, other than that of Speaker of the House of Delegates, and those mentioned in Section 5 of this Article X occurring between Annual Sessions of the House of Delegates shall be filled by the Board of Trustees and Councilors, and the persons so elected to fill

vacancies shall serve until the next Annual Session of this Society and until their successors are elected and installed. The Vice Speaker of the House of Delegates shall act for the Speaker in the event of a vacancy in the office of the Speaker or in the absence of the Speaker or in the event of his inability to act.

SECTION 7. Duties--The officers of this Society shall have such duties as are prescribed by the Bylaws of this Society and such additional duties as may be normally incident to their respective offices, or as may be directed from time to time by the Board of Trustees and Councilors.

ARTICLE XI--FUNDS

SECTION 1. Annual Assessment--Money for the purposes of the Society shall be raised by annual assessment payable by each Active, Senior Active, Intern and Resident Member (a) Senior Active Members shall be required to pay only 50 percent of the annual assessment. Interns or Residents during their period of training shall be required to pay only 10 percent of the annual assessment provided the Component Society, of which each is a member, grants a corresponding reduction in its annual assessment. (b) Active Members in their first full calendar year of practice following completion of a training program shall be required to pay only 50 percent of the annual assessment. (c) Members serving temporarily in the Armed Forces or other Government service of the United States shall be excused for any assessment year in which the member enters service prior to March 1, is in service for the entire assessment year, or returns from service on or after March 1. (d) Any member prevented from the practice of medicine by reason of illness or disability shall be excused, provided the Component Society of which each is a member grants a corresponding exemption from its annual assessment. No annual assessment shall be payable by an Associate, Affiliate, Special Student or Honorary Member. The assessment for new members becoming such (a) not more than six and not less than two months prior to the end of the assessment year shall be one-half the annual assessment for that class or category of member, and (b) not more than two months prior to the end of the assessment year shall be waived provided the full annual assessment for the following year is paid at the time of becoming a member. The amount of the annual assessment is to be fixed each year by the House of Delegates at the Annual Session after opportunity has been given to the Board of Trustees and Councilors to recommend the amount thereof, and the manner and time of payment and the assessment year shall be as provided in the Bylaws of this Society.

SECTION 2. Other Income--Money may also be raised by voluntary contributions and in any other legal manner approved by the House of Delegates.

SECTION 3. Expenses--All appropriations for expenses shall be made by the Board of Trustees and Councilors.

SECTION 4. Special Funds--The House of Delegates may by resolution or Bylaw establish special funds for educational, scientific, charitable, benevolent, endowment, medical defense, or other purposes, in the form of trusts or otherwise and with such trustees or managers, and under such terms and conditions as it shall determine, and in fixing the annual assessment as provided in Section 1 above may require specific portions of such assessments to be allocated to such fund or funds by the Board of Trustees and Councilors. Notwithstanding the foregoing, the Board of Trustees and Councilors shall always have the power to establish reserves and special funds consistent with good accounting practice and to establish and manage, or delegate to trustees or managers the management of, trusts and funds comprised of monies donated or contributed to this Society.

ARTICLE XII--PRINCIPLES OF ETHICS

The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relation to each other and to the public, and to this end each member shall conduct himself so as not to defeat or tend to defeat the purposes for which this Society is organized and is operating.

ARTICLE XIII--BYLAWS

The House of Delegates shall have the power to enact, alter and repeal Bylaws, not inconsistent with this Constitution and, in such manner as it shall determine.

ARTICLE XIV—SEAL

This Society shall have a corporate seal which shall contain the monogram "A.M.A." and "1847" within a circle on a keystone, at the sides of which shall appear: "Organized 1848: Chartered 1890," and the whole surrounded by a double circle containing the words, "Pennsylvania Medical Society."

ARTICLE XV--AMENDMENTS

The House of Delegates may amend this Constitution at any session by an affirmative vote of two-thirds of the delegates present provided the text of the proposed amendment has been (a) submitted not less than four months, and not more than fifteen months, prior thereto, to a session of the House of Delegates, or to the Secretary of this Society by (i) the Committee on Constitution and Bylaws, if the Bylaws provide for such committee, or (ii) fifteen Active, Senior Active, Intern and/or Resident Members of this Society, whose signatures shall be appended thereto, and (b) at least two months prior thereto, published in the JOURNAL of this Society, if there be such, and in the call for the session. The House of Delegates may determine the effective date of any amendment.

BYLAWS

CHAPTER I--MEMBERSHIP

SECTION 1--Definition. In conformity with the Constitution of this Society the term "physician" as used in these Bylaws, except as otherwise expressly qualified in the Constitution in any particular related provision, means a person holding an unrestricted license to practice medicine and surgery in the Commonwealth of Pennsylvania.

SECTION 2--Membership Compulsory. Every member of a Component Society eligible for membership in this Society as provided in Article IV of the Constitution shall become a member of this Society within three months after his election to any class of membership therein, unless such member is a provisional or honorary member of the Component Society, in which event he shall not be required to become a member of this Society until three months after his election to some other class of membership.

SECTION 3--Admission to Membership. Every member of a Component Society eligible to become an Active Member or a Senior Active Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification and assessment required by Section 4 of Chapter XVI of these Bylaws. The Continuing Education Requirement as provided in Section 5 of this Chapter I will not be invoked until the third year of membership. Every member of a Component Society eligible to become an Associate Member of this Society shall become such upon receipt by the office of the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws. Every member of a Component Society eligible to become an Affiliate Member of this Society shall become such upon his election to such membership by the Board of Trustees and Councilors as provided in the Constitution. Every member of a Component Society eligible to become an Intern or Resident Member of this Society shall become such upon receipt by the Executive Vice President of the certification required by Section 4 of Chapter XVI of these Bylaws.

SECTION 4--Limitations on Privileges of Membership. In addition to the limitations on the rights and privileges of membership contained in the Constitution of this Society and elsewhere in these Bylaws, neither Affiliate Members nor Special Student Members shall be entitled to the benefits of any Medical Benevolence or similar fund established by this Society.

SECTION 5--Continuing Medical Education Requirement. In order for an Active or Senior Active dues-paying or Associate member of this Society to remain a member in good standing of the Society after June 30, 1976, he must have qualified for the American Medical Association's Physician's Recognition Award, which award is currently based upon a three-year qualifying period. Each Active or Senior Active dues-paying or Associate member once he has qualified for the American Medical Association's Physician's Recognition Award, must continue to qualify for such award in order to remain a member in good standing of the Pennsylvania Medical Society. The Board of Trustees and Councilors shall, in accordance with procedures established by such Board, have the power to waive such requirements in those cases involving Active or Senior Active or Associate members of this Society serving temporarily in the Armed Forces or other Government service of the United States or prevented from the practice of medicine by reason of illness or disability or in such other cases as in its judgment such waiver should be granted. The Board shall waive such requirements upon application from any Associate member not actively engaged in the practice of medicine. Special student members are exempt from the Continuing Education Requirement.

SECTION 6--Suspension from Membership. The membership of a member in this Society shall be suspended (a) on December 31 of any year (beginning in 1976) if he is an

Active or Senior Active dues-paying or Associate member who has failed to qualify for the American Medical Association's Physician's Recognition Award provided the Office of the Executive Vice President has given such member sixty days notice prior to December 31 that such suspension will be invoked against him unless such member shall submit sufficient supplemental records to fulfill such award requirements by December 31, and such suspension shall remain in force until such member submits sufficient supplemental records to fulfill the award requirement, (b) upon suspension of his membership in his Component Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. The suspended member shall not be entitled to exercise any of the rights or privileges of membership during the period of suspension, shall be required to continue the payment of annual assessments without any reduction whatsoever, and shall be restored to full membership upon the expiration of the period of suspension provided he has qualified for a current AMA Physician's Award Certificate.

SECTION 7--Termination of Membership. The membership of a member of this Society shall terminate (a) in the case of Active or Senior Active or Associate Members suspended pursuant to subsection (a) of Section 6 of this Chapter who have not completed the continuing medical education requirement for the AMA Physician's Recognition Award by the end of a one year period of suspension. (b) upon (i) termination of his membership in his Component Society for any reason whatsoever, or (ii) failure to pay a delinquent assessment within thirty days after notice of such delinquency as provided in Section 2 of Chapter IX of these Bylaws, or (iii) three months after ceasing to be eligible for membership herein in the class of membership in which he is a member as specified in the Constitution, unless at such time an application or certification for another class of membership for which the member will become immediately eligible is pending in the office of the Executive Vice President of this Society, and (c) upon the effective date, as provided in Section 7 of Chapter XIII of these Bylaws, of an order to that effect issued by the Judicial Council of this Society. Any person whose membership has been terminated for failure to pay a delinquent assessment shall be reinstated to membership without any break in continuity of membership upon payment of the delinquent assessment in full before December 31 of the assessment year, and reinstatement by his Component Society, but no such member under any circumstances shall be considered to be an Active, Senior Active, Intern or Resident member in good standing during the period between January 1 of the year for which assessment was delinquent and the date of reinstatement for the purposes of any section of the Constitution or these Bylaws. Any Active or Senior Active dues-paying or Associate member whose membership has been terminated by reason of failure to meet the requirements for the AMA Physician's Recognition Award shall be reinstated to membership if, after meeting all the other requirements for reinstatement, he submits evidence that he has met all the requirements for such award for a current period and that at least one-third of the hours required were obtained during the current calendar year.

CHAPTER II--GENERAL MEETINGS AND SCIENTIFIC ASSEMBLIES

SECTION 1--General Meetings. The Annual Session of the Society and special sessions of the Society shall be presided over by the President, the President Elect or the Vice President or a delegated chairman. The program at the Annual Session may include: (a) introduction of special guests and officers of the Society; (b) report on necrology; (c) installation of the incoming President and other officers; (d) any business within the jurisdiction of the membership; and (e) appropriate entertainment.

SECTION 2--Scientific Assemblies. The Board of Trustees shall determine the scope and number of scientific assemblies and be responsible for the direction thereof. Scientific Assemblies shall be presided over by the Chairman of the Council on Education and Science or a delegated substitute.

SECTION 3--Registration. No member or invited guest shall take part in any proceedings of the Annual Session or any special session or any scientific assembly unless he shall have first registered in the manner prescribed by the Executive Vice President.

CHAPTER III--HOUSE OF DELEGATES

SECTION 1--Duties. In addition to the duties set forth in the Constitution of this Society and these Bylaws, the House of Delegates shall:

(a) Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body and subject to the provisions of Section 1 of Chapter IV of these Bylaws; and

(b) Take such steps as may be necessary or appropriate to further the purposes of this Society as expressed in Article II of its Constitution.

SECTION 2--Meetings. The House of Delegates shall meet on the day fixed by the Board of Trustees and Councilors as the first day of the Annual Session. It may adjourn from time to time as may be necessary to complete its business. It shall also meet in special session at the time and place fixed by the Secretary as required by Article VII of the Constitution of this Society.

SECTION 3--Credentials Committee. There shall be a Committee on Credentials consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. All questions regarding the registration and credentials of delegates and alternates at any session of the House of Delegates shall be referred to this Committee, and it shall have such other duties as are specified in these Bylaws.

SECTION 4--Credentials of Delegates. Prior to the opening of any session of the House of Delegates, the Secretary of each Component Society, under the seal of the same, shall certify to this Society the names of each voting delegate and each alternate who has been legally and regularly designated as a voting delegate or alternate delegate to this Society. The Secretary of each specialty Society in Pennsylvania shall certify to this Society the names of the voting delegate and the alternate who have been legally and regularly designated as that society's voting delegate and alternate to this society's House of Delegates. Each Special Student Member or his alternate shall deposit with the Committee on Credentials a certificate signed by the Secretary of this Society under the Society's seal which states that he is the duly certified representative of his Chapter of the American Medical Students Association. No voting delegate and no alternate delegate may be seated until the foregoing requirement has been complied with, provided, however, that the Credentials Committee may waive this requirement in unusual cases when satisfied that the person presenting himself as a voting delegate or alternate delegate is the person who has been certified as such to the Executive Vice President in accordance with the provisions of Article VI of the Constitution, or has been duly selected in accordance with Section 3 of Article VI of the Constitution of this Society. Prior to the opening of any session of the House of Delegates, the Executive Vice President shall certify to the Committee on Credentials the names of all members of the House of Delegates as shown on his official records. Such certification shall be sufficient for the

seating of the secretaries or presidents of Component Societies and for the identification of the voting and non-voting members of the House of Delegates. Any dispute that shall arise as to the seating of any voting delegate or any alternate delegate shall be determined by the House of Delegates after a report thereon by the Committee on Credentials, and the action of the House in such cases shall be final.

SECTION 5--Quorum. Forty voting delegates shall constitute a quorum at any session, annual or special, of the House of Delegates.

SECTION 6--Rules of Order. Sturgis Standard Code of Parliamentary Procedure shall govern the proceedings of the House of Delegates unless otherwise provided in the Constitution or these Bylaws.

SECTION 7--Committee on Rules. There shall be a Committee on Rules consisting of five members appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates, whose terms shall end the following May 31. This Committee shall (a) present recommendations to the House of Delegates for the adoption of any necessary or desirable rules of procedure not inconsistent with these Bylaws (b) present to every Annual Session of the House of Delegates an Order of Business for the session if none has been adopted as a Standing Rule by the House, and (c) present to any special session an Order of Business for the session, which must include any matter set forth in the call for the special session and may include any other business related thereto and properly within the jurisdiction of the House of Delegates. An Order of Business, whether at an Annual Session or special session, shall be adopted as the first order of business by a majority of the voting delegates present and voting, and once adopted may not be changed except by a two-thirds vote of all of the voting delegates seated at the session.

SECTION 8--Reports. The House of Delegates shall receive reports of officers, administrative councils, and committees at each Annual Session. All reports of administrative councils and committees not previously published shall be limited to ten minutes in verbal presentation before the House of Delegates. Any report of greater length shall be printed or mimeographed and a copy furnished each delegate. The pertinent or argumentative features of a report shall then be presented in the allotted ten-minute period.

In unusual cases the foregoing rule may be suspended by a two-thirds vote of the House of Delegates, each exception to this rule to be voted on separately.

Special sessions of the House of Delegates shall consider only that business set forth in the call therefor.

SECTION 9--Reference Committees. The Reference Committees of the House of Delegates shall each consist of five members, and such alternates as the Speaker of the House of Delegates may deem necessary, whose terms shall end the following May 31, appointed annually by the Speaker of the House of Delegates prior to August 1 from among the then certified voting delegates. The Speaker shall appoint such Reference Committees and clearly identify them as he deems necessary to expedite the business of the House.

In addition to the foregoing, the standing Committee on Constitution and Bylaws shall be a Reference Committee of the House of Delegates during the annual meeting of the House of Delegates. Each member of this Society has the right to appear and be heard before any reference committee of the House of Delegates.

Each report, resolution and proposition presented to the House of Delegates shall be referred for consideration and report to one or more of the Reference Committees, as may be appropriate and as the Speaker of the House of Delegates shall determine. The reports of the Reference Committees shall be presented to the House of Delegates before final action may be taken unless otherwise ordered by the House of Delegates by a two-thirds vote of those present and voting.

SECTION 10--Open, Closed and Executive Sessions. The House of Delegates shall meet in open session, to which any person may be admitted, except as it shall move into closed session restricted to members of this Society, its legal counsel and members of the staff of this Society and Component Societies, and except as it shall move into executive session restricted to members of the House of Delegates, legal counsel and such members of the staff of this Society as are necessary for the proper functioning of the House.

SECTION 11--Publication of Proceedings. The proceedings of the House of Delegates at the Annual Session, or any special session, shall be published in the JOURNAL in the first possible issue following the session except that proceedings of Closed and Executive Sessions shall not be published.

CHAPTER IV--ELECTIONS

SECTION 1--Ballot. All elections shall be by ballot of the House of Delegates and a majority of votes cast shall be necessary to elect, except that delegates and alternates to the American Medical Association shall be elected by a plurality vote.

SECTION 2--Time of Elections. The elections shall be conducted at a time and place determined by and pursuant to rules promulgated by the Committee on Rules and adopted by the House of Delegates by a majority vote. The Speaker of the House of Delegates shall appoint such number of tellers as he deems necessary for each session of the House of Delegates.

SECTION 3--Commencement of Terms. All members of this Society elected to any office, except that of a delegate to the American Medical Association, shall assume their duties at the close of the last meeting of the Annual Session of the House of Delegates at which they are elected.

SECTION 4--Nominations. All candidates for any office to be elected by the House of Delegates may be nominated from the floor except that candidates for the Board of Trustees and Councilors shall be nominated only by a delegate from the nominee's Councilor District. No nomination shall be accepted by the House unless the delegate moving the nomination states that the nominee meets all of the qualifications prescribed by the Constitution and Bylaws for the office. In addition to nominations from the floor, (a) candidates for delegates and alternates to the American Medical Association may and should be nominated by the Committee provided for in Section 2(e) of Chapter XIV of these Bylaws, (b) a candidate for District Censor may and should be nominated by each Component Society, and (c) candidates for the Judicial Council may and should be nominated by the Board of Trustees and Councilors.

CHAPTER V--BOARD OF TRUSTEES AND COUNCILORS

SECTION 1--Duties. In addition to the duties set forth in the Constitution and other sections of the Bylaws of this Society, the Board of Trustees and Councilors shall exercise general supervision over the conduct of all administrative councils and committees in the interval between Annual Sessions, it shall have the right to

borrow money on behalf of this Society; and to invest its funds; it shall have charge of all the properties of the Society with authority to purchase, mortgage, lease, sell, or otherwise dispose of any real estate; it shall supervise the business and editorial affairs of the JOURNAL and appoint a medical editor therefore; it shall appoint an Executive Vice President for this Society; it shall fix the salaries or other compensation and the terms of employment of the Secretary, the Treasurer, the Medical Editor of the JOURNAL and the Executive Vice President; it shall require the Treasurer, the Assistant Treasurers, the Secretary, the Assistant Secretaries, the Executive Vice President and all employees handling funds of this Society to furnish, at the cost of this Society, corporate surety bonds in such amounts as the Board of Trustees and Councilors shall determine, for the faithful discharge of their respective duties and for the return of all books, papers and documents belonging to this Society in their respective possession; it shall elect delegates and alternates to the House of Delegates of the American Medical Association to fill vacancies created by an apportionment occurring between meetings of the House of Delegates of this Society and for this purpose may request the Committee to Nominate Delegates and Alternates to the American Medical Association to submit the names of one or more nominees; it shall appoint substitute delegates and substitute alternates to the House of Delegates of the American Medical Association when permitted to do so by the Bylaws of the American Medical Association; it shall have the authority to expend monies of the Society to defray legal expenses associated with the defense of individual members, groups of members or county societies in any case where it believes the best interests of a substantial number of members are so served; and it shall render a report at each Annual Session of the House of Delegates.

SECTION 2--Board Officers. At the first meeting of the Board of Trustees and Councilors after the Annual Session of this Society it shall elect a Chairman and a Vice Chairman to serve until the next organization meeting of the Board and until their successors are elected.

The Chairman of the Board of Trustees and Councilors shall preside at meetings of the Board, coordinate the work of the Board, and appoint the committees provided for in Section 3 of this Chapter V.

The Vice Chairman shall serve in the absence of the Chairman and perform such other duties as the Board may direct.

The Secretary of this Society shall serve as Secretary of the Board of Trustees and Councilors.

SECTION 3--Committees of the Board. The Board shall have the following standing committees consisting of three or more members:

(a) Finance Committee

(b) Publication Committee, to supervise the publication of the JOURNAL

(c) Executive Committee. The Executive Committee shall have only that authority given it by the Board.

The Board of Trustees and Councilors may from time to time authorize special committees of the Board to aid it in its work, which special committees shall report directly to it. Such special committees shall have such duties and consist of such number of members, who need not be members of the Board, as the Board shall decide.

SECTION 4--Meetings. Regular meetings of the Board of Trustees and Councilors shall be held immediately after the conclusion of the Annual Session of the House of Delegates and at least quarterly thereafter at such time and place as the Board shall determine.

During the Annual Session of this Society the Board of Trustees and Councilors shall hold meetings as often as may be deemed necessary and all matters referred to it by the House of Delegates shall be reported on within twenty-four hours if so requested by the House of Delegates.

Special meetings of the Board of Trustees and Councilors may be called at any time by the Chairman or by three members of the Board, provided that due notice thereof shall be sent to each member of the Board (a) within three days thereof, if by telegram, or (b) within five days thereof, if by mail.

SECTION 5--Quorum. Seven members of the Board of Trustees and Councilors shall constitute a quorum.

SECTION 6--Publication of Proceedings. The actions taken by the Board of Trustees and Councilors shall be published in the first possible issue of the JOURNAL following the meetings thereof.

CHAPTER VI--OFFICERS

SECTION 1--President. The President shall preside at all general meetings of this Society. At the first meeting of the Annual Session of the House of Delegates he shall deliver an address on such matters as he may deem of importance to this Society, and file a written report on his term as President. He shall be an ex-officio member of all committees, administrative councils and commissions, without the right to vote, and he shall perform the other duties required of his office by the Constitution of the Society and these Bylaws.

SECTION 2--President Elect. The President Elect shall assist the President in the performance of his duties. He shall make all appointments specified in Section 1 of Chapter XIV of these Bylaws and perform such other duties as may be required by the Constitution and Bylaws or directed by the Board of Trustees and Councilors.

SECTION 3--Vice President. The Vice President shall assist the President and the President Elect in the performance of their duties, and perform such other duties as may, from time to time, be assigned to him by the President.

SECTION 4--Speaker of the House of Delegates. The Speaker or the Vice Speaker of the House of Delegates or a chairman delegated by the Speaker or the Vice Speaker shall preside over all meetings of the House of Delegates. The Speaker of the House of Delegates shall in addition perform such other duties as may be required of him by the Constitution of this Society and these Bylaws.

SECTION 5--Secretary. The Secretary shall take the minutes of meetings of this Society, of the House of Delegates and the Board of Trustees and Councilors, and record them in separate minute books; he shall perform such other duties as are provided in the Constitution and these Bylaws and as may from time to time be directed by the House of Delegates and the Board of Trustees and Councilors, and shall render a report at each meeting of the Board of Trustees and Councilors and an annual report to the House of Delegates.

All matters concerned with medical ethics, other than disciplinary proceedings, which may be directed to any officer of this Society, the Board of Trustees and Councilors, or the staff of this Society, shall be referred to the Secretary. He may give advice thereon as to previous rulings of courts, or of the Judicial Council of the American Medical Association and this Society, but he shall not in so doing invade the exclusive jurisdiction of the Judicial Council to interpret the Principles of Medical Ethics.

In the event of a vacancy in the office of Secretary, the Executive Vice President shall automatically assume the duties of that office until the vacancy has been filled as provided in the Constitution of this Society.

SECTION 6--Treasurer. The Treasurer shall have custody of all funds and securities of this Society, and shall deposit all monies in such depositaries, and place all securities in such places of safekeeping or with such corporate custodians, as shall be designated by the Board of Trustees and Councilors.

The Treasurer shall, except as expressly provided in these Bylaws, disburse the funds of this Society as may be ordered by the Board of Trustees and Councilors, however, the Treasurer may delegate limited authority to the Executive Vice President, an Assistant Treasurer or a bonded staff member to supervise the disbursement of money for necessary and usual operating expenses of this Society. The Treasurer shall sell and purchase securities as directed by the Board of Trustees and Councilors.

The Treasurer shall render reports at the regular meetings of the Board and at the Annual Session of the House of Delegates.

In the event that the Treasurer is an individual, the Board of Trustees and Councilors may combine this office with that of Executive Vice President.

SECTION 7--Assistant Treasurers. The Assistant Treasurers, if any, shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the death, resignation or inability of the Treasurer to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Treasurers to exercise all of the powers and duties of the Treasurer until the next meeting of the Board of Trustees and Councilors.

SECTION 8--Assistant Secretaries. The Assistant Secretaries of this Society shall exercise such powers and perform such duties as shall be determined from time to time by the Board of Trustees and Councilors. In the event of the inability of the Secretary to act, the Chairman of the Board of Trustees and Councilors may designate one of the Assistant Secretaries to exercise all of the powers and duties of the Secretary until the next meeting of the Board of Trustees and Councilors.

SECTION 9--Execution of Documents. The Chairman of the Board of Trustees and Councilors, the President, the President Elect, the Vice President, or the Treasurer shall execute on behalf of this Society under its seal any bonds, deeds, mortgages, or other contracts approved by the Board of Trustees and Councilors. The Secretary, Assistant Secretary, Treasurer, or Assistant Treasurer shall affix the seal of this Society to any instrument requiring it, and when affixed it shall be attested by such officer's signature, provided, however, that the Treasurer shall not attest to the seal affixed to any instrument which he has executed on behalf of this Society.

CHAPTER VII--THE EXECUTIVE VICE PRESIDENT

SECTION 1--Duties. In addition to the Duties imposed on the Executive Vice President by the Constitution and other provisions of these Bylaws, the Executive Vice President shall be the administrative head of this Society and shall be responsible for the administration of the headquarters of this Society. He shall, within the budgetary limitations imposed by the Board of Trustees and Councilors, be empowered to (a) employ such personnel, at such salaries and under such terms and conditions of employment as he shall determine, (b) provide administrative and clerical assistance and arrange the business details and facilities for meetings for this Society and the House of Delegates, Board of Trustees and Councilors, the Judicial Council, the officers and the committees, administrative councils and commissions, as he deems necessary for the efficient operation of this Society, the conduct of its meetings and the publication of the JOURNAL, and (c) repair and maintain the real and personal property of this Society.

The Executive Vice President shall attend the meetings of the House of Delegates, the Board of Trustees and Councilors and the general meetings of this Society, and he shall be responsible for the preparation of the agenda of these meetings and for the preparation of the program for scientific assemblies.

He shall conduct the correspondence of this Society, notify all members of their election to office or their appointments to committees, administrative councils and commissions, and issue over the proper signature all notices required by the Constitution or Bylaws or by action of the House of Delegates or the Board of Trustees and Councilors. He shall be the custodian of, and supervise and maintain at the office of this Society, the membership records and roster and all other record books and papers of this Society.

He shall be responsible for the publication of the JOURNAL, under the supervision of the Publication Committee, and for the publication of the annual roster, memoirs and all other publications of this Society. He shall employ a Managing Editor who shall assist in the publication of the JOURNAL other than the portion on scientific matters which shall be under the direction of the Medical Editor.

He shall prepare a report on necrology for presentation by a representative of the Board of Trustees and Councilors at the Annual Session.

The Executive Vice President shall render a report to the Board of Trustees and Councilors at each of its meetings and to the House of Delegates at its Annual Session.

The Executive Vice President, if a member of this Society, shall not, except as expressly permitted by the Bylaws, be eligible to vote or hold any office in the Society, nor to serve as a member of any council, commission or committee.

SECTION 2--Vacancies. In the event of a vacancy in the position of Executive Vice President, the Board of Trustees and Councilors, or its Executive Committee, shall designate a member of the administrative staff to act as Executive Vice President until a permanent appointment is made.

CHAPTER VIII--LEGAL COUNSEL

SECTION 1--Appointment. The Board of Trustees and Councilors shall select a member of the Bar of Pennsylvania or a law firm practicing in Pennsylvania to act as legal counsel of this Society, and may pay such legal counsel an annual retainer fee.

SECTION 2--Duties. Legal counsel of this Society shall advise the House of Delegates, the Board of Trustees and Councilors, the Judicial Council, the committees, administrative councils and commissions, and the staff with respect to legal matters. All referrals of matters to legal counsel by committees, administrative councils, commissions and the staff shall first have the approval of the Executive Vice President in accordance with such discretionary authority as may be granted to him from time to time by the Board of Trustees and Councilors.

CHAPTER IX--ASSESSMENTS AND FUNDS

SECTION 1--Assessments. Each Active, Senior Active, Intern and Resident Member of this Society shall, through his Component Society, pay such member's annual assessment to the Executive Vice President prior to March 1, and pay any special assessments authorized by the House of Delegates directly to the Executive Vice President prior to the due date of any special assessment. New members shall pay annual assessments in the same manner at the time of their certification or application for membership.

SECTION 2--Delinquent Assessments. A member whose annual assessment or special assessment is not paid at the time mentioned in Section 1 above shall be delinquent and shall not be in good standing in this Society. No delinquent member shall be entitled to exercise any of the rights and privileges of membership in this Society during the period of his delinquency. The Executive Vice President shall send a notice to each delinquent member within sixty days of the date such member becomes delinquent, stating the amount then due and the fact that unless such amount is paid within thirty days after the date thereof the membership of such member will be terminated automatically as provided in Chapter I of these Bylaws. No member of this Society whose membership has been terminated as provided above shall be reinstated until his delinquent assessment has been paid.

SECTION 3--Deposit of Monies and Special Funds. The Executive Vice President shall deposit all monies of the Society received by him in such bank accounts as the Treasurer shall direct and as shall be in accord with the provisions of Section 6 of Chapter VI of these Bylaws.

Monies constituting the Medical Benevolence Fund shall be kept segregated in a separate account and may be invested by the Treasurer under the direction of the Board of Trustees and Councilors.

SECTION 4--Appropriations and Disbursements. All resolutions or recommendations of the House of Delegates pertaining to the expenditure of money must be approved by the Board of Trustees and Councilors before the same shall become effective.

The Board of Trustees and Councilors shall annually approve a budget for the expenditure of the funds of this Society other than the disbursement of monies from any special funds then existing, and may from time to time alter such budget as the needs of the Society shall require. Such budget shall contain reasonable detail as to the allotment of funds in the various categories of the budget, and the Treasurer shall be authorized to disburse the funds of this Society within such budgetary limitations without further authorization from the Board.

Monies in special funds shall be disbursed by the Treasurer in accordance with specific or general resolutions of the Board of Trustees and Councilors, or as provided in these Bylaws.

SECTION 5--Audit of Accounts. The Board of Trustees and Councilors shall at least annually cause an audit to be made of all of the accounts of the Society, except that with respect to the Medical Benevolence Fund any such audit may be limited in

scope to the extent directed by the Board. The Board of Trustees and Councilors shall make an annual report to the House of Delegates with respect to the aforesaid audit or audits.

SECTION 6--Medical Benevolence Fund. Each year out of the funds of this Society the Board of Trustees and Councilors may appropriate a sum not to exceed 15 percent of the annual assessment for all Active Members to be set aside by the Treasurer as a special fund to be known as the Medical Benevolence Fund.

The Medical Benevolence Fund shall be used only for the relief of pecuniary distress of (a) sick or aged Active, Senior Active, Intern, Resident and Associate Members or the parents, widows, widowers, or children of deceased Active, Senior Active, Intern, Resident or Associate Members, and (b) Active, Senior Active, Intern, Resident and Associate Members, resulting from catastrophic natural emergencies.

The Medical Benevolence Fund shall be under the absolute and confidential control of the Committee on Medical Benevolence.

No money shall be paid from the Fund in excess of any limitations imposed by the Board of Trustees and Councilors and unless approved by a majority of the Committee on Medical Benevolence by general or special resolution. The Medical Benevolence Fund shall be administered by the Secretary of this Society, who shall certify to the Treasurer all amounts to be paid from the Fund.

Every effort shall be made to keep confidential within the Committee on Medical Benevolence, a limited group of the staff of the Society, and the Board of Trustees and Councilors, the identity of the beneficiaries of this Fund.

SECTION 7--Educational Fund. Each year out of the funds of this Society the Board of Trustees and Councilors, with the approval of the House of Delegates, may appropriate a sum not to exceed 15 percent of the annual assessment for all Active, Senior Active, Intern or Resident Members to be allocated to the Educational and Scientific Trust of the Pennsylvania Medical Society, to be set aside by the Trustees of the said Trust as a special fund to be known as the Educational Fund.

The Educational Fund shall be used only to assist, by grants or loans, with or without interest, in paying the expenses of continuing the education of students who are (a) in high school, college or graduate school, in financial need and the children of living or deceased members of this Society, or (b) in medical school, in financial need and who do not qualify under Clause (a) of this section, but who are residents of Pennsylvania and have been certified by the Component Society of the county in which they reside as needing financial aid to complete their medical education, or (c) in medical school and residents of Pennsylvania and who by their superior scholastic achievements have shown unusual promise. The Trustees of the Educational and Scientific Trust, upon the recommendation of the Committee on Aid to Education of the Society, shall select the recipients of loans or grants on the basis of character, scholastic ability and, under Clauses (a) and (b) above, financial need. No such loans or grants may be made without the approval of a majority of the Committee on Aid to Education by resolution.

The Board of Trustees and Councilors may establish such further terms and conditions of the said Educational Fund, within the general terms and for the purposes herein established, as it shall deem necessary and desirable.

CHAPTER X--FISCAL YEAR AND ASSESSMENT YEAR

SECTION 1--Fiscal Year. The calendar year shall be the fiscal year for the Society.

SECTION 2--Assessment Year. The calendar year shall be the assessment year for the purpose of the annual assessment of members.

CHAPTER XI--COUNCILOR DISTRICTS

SECTION 1--Area. The Commonwealth of Pennsylvania shall be divided into twelve Councilor Districts, each of which shall be entitled to one Councilor. The Councilor Districts shall be as follows:

First Councilor District--Philadelphia County.

Second Councilor District--Berks, Bucks, Chester, Delaware, Lehigh, and Montgomery Counties.

Third Councilor District--Carbon, Lackawanna, Monroe, Northampton, Pike, and Wayne Counties.

Fourth Councilor District--Columbia, Montour, Northumberland, Schuylkill, and Synder Counties.

Fifth Councilor District--Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, and York Counties.

Sixth Councilor District--Blair, Centre, Clearfield, Huntingdon, Juniata, and Mifflin Counties.

Seventh Councilor District--Cameron, Clinton, Elk, Lycoming, Potter, Tioga, and Union Counties.

Eighth Councilor District--Crawford, Erie, Forest, Mercer, McKean, and Warren Counties.

Ninth Councilor District--Armstrong, Butler, Clarion, Indiana, Jefferson, and Venango Counties.

Tenth Councilor District--Allegheny, Beaver, Lawrence, and Westmoreland Counties.

Eleventh Councilor District--Bedford, Cambria, Fayette, Greene, Somerset, and Washington Counties.

Twelfth Councilor District--Bradford, Luzerne, Sullivan, Susquehanna, and Wyoming Counties.

SECTION 2--General Duties of Councilors. Each Councilor shall be the representative of this Society for his Councilor District. He shall visit the Component Societies in his Councilor District at least once a year and make a report of such visit at the next meeting of the Board of Trustees and Councilors. It shall be his function to help organize county medical societies where none exist, to inquire into the condition of the profession, and to increase the zeal of Component Societies and

their members. He shall make an annual report of his work and of the profession in each county in his Councilor District at the Annual Session of the House of Delegates. He shall perform such other duties as are otherwise provided in these Bylaws and as may be assigned to him from time to time by the Board of Trustees and Councilors. Trustees and Councilors shall be reimbursed for their travel expenses in attendance at meetings of the Board and for any official business of this Society.

SECTION 3--Temporary Councilors. In the event of the death, resignation or inability to act of any of the Councilors, the Chairman of the Board of Trustees and Councilors, after consultation with the Component Society or Societies in that Councilor District, may promptly appoint a temporary councilor who shall be an active member of a Component Society in that Councilor District to perform temporarily the duties of Councilor until the next meeting of the Board of Trustees and Councilors, at which time the Board shall, if conditions are unchanged, (a) fill the vacancy, if one exists and such is required by the Constitution or desirable in the opinion of the Board, or (b) continue the temporary appointment made by the Chairman of the Board.

CHAPTER XII--DISTRICT BOARDS OF CENSORS

SECTION 1--Composition. Each Councilor District shall have a separate Board of Censors who may not be members of a County Board of Censors or Grievance Committee, comprised of the District Censors from each of the Component Societies in the Councilor District and the Councilor of the Councilor District who shall be the chairman without the right to vote. In Councilor Districts with fewer than three Component Societies, there shall be added to the Boards of Censors the District Censors of the adjoining Component Societies.

SECTION 2--Jurisdiction. The District Boards of Censors shall have jurisdiction in all cases of appeals from the decision of a Component Society as provided in Section 4 of Chapter XIII of these Bylaws.

CHAPTER XIII--DISCIPLINARY PROCEEDINGS AND APPEALS

SECTION 1--Scope of Disciplinary Proceedings. No disciplinary proceedings shall be conducted by any body of this Society, except (a) a Component Society, (b) original disciplinary proceedings by the Judicial Council as provided in Section 3 of this Chapter, (c) appeals to District Boards of Censors as provided in Section 4 of this Chapter, and (d) appeals to the Judicial Council as provided in Section 5 of this Chapter. Each Component Society shall establish a county board of censors to be responsible for disciplinary proceedings involving members of the Component Society, and shall file a report on disciplinary activities annually with the Secretary of this Society. All written and signed communications received by the Secretary of this Society, containing charges against a member which could require disciplinary proceedings, shall be forwarded by the Secretary to the appropriate grievance committee. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of the communication by the grievance committee that the grievance committee has considered the charges, the Secretary may refer a copy of the communication to the county board of censors. If the Secretary shall not have received reasonable assurances within forty-five days after receipt of a copy of the communication by the county board of censors that the county board of censors has considered the charges, the Secretary may refer a copy of the communication to the District Board of Censors, which may initiate original disciplinary proceedings.

SECTION 2--General Rules. Except as the context otherwise requires, the following general rules shall apply to all disciplinary proceedings before the Judicial Council, whether original proceedings or appeals, and the District Boards of Censors:

(a) The charge or charges upon which the proceeding is based must be in writing and in sufficient detail to enable the member to defend properly the charges.

(b) A copy of the written charge or charges against a member or a copy of the appeal and brief, as the case may be, must be sent by registered mail to all interested parties at their addresses as they appear on the records of this Society at least thirty days prior to the date of any hearing thereon, which date and the place of hearing shall be set forth therein.

(c) The Judicial Council and the District Boards of Censors shall act as promptly as possible in holding hearings.

(d) The member must be accorded a fair and impartial hearing at which he may be represented by an attorney, be confronted by the witnesses and documentary evidence, if any, have an opportunity to cross-examine the witnesses and present any matter pertinent to his defense. The Judicial Council and the District Boards of Censors shall not be bound by the rules of evidence used in courts and may receive such oral or written evidence as in their respective judgments will best and most fairly present the relevant facts. Except in extraordinary circumstances, the Judicial Council shall not receive new or additional evidence in appeal cases.

(e) The Judicial Council and the District Boards of Censors shall render their decisions with reasonable promptness. Decisions of the Judicial Council, whether in original proceedings or on appeals, shall be concurred in by a majority of the members of the Judicial Council present at the hearing, which shall be not less than three. Decisions of the District Boards of Censors shall be concurred in by a majority of the members of the District Board of Censors present at the hearing. In the event of a tie vote in original proceedings before the Judicial Council the charges against the member shall be dismissed, and in the event of a tie vote in appeals, either by a District Board of Censors or by the Judicial Council, the decision appealed from shall be sustained. All decisions of the Judicial Council and the District Boards of Censors shall be in writing and copies thereof shall be given promptly to the interested parties, and in the case of decisions of the District Boards of Censors, to the Chairman of the Judicial Council.

SECTION 3--Original Disciplinary Proceedings. In all cases of original disciplinary proceedings against a member of this Society before the Judicial Council as provided in Section 2 of Article IX of the Constitution the charge or charges upon which the proceeding is based must be brought by a majority vote of either the Board of Trustees and Councilors or the Board of Censors of the Councilor District of the Component Society of the member, and if the decision of the Judicial Council finds the member guilty of any of the charges, the decision shall state the penalty, if any, to be imposed, which may be either censure, or suspension or expulsion from membership in this Society, regardless of any recommendation or suggestion for penalty made in the charges.

SECTION 4--Appeals to District Boards of Censors. Any member of a Component Society who has been censured, suspended or expelled thereby and any physician who has been refused membership by a Component Society or any Component Society aggrieved by the decision of another Component Society's Board of Censors shall have the right of appeal to the District Board of Censors for that Councilor District, provided that (a) written notice of the appeal is given to the Councilor of the Councilor District within sixty days after the censure, suspension, expulsion, or notice of rejection of an application for membership, as the case may be, and in this latter connection the failure of a Component Society to accept or reject an application for membership within six months after the filing thereof shall automatically be deemed

to constitute a rejection at the end of said six months period, and (b) a brief, outlining the basis of such appeal, is presented to said Councilor within ninety days after either of the events heretofore mentioned.

SECTION 5--Appeals to the Judicial Council. Any member of any Component Society or any Component Society aggrieved by a decision of a District Board of Censors may appeal from such decision by giving written notice of such appeal to the Judicial Council within sixty days after the date of the decision of the District Board of Censors and by submitting a brief, outlining the basis of such appeal, to the Judicial Council within ninety days after the decision of the District Board of Censors. The action of the Judicial Council in cases of appeals shall be limited, except in extraordinary circumstances, to a review of the record of the proceedings before the District Board of Censors.

SECTION 6--Appeals to the Judicial Council of the American Medical Association. Any member of the American Medical Association or any Component Society aggrieved by a decision of the Judicial Council of this Society may appeal such decision to the Judicial Council of the American Medical Association in accordance with the Bylaws and rules thereof, however, no such right of appeal shall be deemed to effect in any way the provisions of Section 7 of this Chapter of these Bylaws.

SECTION 7--Effective Date of Decisions of Component Societies, District Boards of Censors and the Judicial Council. No action of any Component Society censuring, suspending, or expelling a member and no action of any District Board of Censors affirming any such action shall become effective so long as the member has any right of appeal under Sections 4 and 5 of this Chapter, or during the pendency of any such appeal. All decisions of the Judicial Council, whether in original proceedings or on appeals, shall become final upon the issuance thereof, except that any such decision involving a member of the American Medical Association shall not become effective until thirty days after the decision of the Judicial Council, and, if the member or the Component Society, if any, has given written notice to the Judicial Council of the American Medical Association during said thirty day period of his or its intention to appeal to that body and furnishes a copy of such notice to the Judicial Council of this Society, and, in the case of a member to the secretary of his Component Society, until the expiration of the appeal period and the final disposition of the appeal by the Judicial Council of the American Medical Association.

SECTION 8--Notification of Expulsion. Written notification of all final decisions expelling a member for disciplinary reasons shall be given to the State Board of Medical Education and Licensure and the appropriate hospital medical staff.

SECTION 9--Automatic Suspension. Any member of this Society convicted by a court of competent jurisdiction of the commission of a felony or any crime involving moral turpitude, shall be automatically suspended for an indefinite period. It shall be the duty of the Secretary promptly to inform the appropriate county board of censors of any such conviction of any member of this Society, however, any member of the Society having any such information should promptly report the same to the county board of censors. The county board of censors shall make due inquiry and if it finds that such member has, in fact, been so convicted, it shall order a certified copy of the conviction from the court and upon receipt thereof it shall be filed with the member's records. The county board of censors shall thereupon notify the member that he will stand suspended from membership for an indefinite period, beginning ninety days following his conviction by the court, or ten days following the notice if such notice is issued more than ninety days after the conviction, unless prior to the effective date of the suspension, the member certifies to the county board of censors that he has filed an appeal from the conviction. If the member so convicted has so

appealed, the suspension from membership shall be stayed until such time as the appeal has been finally disposed of by a court of last resort, and such suspension shall be completely nullified in the event that the conviction of the member is reversed by such court.

SECTION 10--Expulsion of Unqualified Witness. Any member of this Society who testifies as an expert witness without meeting the qualifications set forth in this section shall be subject to expulsion after a due process hearing as set forth in this Chapter. An expert witness must have basic educational and professional knowledge as a general foundation for his testimony, and in addition, have current personal experience and practical familiarity with the problems that are being considered and be actively engaged in the practice of the medical subject under discussion.

SECTION 11--Reinstatement After Suspension. Any member indefinitely suspended from membership pursuant to the provisions of Section 9 of this chapter may be reinstated to full membership after a period of six months from the effective date of the suspension. Applications for reinstatement may be submitted not earlier than four months after the effective date of the suspension, shall be in writing setting forth the reasons why the member believes he is entitled to reinstatement, and shall be filed with the county board of censors. The county board of censors, after due inquiry, shall hold a meeting to consider the application. The suspended member shall be reinstated upon a majority vote of the members of the county board of censors present and voting at the meeting, provided that there is a quorum of at least four members present at the meeting.

CHAPTER XIV--COMMITTEES, ADMINISTRATIVE COUNCILS AND COMMISSIONS

SECTION 1--Appointment of Members, Vacancies and Qualification. Except as otherwise provided in the Constitution and Bylaws, all appointments of chairmen, vice chairmen, and members of committees, administrative councils, and commissions, the tenure and qualification of members thereof, and the filling of vacancies therein shall be as prescribed below.

(a) Appointment of Chairmen, Vice Chairmen, and Members of Standing Committees, Administrative Councils and Commissions. All such appointments shall be made by the President Elect at least ninety days prior to the next Annual Session, or by the President if the President Elect shall be incapacitated or unable to perform the duties of his office or if a vacancy occurs in the office of President Elect before all appointments are made, or by the Vice President if both the President Elect and the President be incapacitated or unable to perform the duties of their offices or if a vacancy occurs in both of the offices of President and President Elect before all appointments are made. In making appointments to commissions, the President Elect may consult with the members of the related administrative council. Appointments of the chairmen, vice chairmen, and members of administrative councils shall be subject to confirmation by the Board of Trustees and Councilors.

(b) Appointment of Members and Chairmen of Special Committees. Unless otherwise ordered by the House of Delegates, the number of members of special committees shall be determined, and the members and chairmen of special committees shall be appointed, by the President.

(c) Tenure of Chairmen, Vice Chairmen, and Members of Committees, Administrative Councils and Commissions. The terms of all appointed chairmen, vice chairmen, and members of committees, commissions and administrative councils shall be one year beginning and ending with an Annual Session.

(d) Qualification for Membership on Committees, Administrative Councils and Commissions. All members of this Society, except Associate, Affiliate, Honorary and Special Student Members, shall be eligible to serve as members of committees, administrative councils and commissions, except that:

(i) No member of the Judicial Council shall be eligible for appointment to (a) any administrative council or commission, or (b) any committee, membership of which is prohibited by Article V of the Constitution.

(ii) The President, the President Elect, the Vice President and members of the Board of Trustees and Councilors shall not be appointed members of any standing committee, administrative council or commission unless required by these Bylaws.

(iii) A member may serve concurrently only as (a) member of one administrative council and one commission under that council, or (b) a member of one council or one commission and one standing committee, or (c) as an appointed member of not more than two standing committees.

(iv) No member of an administrative council, committee or a commission shall serve more than six consecutive terms. For the purposes of this subsection, a member appointed to fill a term or unexpired term of less than one-half the regular term of that appointment shall not be deemed to have served a term.

(e) Vacancies. All vacancies shall be filled in the following manner:

(i) Vacancies among elected members of standing committees shall be filled by the Board of Trustees and Councilors until the next Annual Session of the House of Delegates when successors shall be regularly elected.

(ii) Vacancies among members of standing committees, special committees and commissions originally appointed by the President Elect shall be filled by the President, with the advice, in the case of appointments to commissions, of the members of the related administrative council.

(iii) Vacancies among members of standing committees and special committees originally appointed by an individual or body other than the President Elect, shall be filled by the individual or body originally appointing them.

(iv) Vacancies among the members or in the office of chairman or vice chairman of any administrative council shall be filled by the President. All such appointments shall be subject to confirmation by the Board of Trustees and Councilors.

SECTION 2--Standing Committees. This Society shall have the following standing committees:

Advisory Committee to the Pennsylvania Medical Society Auxiliary
Committee on Constitution and Bylaws
Committee on Medical Benevolence
Committee on Aid to Education
Committee to Nominate Delegates to the American Medical Association

Standing committees shall submit annually a written report to the House of Delegates to be delivered to the office of the Executive Vice President before July 1, and shall be composed and have the functions, as follows:

(a) Advisory Committee to the Pennsylvania Medical Society Auxiliary. The Advisory Committee to the Pennsylvania Medical Society Auxiliary shall consist of five members. It shall act in an advisory capacity whenever called upon by the Pennsylvania Medical Society Auxiliary regarding its functions or changes in its Constitution and Bylaws.

(b) Committee on Constitution and Bylaws. The Committee on Constitution and Bylaws shall consist of (a) five voting members of the House of Delegates to be appointed annually by the Speaker of the House of Delegates prior to August 1 from the members already reported as members of the House of Delegates for the coming Annual Session of this Society, and (b) the Speaker and Vice Speaker of the House of Delegates, the Secretary, Legal Counsel, and the Executive Vice President as ex-officio members without vote. The Speaker may reappoint a delegate to the Chairmanship of this Committee for a maximum of six consecutive years. No member other than the Chairman may be appointed more than two consecutive years. The term of a member of this Committee shall begin with the opening session of the annual House of Delegates meeting following his appointment and shall conclude immediately prior to the next annual meeting. This Committee shall constantly study the Constitution and Bylaws and recommend revisions and modifications necessitated by changing times, methods or conditions. All proposals for amendments to the Constitution or Bylaws shall, wherever possible, be submitted to this Committee in advance by any proponent thereof for consultation and advice, and this Committee shall serve as the Reference Committee of the House of Delegates as provided in Section 9 of Chapter III of these Bylaws.

(c) Committee on Medical Benevolence. The Committee on Medical Benevolence shall consist of the Secretary of the Society who shall be secretary of the committee, and three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. The committee shall select its own chairman and shall perform the duties prescribed in Section 6 of Chapter IX of these Bylaws.

(d) Committee on Aid to Education. The Committee on Aid to Education shall consist of three members to be selected annually by the Board of Trustees and Councilors, at least one of whom shall be a member thereof. This committee shall select its own chairman, shall perform the functions prescribed in Section 7 of Chapter IX of these Bylaws, shall encourage all members to contribute to loan and scholarship funds of the Educational and Scientific Trust of the Pennsylvania Medical Society and of the Component Societies, and upon request from the American Medical Association shall stimulate member contributions and assistance to the educational and research programs and funds of said Association.

(e) Committee to Nominate Delegates to the American Medical Association. The Committee to Nominate Delegates and Alternates to the House of Delegates of the American Medical Association shall consist of five members with a term of three years except that at the time this amendment becomes effective two members shall be elected for one year, two shall be elected for two years, and one shall be elected for three years. This committee shall select its own chairman annually immediately upon the adjournment of the House of Delegates. It shall be the duty of this committee to submit to the House of Delegates a list of nominees for Delegates and Alternates to the House of Delegates of the American Medical Association who are qualified under the requirements of the American Medical Association to hold such office. In the discharge of this responsibility the committee shall formally request recommendations of nominees from each Component Society. It shall further be required to publish its list of nominees in the Official Call to the forthcoming House of Delegates meeting wherein the election is to be held. Nothing in this section shall be construed as to prohibit nominations from the floor. Service on the Committee to Nominate Delegates and Alternates to the American Medical Association is limited to two terms.

SECTION 3--Special Committees. This Society may have such special committees as the House of Delegates may from time to time determine.

Each such committee shall submit a written report at the Annual Session of the House of Delegates next following its creation, and at each Annual Session thereafter until the committee is discharged. The report shall be delivered to the office of the Executive Vice President before July 1.

SECTION 4--Administrative Councils. The administrative councils shall conduct all of the activities and business of the Society except as otherwise provided by the Constitution and Bylaws. This Society shall have administrative councils as deemed necessary to carry out the business of the Society. The final determination thereof shall be the responsibility of the Board of Trustees and Councilors, subject to review by the House of Delegates.

The Board of Trustees and Councilors shall determine the number of members which each administrative council shall have and such members shall be appointed by the President Elect and qualified in accordance with these Bylaws. A Trustee and Councilor, appointed by the chairman of the Board of Trustees and Councilors, shall be a member of each administrative council, ex-officio without right to vote. Each administrative council shall have a Chairman and a Vice Chairman appointed by the President Elect.

Each administrative council shall report directly to the Board of Trustees and Councilors, and, annually to the House of Delegates. The latter report shall be delivered to the office of the Executive Vice President before July 1. Each administrative council shall have general supervision over the commissions assigned to it. Each administrative council chairman shall, after receiving recommendations from the members of his Council, submit a budget to the Board of Trustees and Councilors covering the work of his council.

Any council or commission may be augmented by not more than eight consultants, appointed by the council with the approval of the President. Such consultants shall be recognized authorities in their fields. Their appointments shall terminate at the Annual Session.

SECTION 5--Commissions. Each council shall recommend the number of commissions and the size of each commission as it shall deem to be necessary to discharge its responsibilities, and the final determination thereof shall be the responsibility of the Board of Trustees and Councilors. Members of commissions shall be appointed and qualified as provided in Section 1 of this Chapter. The chairman of each commission shall be chosen from the membership of the council to which the commission is assigned.

CHAPTER XV--PENNSYLVANIA MEDICAL CARE PROGRAM

SECTION 1--Purpose. The Pennsylvania Medical Care Program recognizes the responsibility of the medical profession for the maintenance of high quality health care at reasonable cost. The Program shall encourage cooperation among physicians, county medical societies, hospitals, health insurance carriers, and all other groups interested in health care in working toward the attainment of the program's stated purpose.

SECTION 2--Organization.

(a) Administration of Program--The Council on Medical Service shall be responsible for general supervision of the Pennsylvania Medical Care Program throughout the Commonwealth.

The Council shall report on the Program directly to the Board of Trustees and Councilors in the interim between sessions of the House of Delegates and shall report annually to the House of Delegates as required by Section 4(b) of Chapter XIV of these Bylaws.

(b) Regional Committees--Regional committees may be appointed by the Council on Medical Service whenever deemed necessary and for whatever region deemed advisable, upon recommendation of the trustee and councilor (or trustees and councilors) of the region.

Each regional committee shall be composed of two Active, Senior Active, Resident or Intern Members of each county medical society within the region, and ex-officio, the trustee and councilor (or trustees and councilors) serving the area. The appointments shall be made upon advice of the county medical societies located within the region and shall be subject to confirmation by the Board of Trustees and Councilors. Appointments shall be for a term of one year beginning and ending with an Annual Session. Vacancies among the membership of a regional committee occurring between Annual Sessions shall be filled for the remainder of the current term by the Council on Medical Service upon the recommendation of the trustee and councilor (or trustees and councilors) of the region.

A regional committee shall elect its own chairman. It shall be responsible for coordinating the activities of the Pennsylvania Medical Care Program within the designated region. Upon request, a regional committee may serve as a liaison committee to resolve medical care problems arising outside its defined region. It shall utilize to the fullest extent all existing control mechanisms of the county medical societies and the hospitals. Matters within the jurisdiction of the grievance committee of a county medical society shall be referred to said grievance committee.

A regional committee shall report periodically to the Council on Medical Service, such report period to be determined by the Council on Medical Service. Minutes of each meeting of a regional committee shall be submitted to the Council on Medical Service and to the office of each county medical society within the region within fifteen days after each meeting. In addition, the regional committee immediately shall send a written report to the county medical society of any action taken affecting one of its members.

(c) Sub-Committees--Each regional committee may establish whatever sub-committees it deems necessary to implement the Pennsylvania Medical Care Program within the region. A regional committee shall be responsible for defining the purpose of the sub-committee, including the number of members to serve thereon. Establishment of and appointments to sub-committees shall be subject to confirmation by the Council on Medical Service.

CHAPTER XVI--COMPONENT SOCIETIES

SECTION 1--Admission. Any county medical society hereafter organized in the Commonwealth of Pennsylvania in a county, or in sparsely settled areas in two or more counties, in which no Component Society exists may, on application to the Board of Trustees and Councilors, become a Component Society, provided (a) its purposes are generally in accord with the purposes of this Society, (b) its Constitution and

Bylaws are not inconsistent with the Constitution and Bylaws of this Society and have been approved by the Board of Trustees and Councilors, and (c) its application has been approved unanimously by the District Censors of the Councilor District in which it it located.

SECTION 2--Termination of Affiliation. The House of Delegates may terminate the affiliation of any Component Society by a vote of two-thirds of the voting members thereof in the event reasonable evidence is presented to the House of Delegates that (a) the constitution or bylaws of the Component Society is not in accord with the Constitution and Bylaws of this Society, (b) the activities of the Component Society are not in accord with the best interests of organized medicine or are detrimental to the profession of medicine, or (c) the Component Society has refused after reasonable notice to comply with any requirement of the Constitution or Bylaws of this Society, as the same may from time to time be amended.

SECTION 3--Investigation of Applicants for Membership. Remembering that the Component Society is the only portal to this Society and to the American Medical Association, each Component Society shall make a thorough investigation of applicants for membership therein, including a formal inquiry to the Biographic Department of the American Medical Association, so that only reputable physicians, licensed to practice their profession in Pennsylvania, and only bonafide interns and residents may be admitted to active membership in the Component Society.

SECTION 4--Membership Records. The secretary of each Component Society shall keep a roster of its members in which shall be shown the full name, current address, medical or osteopathic school and date of graduation, date of registration and license to practice in this state, and such other information as may be necessary or appropriate. The secretary of each Component Society shall note on such roster (a) any changes in membership, with appropriate dates, caused by changes in membership classification, death, resignation, transfer, suspension, termination, expulsion, or new admissions, and (b) changes of address, and promptly forward such information to the office of the Executive Vice President in appropriate form, which shall be on blanks, if any, supplied by this Society. In the case of a new member such report shall be accompanied by an appropriate form furnished by this Society (a) in the case of Active Members, certifying that the member possesses the qualifications of such membership set forth in Section 2 of Article IV of the Constitution, or (b) in the case of Senior Active Members certifying that the member possesses the qualifications of such membership set forth in Section 3 of Article IV of the Constitution, or (c) in the case of Associate Members, certifying that the member possesses the qualifications of such membership set forth in Section 4 of Article IV of the Constitution, or (d) in the case of full-time federally employed physicians, certifying that the member possesses the qualifications for such membership set forth in Section 5 of Article IV, or (e) in the case of Affiliate Members, certifying that the member possesses the qualifications of such membership set forth in Section 6 of Article IV of the Constitution or (f) in the case of Intern or Resident Members, certifying that the member possesses the qualifications of such membership set forth in Section 7 of Article IV of the Constitution. At the time of reporting new members the amount of the annual assessment then payable shall be remitted. The secretary shall also promptly notify the Executive Vice President of the suspension of any member, including full details of the action taken by the Component Society. The secretary of each Component Society shall also report to the office of the Executive Vice President the names of the officers of the Component Society within fifteen days after their election.

SECTION 5--Membership Assessments. The secretary or the treasurer of each Component Society shall, prior to January 1 of each year, render a statement to each of its members of the annual assessment of this Society, which statement shall indicate that the annual assessment is due to this Society on January 1 and must be paid before March 1, and shall render a similar statement to every new member thereof upon his election to membership, except that such statement shall indicate that the annual assessment is payable prior to the member becoming a member of this Society. The secretary or treasurer of the Component Society, as the case may be, shall, promptly upon receipt, remit all assessments of this Society to the Executive Vice President thereof.

SECTION 6--Delinquent Members. No Component Society shall permit any member thereof to remain as a member for a period of more than sixty days after the membership of such member in this Society has been terminated for any reason whatsoever.

SECTION 7--Membership Transfers. A member in good standing of any Component Society moving to another county in Pennsylvania shall, on request, be recommended by his Society for admission to membership in the Component Society into whose jurisdiction he moves without the delay attendant upon ordinary applications for membership.

SECTION 8--Choice of Membership. Any physician living near a county line or living in one county and maintaining an office in another county may hold membership in the Component Society most convenient for him to attend on permission of the Councilor of the Councilor District in which he resides, but no person may concurrently hold membership in more than one Component Society, except that a member who has full membership or proper membership in one county medical society in Pennsylvania may be eligible to hold affiliate membership in any other county medical society in the state.

SECTION 9--Direction of Affairs of Component Societies. Each Component Society shall have general direction of its own affairs and of the admission to membership therein. It shall, however, constantly exert its influence for the betterment of the scientific, moral and economic conditions of every physician within its jurisdiction and it shall make systematic efforts to increase its membership until it includes every qualified physician within its jurisdiction. It shall file with the Executive Vice President a copy of all amendments to its constitution or bylaws within fifteen days after the adoption thereof and may submit in advance copies of proposed amendments for review and advance approval.

SECTION 10--Delegates to this Society. Each Component Society shall at some meeting held prior to June 1 of each year elect, from among its members who are Active, Senior Active, Intern or Resident Members of this Society, delegates and alternates to the House of Delegates of this Society in accordance with the provisions of Article VI of the Constitution. A Component Society may, if it so desires, hold the election of such delegates and alternates during the preceding year. In such event the Bylaws of the Component Society shall contain appropriate provisions for determining the manner in which the elected delegates and alternates shall be reduced should they prove to be a number in excess of those to which the Component Society is entitled on the basis of the number of its members as of December 31 of such preceding year, and appropriate provisions for the designation prior to June 1 of additional alternates and delegates should the Component Society be entitled to more than those elected at the earlier election.

CHAPTER XVII--AMENDMENTS

These Bylaws may be amended at any Annual Session of the House of Delegates by an affirmative vote of three-fourths of the delegates present after lying over one day. If there be a majority but less than a three-fourths favorable vote, the amendment shall lie over until the next session of the House of Delegates and the adoption thereof shall be in the manner and in accordance with the procedure for amendments to the Constitution.

These Bylaws may be amended at any special session of the House of Delegates in the same manner as amendments to the Constitution. The House of Delegates may determine the effective date of any amendment.

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Grace Lovell
#362, p. 1

August 13, 1978

To: Mrs. Paul E. Buckthal, Treasurer
Bradford County Auxiliary

From: Arlene C. Oyler
Executive Administrator

Your county medical auxiliary dues are collected via joint medical society billing, therefore, this memo is a reminder to you to immediately notify the County Medical Society Secretary of the amount for 1978-79 dues. The total amount should include your county dues plus $7 for State and $7 for National dues.

Thank you for your cooperation.

ACO/jc

cc: Mrs. J. Thomas Danzi, Bradford Co-President
Mrs. Roy L. Hart, Bradford Co-President

bc: Mrs. William R. A. Boben
Mrs. Howard F. Conn
Mrs. Frank R. Kinsey

bbc: M. Grace Lovell

Grace Lovell p.2

INTER-OFFICE CORRESPONDENCE

TO Grace Lovell **DATE** August 16, 1978

SUBJECT Auxiliary Dues

FROM Arlene Oyler

The amounts of State and National Auxiliary dues for the 1979 billing should read:

Pennsylvania Auxiliary	$ 7.00
AMA Auxiliary	7.00

Total--------$14.00 plus county dues

tc

File with Memos
CMS's re dues
gl
8/18/78



PENNSYLVANIA MEDICAL SOCIETY
20 ERFORD ROAD · LEMOYNE, PENNSYLVANIA 17043
(717) 238-1636

1-30-78
gl
10-16-78

November 11, 1977

#3

To: Each County Society Secretary or Executive Secretary

From: M. Grace Lovell, Staff Assistant

Subject: 1978 DUES STATEMENTS AND MEMBERSHIP INFORMATION

It is time to prepare for the printing of the 1978 Dues Statements.

Please indicate on the attached form exactly how your county society dues statements should be printed. Please show the following information:

1. County Society Dues -- Specify the rates for all categories of membership.

2. Miscellaneous Dues -- County society dues which are not voluntary. Specify Scholarship, Building Fund, etc.

3. Voluntary Dues -- Specify PaMPAC, Auxiliary, etc. If Auxiliary dues are included, please check with your Auxiliary for the exact amount. National and PMS Auxiliary dues are $7.00 each.

4. Name of County Society.

5. Return Address -- Indicate name and address to which your members should send their payments and statements.

6. Check One -- Indicate whether you want us to mail the dues statements to your members or mail the dues statements to your county society office in bulk.

7. Signature.

Please complete this form even if your 1978 dues statements are to be the same as 1977 and return it to us by November 18th in the enclosed envelope.

- over -

MEMBERSHIP INFORMATION UPDATE

I. PMS dues for 1978 are: $225.00 - Active Members; $112.50 - Senior Active Members; $22.50 - Intern/Resident Members.

II. Constitution and Bylaws changes approved by the 1977 House of Delegates:

A. A 50% reduction in PMS dues for Active members in their first full calendar year of practice following completion of a training program became effective with passage of Resolution 76-16 on October 25.

1. 1977 Resident members who change to Active status for 1978 (their first full calendar year of practice) are eligible for the 50% reduction.

2. Physicians elected to Active membership between January 1 and June 30, 1978, who are in their first year of practice, are eligible for the 50% reduction.

3. Physicians who enter practice after July 1 and are elected to Active membership between July 1 and October 30 will pay 50% PMS dues and, in addition, will be eligible for the 50% reduction the following year.

B. Approved Affiliate membership for county society executives.

C. Associate members who are no longer in practice need not maintain a license in order to continue membership.

III. Unified AMA membership was defeated. AMA membership is encouraged (Resolution 77-13).

IV. Associate member status has not changed and they may not hold PMS office or vote.

V. The moratorium on delinquent dues has been extended through 1978. The House approved the recommendation to eliminate permanently this provision. The language to amend the Constitution and Bylaws will be prepared and presented to the 1978 House of Delegates.

11/14/77

LC:D/fq
Enclosures

1. COUNTY SOCIETY DUES
(Specify rates for all categories of membership.)
Active_____
Seniors (25%)_____
Senior Active (50%)_____
Intern/Resident (10%)_____
Associate_____
Affiliate_____

2. MISCELLANEOUS DUES
(County society dues which are not voluntary. Specify Scholarship, etc.)

3. VOLUNTARY DUES
(Specify Auxiliary, PaMPAC, etc.)

(This area will be left blank for county society use.)

EXPLANATION OF MISC AND VOLUNTARY ASSESSMENTS
A AMPAC PAMPAC*
PAYMENT OF THESE VOLUNTARY MEMBERSHIP DUES SUPPORTS MEDICAL POLITICAL ACTION AND THEREFORE IS NOT DEDUCTIBLE IN FIGURING INCOME TAX LIABILITY.
B SCHOLARSHIP
C BUILDING FUND
D SPANISH MSS
E AUXILIARY
F BLUE CROSS
G BLUE SHIELD
H QUACKERY DEFENSE

AMA	PMS	COUNTY	MISCELLANEOUS	VOLUNTARY	TOTAL
XXXXX	XXXXX				

MAKE CHECK PAYABLE TO → XXXXXXXXXXXXXXXXX MEDICAL SOCIETY

ME No. XXXXXXXXXXXXXXX
MEMBER'S NAME AND ADDRESS
1978 WILL APPEAR HERE

RETURN THIS NOTICE WITH CHECK TO →

COUNTY SOCIETY'S RETURN ADDRESS WILL APPEAR HERE

ASSESSMENTS MAY BE MISSED FROM DUES FOR EDUCATION, SCHOLARSHIP AND BENEVOLENCE FUNDS OF PMS. PAYMENT DUE JANUARY 1. PAYMENT OF LEGISLATIVE REPORT FILED WITH APPROPRIATE OFFICER MAY BE PURCHASED FROM SUPT. OF DOCUMENTS U.S. GOV'T. PRINTING OFFICE WASH., D.C. 20402

RETURN THIS CARD WITH REMITTANCE

5. RETURN ADDRESS

4. _____
Name of County Society

_____

_____

_____

_____

(List exact name and address to which check should be returned.) This will show in window of return envelope.

6. CHECK ONE: _____Mail Statements to Members from PMS Headquarters.

_____Mail All Statements to County Society Office.

7. _____
(Signed)

RETURN THIS FORM TO: Pennsylvania Medical Society
Membership Department
20 Erford Road
Lemoyne, PA 17043

Dictated by: Betty L. Cottle, M.D. October 25, 1977
Typist: ER

PENNSYLVANIA MEDICAL SOCIETY

House of Delegates

REPORT

Reference Committee on Constitution and Bylaws

Presented by: Betty L. Cottle, M.D.

INDEX

1. Unified Membership
2. Associate Members: Licenses Not Required
3. County Society Executives' Membership
4. Dues Reduction for First Year Members
5. Composition of Councilor District Board of Censors
6. Publication of Proceedings
7. Reinstate Associate Member as a Full Member
8. Redistricting of Councilor Districts and Terms of Office

Mr. Speaker, and members of the House of Delegates, the Reference Committee on Constitution and Bylaws has considered the material listed in the Index and presents the following report.

1. UNIFIED MEMBERSHIP (pages 2 and 54 of the Official Reports Booklet; Resolution 77-13)

On recommendation of the Reference Committee, the House of Delegates in 1976 delayed voting on the language to implement unified membership. The standing committee on Consitution and Bylaws was charged with preparing suitable language to implement unified membership, which appears on page 2 of the Official Reports Booklet. However, the preponderance of testimony before the Reference Committee was against mandatory unified membership at this time.

MR. SPEAKER, WE RECOMMEND a negative vote on the Constitutional change regarding unified membership. (SECRETARY'S NOTE: Two-thirds vote required to amend the Constitution.)

MR. SPEAKER, WE RECOMMEND a negative vote on the Bylaws change regarding unified membership. (SECRETARY'S NOTE: Three-fourths vote required to amend the Bylaws.)

The Committee also heard testimony on Resolution 77-13, which addresses the subject of mandatory unified membership. The majority of the discussion favored encouragement of voluntary membership in the AMA. The author of the resolution also approved amending the first WHEREAS as follows.

"WHEREAS, Some physicians have not been able to identify their interest with the AMA, and"

MR. SPEAKER, WE RECOMMEND adoption of Resolution 77-13, as amended. (SECRETARY'S NOTE: Two-thirds vote required.)

2. ASSOCIATE MEMBERS: LICENSES NOT REQUIRED (pages 2 and 55 of the Official Reports Booklet)

The Reference Committee heard no testimony on the proposed Bylaws change which removes the requirement that associate members maintain a license in order to continue their Pennsylvania Medical Society membership, particularly in light of the increased cost of licensure, which mandates malpractice coverage insurance.

MR. SPEAKER, WE RECOMMEND approval of the Constitutional change regarding associate members not being required to maintain their licenses. (SECRETARY'S NOTE: Two-thirds vote required.)

3. COUNTY SOCIETY EXECUTIVES' MEMBERSHIP (pages 2 and 55 of the Official Reports Booklet)

The 1976 House of Delegates adopted Resolution 76-7, which recommends that county medical society executives be eligible for affiliate membership in Pennsylvania Medical Society. The Reference Committee heard favorable testimony regarding this proposed language change.

MR. SPEAKER, WE RECOMMEND approval of the Constitutional change which makes county medical society executives eligible for affiliate membership in Pennsylvania Medical Society. (SECRETARY'S NOTE: Two-thirds vote required.)

4. DUES REDUCTION FOR FIRST YEAR MEMBERS (pages 2-3 and 55 of the Official Reports Booklet; Report of Council on Professional Relations and Services, page 77

The 1976 House of Delegates adopted Resolution 76-16, which allows a fifty percent reduction of dues for active members in their first full calendar year of practice following completion of a training program. The Reference Committee also noted the support of the Council on Professional Relations and Services as contained in page 77 of the Official Reports Booklet.

MR. SPEAKER, WE RECOMMEND approval of the Constitutional change which permits a fifty percent dues reduction for active members in their first full calendar year of practice following completion of a training program. (SECRETARY'S NOTE: two-thirds vote required.)

5. COMPOSITION OF COUNCILOR DISTRICT BOARD OF CENSORS (pages 3 and 55 of the Official Reports Booklet)

The Reference Committee heard no discussion regarding the proposed Bylaws change which would prohibit members of the District Board of Censors from being concurrent members of the county Board of Censors or Grievance Committee.

MR. SPEAKER, WE RECOMMEND approval of the Bylaws change which prohibits a member on a District Board of Censors from also being a member of a county Board of Censors or Grievance Committee. (SECRETARY'S NOTE: Three-fourths vote required.)

6. PUBLICATION OF PROCEEDINGS (Supplemental Board Report A - portion on publishing proceedings, page 85 of the Official Reports Booklet)

The matter of eliminating the mandatory publication of proceedings has been recommended by the Board of Trustees. The Reference Committee has studied Chapter III, Section 11 of the Bylaws and determined the following language changes to amend appropriately the Bylaws.

Section 11 - PUBLICATION OF PROCEEDINGS. The proceedings of House of Delegates at the Annual Session, or any special session [shall] may be published in the JOURNAL in the first possible issue following the Session except that proceedings of Closed and Executive Sessions shall not be published. If the proceedings are not published, a full report of the Session shall be available on request to members.

(Words underlined are being added. Words in brackets are being deleted.)

MR. SPEAKER, WE RECOMMEND approval of the Bylaws changes which eliminate mandatory publication of proceedings of sessions of the House of Delegates. (SECRETARY'S NOTE: Three-fourths vote required.)

7. REINSTATE ASSOCIATE MEMBER AS A FULL MEMBER (page 88 of the Official Reports Booklet; Resolution 77-2)

In the discussion regarding the reinstatement of associate members as full members, many questions were raised concerning the impact Resolution 77-2 would have on the current status of associate members as delineated in the Constitution and Bylaws. The Reference Committee felt study of the issue and its ramifications is needed before any action is taken.

MR. SPEAKER, WE RECOMMEND Resolution 77-2 regarding the associate member category be referred to the Board of Trustees for further study.

8. REDISTRICTING OF COUNCILOR DISTRICTS AND TERMS OF OFFICE (Supplemental Report of the Committee on Constitution and Bylaws, distributed, Resolution 77-24, distributed, Resolution 77-33, distributed)

For purposes of convenience the Reference Committee considered the question of redistricting of Councilor Districts as presented in the Supplemental Report and in Resolution 77-24 and 77-33 together because of similarity of content.

The Reference Committee heard discussion both for and against redistricting of Councilor Districts. The majority of the testimony favored the undertaking of a study on this issue as opposed to adopting a specific recommendation regarding the way in which Councilor Districts should be realigned.

Testimony was also heard in favor of studying the language of terms of office for Trustees and Councilors with a view to the possible reduction of terms.

MR. SPEAKER, WE RECOMMEND rejection of Resolution 77-33, which calls for realignment of Councilor Districts along PSRO lines.

MR. SPEAKER, WE RECOMMEND adoption of Resolution 77-24, which calls for the Board of Trustees to reappraise the Bylaws with respect to terms of office of Trustees and Councilors and redesignation of Councilor Districts, and report back to the House of Delegates.

Respectfully submitted,

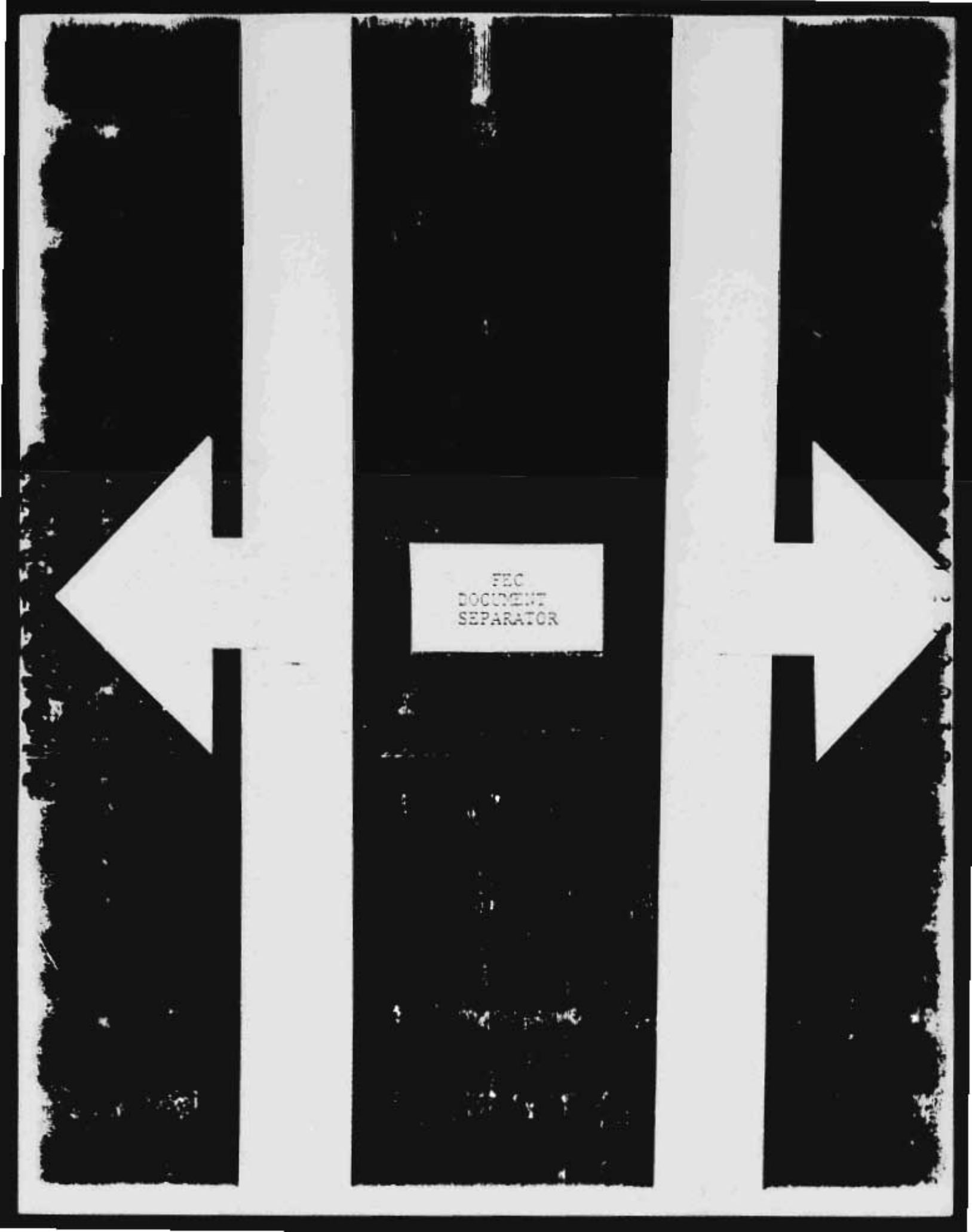
Joseph B. Blood, Jr., M.D.

Frederick G. Brown, M.D.

Charles A. Heisterkamp, III, M.D.

John P. Whiteley, M.D.

Betty L. Cottle, M.D., Chairman


FEC
DOCUMENT
SEPARATOR

EXIBITS #496-#543 MUR#253

3110298221

Ex #496

THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE
Post Office box 2371
Jacksonville, Florida 32203

CONFIDENTIAL

M I N U T E S

Board of Directors
July 24-25, 1976
Innisbrook Resort, Tarpon Springs, Florida

CALL TO ORDER

The meeting was called to order at 9:20 a.m. on July 24, by Secretary Thompson, due to the absence at the beginning of the meeting of Dr. Broadaway and Dr. Glotfelty.

ATTENDANCE

Members Present:
Rufus K. Broadaway, M.D., President; John W. Glotfelty, M.D., Vice President; William Thompson, M.D., Secretary; Francis C. Coleman, M.D., Treasurer; Joseph C. Von Thron, M.D., FMA Liaison; Mrs. Ramona Updegraff, Woman's Auxiliary Representative; Louis C. Murray, M.D.; Robert Windom, M.D.; Eugene Peek, M.D.; Fred C. Andrews, M.D.; Taylor Kirby, M.D. John M. Hamilton, M.D.; Julian H. Groff, M.D.; Donald G. Nikolaus, M.D.; Irving Essrig, M.D.; R.J. Stambaugh, M.D.

Members Absent:
Philip B. Phillips, M.D.; Thomas Edwards, M.D.; Samuel Day, M.D.; James White, M.D.; Allyn B. Giffin, M.D.; Karl R. Roll M.D.; G. Brock Magruder, M.D.; H. Quillian Jones, Jr., M.D.; Fred A. Butler, M.D.; Carl E. Andrews, M.D.; Andre S. Capi, M.D.; Henry D. Perry, Jr., M.D.; Arnold A. Kaplan, M.D.; Jack Q. Cleveland, M.D.; Margaret Skinner, M.D.; Franklin J. Evans, M.D.; Richard M. Fleming, M.D.

Others Present:
Robert N. Webster, M.D.; Donald O. Alford, M.D.; Michael D. Ballard, M.D.; John S. Stewart, M.D.; Roger D. Petersen, M.D. Laurie L. Dozier, Jr., M.D.; Charles Metzger, M.D.; Charles Montgomery, M.D.; Dick L. Van Eldik, M.D.; Ernest Wollin, M.D. Marvin Burdette, M.D.; Thomas D. Bartley, M.D.; Scotty Fraser FMA Director of Legislative Activities; George Palmer, FMA Capital Office; Peter Lauer, AMPAC Representative; Diana Hipp, Hillsborough County Medical Society; Cathy Lunsford, Hillsborough County Medical Society; Carol Crowley, Palm Beach County Medical Society; Jamie Couch, Palm Beach County Medical Society; Beverly F. Dozier; W.G. Stafford, Broward County Medical Society; John Hanni, Jr.; Paul Newman AMPAC campaign consultant; Kaylee Cutler, FLAMPAC consultant Charles W. Murfin, FLAMPAC Executive Director; Judith A. Klosterman, Recorder.

APPROVAL OF MINUTES

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE BOARD MEETING OF MAY 7, 1976, BE APPROVED AS PUBLISHED.

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE EXECUTIVE COMMITTEE MEETING OF JUNE 27, 1976, BE APPROVED AS PUBLISHED

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE CANDIDATE SELECTION COMMITTEE MEETING OF MAY 25, 1976, BE APPROVED AS PUBLISHED

TREASURER'S REPORT — MOTION CARRIED UNANIMOUSLY THAT THE TREASURER'S REPORT AND ADDITION THERETO BE APPROVED AS PUBLISHED.

MOTION FOR BASIC CONTRIBUTION — MOTION CARRIED UNANIMOUSLY THAT THE FOLLOWING BASIC CONTRIBUTION GUIDELINES BE FOLLOWED: $500 PLUS AMPAC'S CONSIDERATION FOR THE SENATE; $500 PLUS AMPAC'S CONSIDERATIO FOR CONGRESS; $300 FOR THE FLORIDA SENATE: $200 FOR THE FLORIDA HOUSE; $500 FOR KEY M.D. RACES.

MOTION INVOLVING INCREASE OR DECREASE — MOTION CARRIED UNANIMOUSLY THAT A COMMITTEE COMPOSED OF THE EXECUTIVE COMMITTEE PLUS THE DISTRICT BOARD MEMBERS INVOLVED CAN INCREASE OR DECREASE NEEDS FOR CONTRIBUTIONS ACCORDING TO THE INDIVIDUAL CANDIDATE.

MOTION NOT TO CONTRIBUTE — MOTION CARRIED THAT FLAMPAC WILL NOT CONTRIBUTE TO CANDIDATES WITHOUT OPPOSITION OR TO THOSE WHO DO NOT HAVE A CHANCE TO WIN. EXCEPTIONS WOULD BE UP TO THE EXECUTIVE COMMITTEE AND DISTRICT REPRESENTATIVES. (This was the previous policy and was simply reaffirmed.)

REPORT OF PRESIDENT — Dr. Broadaway gave a report stating that FLAMPAC has, as of July, 1976, 4,000 members with 70 sustaining members, while the yearly FLAMPAC membership for 1975 was 3,500 with 7 sustaining members.

Dr. Broadaway spoke about our goals for the remaining year and what we should try to accomplish prior to the election.

REPORT OF EXECUTIVE DIRECTOR — Mr. Murfin gave an outline of the meeting for Sunday, July 25 which will be an informational campaign worker's program and panel discussion.

OLD BUSINESS

MOTION SPECIALTY GROUP PACS — MOTION CARRIED UNANIMOUSLY THAT THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE SERVE AS A CENTRAL DEPOSITORY FOR THE MEDICAL POLITICAL ACTION EFFORT; AND THAT THE FLAMPAC BOARD ESTABLISH A PROCEDURE WHEREBY A SPECIALTY GROUP INTERESTED IN A SPECIFIC CONTRIBUTION TO A CANDIDATE COULD REQUEST ANY MONIES DONATED TO FLAMPAC OVER AND ABOVE THE BASE MEMBERSHIP FOR MEMBERS OF THE PARTICULAR SPECIALTY GROUP BE UTILIZED IN AREAS DEEMED NECESSARY BY THE SPECIALTY GROUP.

MOTION SPECIALTY GROUP PACS

MOTION CARRIED UNANIMOUSLY THAT THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE BOARD REQUEST THAT SPECIALTY GROUPS BE INVITED TO APPOINT ONE MEMBER OF THE SPECIALTY GROUP TO SERVE AS AN EX OFFICIO MEMBER OF THE FLAMPAC BOARD IN ORDER TO PROVIDE LIAISON BETWEEN THE FLAMPAC BOARD AND THE INDIVIDUAL SPECIALTY GROUP.

MOTION STATISTICAL POLL

MOTION CARRIED THAT FLAMPAC CONDUCT A POLL NOT TO EXCEED AN EXPENDITURE OF FLAMPAC FUNDS OF $3,500; HOWEVER, IF OTHER FUNDS BECOME AVAILABLE, THESE ADDITIONAL FUNDS MAY BE USED FOR SAID POLL.

PUBLICATION IN FMA JOURNAL

It was noted that the Executive Committee of The Journal did not approve the FLAMPAC request for one or more pages per month in The Journal to be used to discuss political topics or for purchased advertising space in The Journal for the same purpose.

NEW BUSINESS

CAMPAIGN BUDGETS

It was noted that the balance in FLAMPAC's national campaign fund is $29,300; the balance in FLAMPAC's state campaign fund is $35,560.

U.S. SENATE POLL

The results from the poll of the FLAMPAC Board of Directors regarding the race for the Senate seat presently held by Senator Lawton Chiles were as follows: Senator Chiles - 7; Senator Sims - 2; Dr. Grady - 9; support all three - 1; support two - 4; uncommitted - 1; postpone decision until a later date - 6.

MOTION FLAMPAC VACANCIES

MOTION CARRIED THAT DONALD O. ALFORD, M.D., BE RECOMMENDED TO FILL THE VACANCY IN DISTRICT 2.

MOTION CARRIED THAT JOHN C. KRUSE, M.D., BE RECOMMENDED TO FILL THE VACANT SEAT IN DISTRICT 3 WHICH SAMUEL DAY, M.D., IS VACATING.

MOTION CARRIED THAT HAROLD WILLIAMSON, M.D., BE RECOMMENDED TO FILL THE VACANCY IN DISTRICT 7.

FLAMPAC MEETING EXPENSES

MOTION CARRIED THAT FLAMPAC ASK THE FLORIDA MEDICAL ASSOCIATION TO APPROPRIATE FUNDS FOR EXPENSES FOR ONE MAJOR MEETING PER YEAR FOR FLAMPAC COMMITTEE MEMBERS.

PRESS RELEASES ON CONTRIBUTIONS

A discussion was held regarding the pros and cons of press releases on contributions. It was stated that we should be proud of our contributions and that candidates may desire to use our endorsement. However, some physicians may be angry having the extent of our support publicized. Also, some candidates may not wish us to be public in our support. It was agreed that we would leave this up to individual candidates.

FLAMPAC SPECIAL PROGRAMS

The following special FLAMPAC programs were discussed by Charles Murfin: Candidate selection and support committees which request physicians to work on behalf of a specific candidate through a letter requesting this support or throug personal contact; Boosters committee which asks physicians who have donated in the past to donate again; the Dade-Broward project; the physician precinct program; the centr volunteer operation; special events such as coffees, cockta parties, etc.; and blitz day where an all-out effort of support is focused on one day just prior to election.

MOTION APPROVAL OF RECOMMENDATIONS OF THE CANDIDATE SELECTION COMMITTEE

MOTION CARRIED UNANIMOUSLY THAT THE RECOMMENDATIONS DETERMIN AND PRESENTED BY THE FLAMPAC CANDIDATE SELECTION COMMITTEE BE APPROVED AS PRESENTED. (See Appendix 1)
Dr. Glotfelty asked if there were further consideration of candidates that needed to be approved at this time. There was none.

MOTION

MOTION CARRIED UNANIMOUSLY THAT IN RACES WHERE NO DETER-MINATION WAS MADE, FLAMPAC WILL BE GUIDED BY THE RECOMMENDAT OF THE COUNTY SELECTION COMMITTEE UPON APPROVAL BY THE FLAMP EXECUTIVE COMMITTEE AND THE DISTRICT BOARD MEMBER INVOLVED.

SEMINAR

Dr. Glotfelty turned the meeting over for the purpose of a political seminar to Mr. Murfin, Executive Director of FLAMPAC; Mr. Pete Lauer, field representative of AMPAC; and Mr. Paul Newman, political consultant.

ADJOURNMENT

The meeting was adjourned at 12:00 noon, Sunday, July 25.

SATURDAY

JULY 24, 1976

8:30	Coffee and breakfast served	
9:00	Call to order	Rufus K. Broadaway, M.D.
	Reading of the minutes 1. Board Meeting, 5-7-76 2. Executive Committee, 6-27-76 3. Candidate Selection Committee, 5-25-76	W.W. Thompson, M.D.
	Treasurer's Report	Francis Coleman, M.D.
	Report of the Chairman	Rufus K. Broadaway, M.D.
	Report of the Executive Director	Charles W. Murfin
	Old Business 1. Speciality Group PAC's 2. Statistical Poll 3. FLAMPAC Publication in the FMA Journal	
	Coffee Break	
	New Business 1. Campaign Budgets 2. Results of Board Poll on U.S. Senate Race 3. FLAMPAC Board vacancies 4. FLAMPAC meeting expenses 5. Press Releases on Contributions	
12:00	Lunch Break - Lunch served	
1:30 - 2:00	FLAMPAC Programs 1. Candidate Selection and Support Committees 2. Boosters Committee 3. Dade - Broward Project 4. Physician Precinct Program 5. Central Volunteer Operation 6. Special Events - coffees, etc. 7. Blitz Day	Charles W. Murfin
2:00	Recess FLAMPAC Board; Convene Candidate Selection Committee	

SATURDAY

JULY 24, 1976

Continued

2:00 - 4:15	Summary of Candidates and Districts and county testimony	Charles Murfin Scotty Fraser John Fotchman

4:30 Reconvene Board Meeting

New Business Continued

6. Consideration of Candidates
   - A. U.S. Senate
   - B. U.S. Congress
     1 - 15
   - C. Florida Senate
     1 - 40 (Odd numbered seats)
   - D. State House
     1 - 120

7. Other New Business

Recess -

SUNDAY

JULY 25, 1976

8:30 Breakfast served

9:00 Reconvene

1. Completion of FLAMPAC business, if any

2. Campaign Worker's Program

Panel Discussion	Mr. Paul Neuman Charles Murfin and others

1:00 Adjourn -

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1. Completion of FLAMPAC business, if any

2. Campaign Worker's Program

Panel Discussion	Mr. Paul Neuman Charles Murfin and others

1:00 Adjourn -

FLAMPAC

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

RUFUS K. BROADAWAY, M.D., President
JOHN W. CLOTFELTY, M.D., Vice President
WILLIAM W. THOMPSON, M.D., Secretary
FRANK C. COLEMAN, M.D., Treasurer

CHARLES W. MURFIN, Executive Director

POST OFFICE BOX 2371
JACKSONVILLE, FLORIDA 32203
(904) 356-1571

July 8, 1976

M E M O R A N D U M

TO: FLAMPAC Board Members and Alternates

FROM: Charles W. Murfin

In preparation for our meeting of July 24 and 25, it would be helpful if each FLAMPAC board member came prepared to discuss each candidate that has filed his candidacy for any seat within his district. This office will assist you by informing you of any filing activities that become known to us. Please attempt to secure information from the local physicans on the pros and cons of each candidate.

A question has been reoccurring concerning wives at the board meeting. Our deliberations will be very heavy all day Saturday and on Sunday morning. Saturday night and Sunday afternoon will be a good time to take in the excellent facilities at Innisbrook. There is golf, tennis and deep sea fishing. Your families may enjoy taking advantage of these facilities while we are tied up in meetings. Please advise me if you will need reservations for tennis courts, starting times, etc.

.-/jak

M E M O R A N D U M

TO: FLAMPAC Board Members and Alternates

FROM: Charles W. Murfin

SUBJECT: Specialty Group PAC's

A reoccurring subject of discussion will be facing the board at its July 24th board meeting. This is the subject of specialty groups forming various political action committees.

The FLAMPAC board in its meeting of May 7, 1976, and subsequently the FLAMPAC executive committee, discussed this issue in depth. Some members of the FLAMPAC board expressed support for specialty group PAC's so that legislation which affects specialty groups particularly would not be overlooked or overshadowed by other issues larger in scope. Many other board members expressed concern that the formation of specialty group political action committees would cause unnecessary and harmful diffraction of our efforts. A further concern was voiced by staff that the many complicated procedures for reporting filing and bookkeeping would be a tremendous burden on the administrator of the various PAC's and the possibility of unintentional election law violations would be substantial.

.-/jak

Ex # 497

FLAMPAC MEETING — (5)
12:15 P.M., Saturday, January 25, 1969
Robert Meyer Motor Inn
Orlando, Florida

ATTENDANCE

Present: Thomas S. Edwards, M.D., Chairman; Edward G. Haskell Jr., M.D., Secretary-Treasurer; Francis C. Coleman, M.D., Louis C. Murray, M.D., Thomas M. Quehl, M.D., and Mr. ~~James~~ Wm. L. Watson, AMPAC.

Others present: Mr. Al James and Mrs. Mae Mason, recorder.

CALL TO ORDER

Meeting was called to order at 12:15 p.m., with Thomas S. Edwards, M.D., presiding.

TREASURER'S BOND

MOTION WAS CARRIED TO PAY THE BILL FROM HAINES & PETERS IN THE AMOUNT OF $13 FOR THE SECRETARY-TREASURER'S BOND.

CONSTITUTION & BY-LAWS REVISION

Dr. Haskell said it would be necessary to receive all suggestions for revising the Constitution and By-Laws as quickly as possible, so they could be sent out to the District Chairmen 60 days before the meeting in May to be voted on at the annual meeting.

Dr. Haskell also suggested that the office of Secretary-Treasurer should be divided into two offices--Secretary and Treasurer.

MOTION WAS CARRIED THAT THE OFFICERS OF FLAMPAC BE: A PRESIDENT, A PRESIDENT-ELECT, A VICE PRESIDENT, A SECRETARY AND A TREASURER.

MOTION WAS CARRIED THAT THE EXECUTIVE COMMITTEE SHOULD BE COMPOSED OF THE FIVE OFFICERS, THE IMMEDIATE PAST CHAIRMAN (OR PRESIDENT) AND A REPRESENTATIVE APPOINTED BY THE FLORIDA MEDICAL ASSOCIATION BOARD OF GOVERNORS.

Representation for Allied Groups

There followed a discussion of whether or not allied groups, such as dentists, should have representation on the Executive Committee.

Dr. Murray thought it would be too hard to get them together for a meeting if there were too many people on the Executive Committee. He thought they should be on the Board rather than the Executive Committee.

Dr. Haskell said they would want to be in on the decisions as to which candidates would be supported. He thought if they gave money to the group they would want to have some part in the decision as to how that money would be spent.

Dr. Murray suggested there might be a provision to give them representation when their members equal 10% of the membership.

Dr. Coleman suggested that each allied organization might appoint an advisory committee which would have liaison with the Executive Committee, but would not have a vote. He also suggested there might be some legislation that would not be of interest to all groups, or on which they might have differing views.

Dr. Edwards suggested that the Opticians might be asked to join, but it was the consensus of the Committee that at present just the pharmacists and dentists would be asked to join FLAMPAC.

It was decided that each allied health group would be asked to have an advisory committee of at least three people to serve as advisory to the Beard of Directors.

Mr. James was asked to rewrite the Constitution and By-Laws, incorporating the various changes suggested, and send the revised document out to members of the By-Laws Committee.

Terms of Office

Dr. Edwards said that the committee had previously discussed having a two-year term for officers, starting six months after the election and running until six months after the next election.

Dr. Haskell suggested that the terms offoffice be left as they are, but have it generally understood that the officers will not be changed unless someone no longer wishes to serve. He also mentioned that the organization will need "new blood" from time to time.

Administrative Services

Dr. Edwards announced that the Florida Medical Association had offered to furnish administrative and bookkeeping services to FLAMPAC at a suggested figure of 1% of dues collected.

MOTION WAS CARRIED TO ACCEPT ADMINISTRATIVE AND BOOKKEEPING SERVICES FROM FMA AT 1% OF DUES COLLECTED ON A TEMPORARY BASIS, SUBJECT TO CONFIRMATION BY THE FULL BOARD IN MAY.

MOTION WAS CARRIED TO WELCOME BACK MR. JAMES.

Mr. James reported that many of FLAMPAC records had been stolen from his apartment when it was robbed.

Dade Membership

There was a short discussion of the need for more members from the Dade County area.

BANK ACCOUNT

Mr. James explained that many members send in checks made out incorrectly. Instead of being payable to FLAMPAC, they are payable to AMPAC or FLAMPAC-AMPAC, and sometimes the bank refused to accept the endorsement.

MOTION WAS CARRIED TO CHANGE THE NAME OF THE BANK ACCOUNT (AMPAC-FLAMPAC SUGGESTED) TO ACCOMMODATE THE VARIATION IN THE WAY CHECKS ARE WRITTEN.

Billing Allied Groups

Mr. James asked whether or not the dentists and pharmacists should be billed at the same time other bills are sent out. He thought if there was too much delay they might lose interest.

Dr. Haskell suggested that a letter be written to the Florida Pharmaceutical Association and the Florida State Dental Society, asking for a reply within 30 days, and then meet with their presidents to arrange how bills are to be sent out.

County Billing

Dr. Haskell asked that at each meeting a list be furnished of the county medical societies who give FLAMPAC joint billing, so they will know at each meeting just how well this is being done in the state. He also asked that a letter of appreciation be written to those county societies who do joint billing for FLAMPAC.

BROCHURE

There was a discussion of the pros and cons of having a brochure to be sent out to members including letters from legislators who had been assisted in their campaigns.

Mr. Watson of AMPAC described what other state organizations were doing along this line.

There was also some discussion of having an informational booth at the annual meeting.

Guest Speaker

The committee discussed a possible guest speaker for the annual luncheon and what progress had been made in getting Shirley Temple Black to speak. It was decided to ask Dr. Von Thron the next day what progress he had made. It was suggested that Senator Dirksen might be an alternative.

Rep. Cahppell

There followed a discussion of the campaign deficit incurred by Representative Bill Chappell. A certain amount of help had been promised by FLAMPAC, but someone in Washington had told Mr. Chappell that a larger amount would be paid.

MOTION WAS CARRIED THAT FLAMPAC REQUEST THE CONGRESSIONAL REVIEW COMMITTEE OF AMPAC TO GIVE $2,000 TO ASSIST IN PAYING THIS DEFICIT.

Dr. Coleman said he had a luncheon engagement on February 4 with Mr. Fuqua and Mr. Chappell, and he would find out who made the promise to Mr. Chappell. He also said that if the contribution was made, he did not think it should be made as fulfilling a previous promise, but as a new contribution.

Thanks to Mr. James

The Executive Committee thanked Mr. James for all his assistance in the past, present and future.

Date of Ampac Meeting

Dr. Edwards suggested that FLAMPAC should make a formal protest to AMPAC about the dates of their meeting, as they have set it for the same dates as the FMA meeting. He also said that in writing to other members of the Executive Committee he would ask them to look for people to attend the AMPAC meeting. Dr. Coleman said he was planning to go on Friday night and fly back sometime Saturday at no expense to FLAMPAC.

Meeting was adjourned at 1:40 p.m.

Ex #498 P1

Florida Medical Political Action Committee
Post Office Box 2371
Jacksonville, Florida 32203

M I N U T E S

MEETING OF

FLAMPAC BOARD OF DIRECTORS

Sunday, January 28, 1973
Kahler Plaza Inn
Orlando, Florida

CALL TO ORDER The meeting was called to order by the President, Joseph C. Von Thron, M.D., at 1:00 p.m.

ATTENDANCE

Members Present: Joseph C. Von Thron, M.D., President; Rufus K. Broadaway, M.D., Vice President; Louis C. Murray, M.D., Secretary; Francis C. Coleman, M.D., Treasurer; Mrs. Arnold J. Spanjers, Woman's Auxiliary Representative; George H. Evans M.D.; Thomas S. Edwards, M.D.; William H. Harrison, M.D.; Donald G. Nikolaus, M.D.; Allyn B. Giffin, M.D.; John W. Glotfelty, M.D.; Karl R. Rolls, M.D.; Howard T. Willson, M.D.; Andre S. Capi, M.D.; Henry D. Perry, Jr., M.D.; Julian H. Groff, M.D.; Franklin J. Evans, M.D., THOMAS QUEHL, MD.

Members Absent: Edward G. Haskell, Jr., M.D.; James T. Cook, M.D.; W. W. Thompson, M.D.; Reed Bell, M.D.; Taylor H. Kirby, Jr., M.D.; Samuel M. Day, M.D.; Eugene G. Peek, Jr., M.D.; Frederick C. Andrews, M.D.; Charles J. Crist, M.D.; J. Carlisle Hewitt, M.D.; Harold L. Williamson, M.D.; Robert T. Hoover, M.D.; J. Stewart Hagen, III, M.D.; Hiram H. Raulerson, Jr., M.D.; Harold A. Yount, M.D.; Cesar T. Sastre, M.D.; Jack Q. Cleveland, M.D.; Vincent P. Corso, M.D.; Melvin Levinson, M.D.

Others Present: Sanford A. Mullen, M.D.; W. Harold Parham, Executive Vice President, FMA; William E. Colletti, Executive Director, Pinellas County Medical Society; J. Tom Sawyer, Director, AMA Field Service Office; Donald S. Fraser, Jr., Director, Public Affairs Department, FMA; Helen Jones, Recording Secretary.

APPROVAL OF MINUTES MOTION WAS MADE AND PASSED THAT THE MINUTES OF THE MEETING OF MAY 5, 1972, BE APPROVED AS PRESENTED.

ACTIONS OF EXECUTIVE COMMITTEE

President Von Thron brought to the attention of the Board actions adopted by the Executive Committee for consideration by the full Board.

MOTION WAS MADE AND PASSED TO APPROVE THE FOLLOWING RECOMMENDATIONS OF THE FLAMPAC EXECUTIVE COMMITTEE:

MOTION WAS MADE AND PASSED THAT FLAMPAC NOT ENTER INTO ANY OUT-OF-STATE RACES UNLESS THE CANDIDATE HAS BEEN ENDORSED BY AMPAC, AND FLAMPAC HAS BEEN SPECIFICALLY REQUESTED TO ASSIST IN THE OUT-OF-STATE RACE BY AMPAC.

MOTION WAS MADE AND PASSED THAT FLAMPAC NOT AUTHORIZE ENDORSEMENT OF POLITICAL CANDIDATES ON FLAMPAC STATIONERY OR LETTERHEAD BY ANY PAC MEMBERS OR DISTRICT CHAIRMEN.

CANDIDATE SUPPORT - 1972

Doctor Edwards reported that contributions to state legislative candidates had exceeded the original budgetary amount authorized by the Board at the May meeting. The primary reason for this was that additional PAC funds had been collected above the anticipated amount and that there was approximately $4000 remaining in the FLAMPAC candidate support budget after all congressional races had been adequately taken care of.

MOTION WAS MADE AND PASSED TO CONCUR WITH THE ADDITIONAL SUPPORT GIVEN TO THE STATE LEGISLATIVE CANDIDATES.

Doctor Edwards reported that FLAMPAC participated in thirteen congressional races and was on the winning side of all thirteen. He stated that FLAMPAC participated in one hundred four races for the state legislature and was successful in seventy-five and unsuccessful in twenty-nine. This resulted in a success percentage of slightly more than 79%.

ELECTION OF OFFICERS

Doctor Louis Murray, Chairman of the FLAMPAC Nominating Committee, presented the report of the Nominating Committee and recommended the election of officers for 1973 as follows:

President - Edward G. Haskell, Jr., M.D.
Vice President - Rufus K. Broadaway, M.D.
Secretary/Treasurer - Francis C. Coleman, M.D.

MOTION WAS MADE AND PASSED THAT A UNANIMOUS BALLOT BE CAST FOR THE FOLLOWING FLAMPAC OFFICERS FOR 1973:

PRESIDENT - EDWARD G. HASKELL, JR., M.D.
VICE PRESIDENT - RUFUS K. BROADAWAY, M.D.
SECRETARY/TREASURER - FRANCIS C. COLEMAN, M.D.

Doctor Murray reported that it was the feeling of the Nominating Committee that there should be an amendment to the FLAMPAC bylaws to reinstate the separate offices of secretary and treasurer. He reported that it was the feeling of the Committee that, due to the size of FLAMPAC, the additional officer was needed to serve as a member of the Executive Committee.

MOTION WAS MADE AND PASSED THAT AN AMENDMENT BE DRAFTED AND CIRCULATED WHICH WOULD CREATE THE SEPARATE OFFICES OF SECRETARY AND TREASURER.

There was discussion concerning the advisibility of electing officers each year. It was reported that, prior to the recently-enacted bylaws, the officers were elected for two-year terms. Under the new bylaws, while the officers are only elected for one-year terms, there is no prohibition against their reelection. It was the consensus that the current method would seem a more satisfactory approach.

REASURER's EPORT

The Treasurer's Report for FLAMPAC for 1972 was presented by the Treasurer, Francis C. Coleman, M.D. (Appendix I).

MOTION WAS MADE AND PASSED THAT THE TREASURER'S REPORT BE APPROVED AS PRESENTED.

Mr. W. Harold Parham, Executive Vice President, Florida Medical Association, informed the Board that the FMA has contributed substantial staff and administrative assistance to FLAMPAC during the past year that is in excess of the direct contribution of $1000 in political education funds. He stated that the FMA Board of Governors continues to be extremely interested in FLAMPAC and has pledged its wholehearted support to the effort.

FLAMPAC LUNCHEON

There was much discussion with regard to the annual FLAMPAC luncheon and the income that is derived from it. It was suggested that an increase be authorized in the price of FLAMPAC luncheon tickets to more adequately meet the expenses of prestigious speakers who might participate.

MOTION WAS MADE AND PASSED THAT THE AUXILIARY REPRESENTATIVE AND FLAMPAC SECRETARY-TREASURER BE AUTHORIZED TO MEET WITH THE FMA WOMAN'S AUXILIARY TO WORK OUT THE DETAILS FOR CHARGING AN INCREASED AMOUNT FOR FLAMPAC LUNCHEON TICKETS DEPENDING UPON THE SPEAKER.

AMPAC WORKSHOP

MOTION WAS MADE AND PASSED THAT THE FLAMPAC ANNUAL WORKSHOP ON MARCH 10 AND 11 BE COMBINED WITH THE ANNUAL CONGRESSIONAL VISITATION.

MOTION WAS MADE AND PASSED THAT THE PRESIDENT OF FLAMPAC BE AUTHORIZED TO DESIGNATE FIVE MEMBERS OF THE PAC BOARD TO ATTEND THE AMPAC ANNUAL WORKSHOP, THE EXPENSES OF THESE REPRESENTATIVES TO BE SHARED JOINTLY BY AMPAC AND FLAMPAC.

It was brought to the attention of the Board that the FMA has agreed to pay the expenses for all congressional key contact physicians. This will include at least nine physicians who are also members of the FLAMPAC Board of Directors.

Unanimous appreciation was expressed to Doctor Andre Capi for his outstanding work in chairing the Florida Committee of Physicians to Reelect the President.

HANDLING OF P.A. CHECKS

There was considerable discussion on how PA checks should be handled since, at the present time, moneys received from PA's are not able to be used in support of candidates for federal offices. The Board was informed that AMPAC attorneys were currently looking into the matter since there were some changes in the national law which may provide an opportunity for the use of PA checks in federal campaigns. Under Florida law, PA checks can be used to support state candidates or for political education purposes.

MOTION WAS MADE AND PASSED THAT THE EXECUTIVE COMMITTEE DEVELOP A SPECIFIC POLICY FOR THE HANDLING OF PA CHECKS AFTER CONSULATION WITH AMPAC LEGAL COUNSEL.

WOMAN'S AUXILIARY

Mrs. Spanjers, the Woman's Auxiliary member of the FLAMPAC Board, informed the committee about the activities and projects the Auxiliary was participating in for FLAMPAC. She said that a new organization, "LEGS", had been formed to improve congressional liaison and that the Auxiliary was currently working to appoint an Auxiliary member to be a key contact for each congressional member and Senator from Florida.

The question also arose as to whether FLAMPAC should pay for the Legislative Chairman of the Woman's Auxiliary to attend the Washington workshop and the general consensus was that the Auxiliary should request reimbursement from the Florida Medical Association for these expenses.

FLAMPAC NEWSLETTER

The fact that the FLAMPAC Newsletter has not yet been printed nor distributed was brought to the attention of the Board. This newsletter was the by-product of a motion made and passed at the August 12, 1972, meeting of the FLAMPAC Executive Committee. The Board was informed that the reason the newsletter had not been put into effect was a lack of funds.

MOTION WAS MADE AND PASSED THAT THE FLAMPAC NEWSLETTER WOULD BE PUBLISHED WHEN THE EXECUTIVE COMMITTEE DEEMS THAT THERE ARE ENOUGH FUNDS IN THE EDUCATIONAL ACCOUNT TO COVER THIS EXPENSE.

SUMMARY OF EXECUTIVE COMMITTEE MINUTES TO BOARD

MOTION WAS MADE AND PASSED THAT A SUMMARY OF THE EXECUTIVE COMMITTEE MINUTES, AS OPPOSED TO THE MINUTES IN TOTO, BE SENT TO EACH MEMBER OF THE FLAMPAC BOARD OF DIRECTORS IMMEDIATELY FOLLOWING EXECUTIVE COMMITTEE MEETINGS.

ADJOURNMENT

There being no further business, the meeting was adjourned at 2:20 p.m.

Ex #499

Florida Medical Political Action Committee
Post Office Box 2371
Jacksonville, Florida 32203

M I N U T E S
Meeting of

EXECUTIVE COMMITTEE

Saturday, August 12, 1972
Gold Key Inn
Orlando, Florida

CALL TO ORDER — The meeting was called to order by the President, Joseph C. Von Thron, M.D., at 12:00 noon.

ATTENDANCE — Members Present: Joseph C. Von Thron, M.D., President; Edward G. Haskell, M.D., President-Elect; Louis C. Murray, M.D., Secretary; Francis C. Coleman, M.D., Treasurer; James T. Cook, M.D., FMA Liaison

Members Absent: Rufus K. Broadaway, M.D., Vice President

Others Present: Senator C. Welborn Daniel; Mrs. Arnold J. Spanjers, FMA Woman's Auxiliary Representative; Frederick C. Andrews, M.D., Chairman, FLAMPAC District 5; John W. Glotfelty, M.D., Chairman, FLAMPAC District 8; Hiram H. Raulerson, Jr., M.D., Co-chairman, FLAMPAC District 10; Julian H. Groff, M.D., Chairman, FLAMPAC District 13; Jack Q. Cleveland, M.D., Chairman, FLAMPAC District 14; Franklin J. Evans, M.D., Chairman, FLAMPAC District 15; J. Tom Sawyer, Assistant Director, Division of Field Services, AMA; Donald S. Fraser, Jr., Director, Public Affairs Department, FMA; Mrs. Helen K. Jones, Recording Secretary

OPENING REMARKS — Doctor Von Thron informed the group that the primary purpose of this meeting was to evaluate the candidates for election to the United States Congress and to the State Legislature. He stated that, for this purpose, the Executive Committee was being joined in its meeting by members of the Candidate Evaluation Committee and the District Chairmen of the newly-created Congressional Districts.

PRESENTATION BY SENATOR C. WELBORN DANIEL

APPROVAL OF FINANCIAL STATEMENT

The Financial Statement for the period January 1, 1972, through August 10, 1972, was presented by the Treasurer, Francis C. Coleman, M.D.

MOTION WAS MADE AND PASSED THAT THE FINANCIAL STATEMENT BE APPROVED AS PRESENTED.

PROFESSIONAL ASSOCIATIONS

Discussion was held regarding the checks sent in by professional associations for their FLAMPAC membership dues. Of particular concern was whether these persons could be shown as members of AMPAC and FLAMPAC.

It was brought out that the receipts from professional associations could not be used for political action in federal elections and, upon the doctors' requests, these receipts could either be refunded to the professional association, used for political education, or used for state legislative races. Mr. Fraser was directed to develop specific policy recommendations on how checks from professional associations should be handled and what their membership status should be.

CONTRIBUTIONS AUTHORIZED VIA TELEPHONE APPROVED

MOTION WAS MADE AND PASSED THAT THE EXECUTIVE COMMITTEE APPROVE CANDIDATE SUPPORT CONTRIBUTIONS THAT HAVE ALREADY BEEN MADE PER AUTHORIZATION RECEIVED BY TELEPHONE.

REPORTS FROM DISTRICTS

Reports were received from each FLAMPAC district concerning the needs for candidate support in the congressional and state legislative races. President Von Thron noted that each of the FLAMPAC District Chairmen and Co-chairmen have reviewed the candidates within their district and have made recommendations to the Executive Committee concerning them. In many instances, he stated that local groups of physicians have banded together to form local PAC organizations.

EXECUTIVE SESSION

NOTE: The Executive Committee met in Executive Session on the same day to consider the specific candidate support requests and related subjects.

SUPPORT FOR CANDIDATES WITH NO OPPOSITION

There was much discussion with regard to the support FLAMPAC should give to those friends of medicine who have been reelected without opposition.

MOTION WAS MADE AND PASSED THAT FLAMPAC NOT CONSIDER SUPPORT FOR CANDIDATES ELECTED WITH NO OPPOSITION UNLESS A SPECIFIC REQUEST IS RECEIVED FROM THE APPROPRIATE DISTRICT CHAIRMAN WITH SUFFICIENT JUSTIFICATION TO WARRANT DEPARTURE FROM THE POLICY.

SUPPORT FOR CONGRESSMAN PAUL ROGERS

It was brought to the attention of the Executive Committee that incumbent Congressman Paul Rogers anticipates having a very difficult reelection campaign.

MOTION WAS MADE AND PASSED TO REQUEST AMPAC TO SEND A REPRESENTATIVE TO COORDINATE THE DEVELOPMENT OF PHYSICIANS' SUPPORT FOR CONGRESSMAN ROGERS IN DISTRICT 11.

SUPPORT IN DISTRICTS 5, 10, AND 13

It was determined that additional investigation was needed in order to ascertain the candidates eligible for PAC support in Districts 5, 10, and 13.

MOTION WAS MADE AND PASSED THAT DECISIONS CONCERNING CANDIDATE SUPPORT IN CONGRESSIONAL DISTRICTS 5, 10, AND 13 SHOULD BE MADE BY THE PRESIDENT, THE CHAIRMAN OF THE SUB-COMMITTEE ON EVALUATION OF NATIONAL CANDIDATES AND THE RESPECTIVE DISTRICT CHAIRMEN OF THESE DISTRICTS; FOLLOWING WHICH DECISION, THE MEMBERS OF THE EXECUTIVE COMMITTEE WOULD BE INFORMED VIA TELEPHONE TO DETERMINE IF THERE WERE ANY OBJECTIONS TO THE CANDIDATE SO NOMINATED.

MOTION WAS FURTHER MADE AND PASSED THAT AMPAC BE CONTACTED TO DETERMINE IF FUNDS WOULD BE AVAILABLE TO USE FOR POLITICAL SURVEY PURPOSES IN CONGRESSIONAL DISTRICTS 5, 10, AND 13.

CONGRESSMAN WILBUR MILLS

It was brought to the attention of the committee that there had been a request for PAC support for Congressman Wilbur Mills. There was much discussion on the subject of FLAMPAC support to out-of-state candidates.

MOTION WAS MADE AND PASSED THAT FLAMPAC NOT ENTER INTO ANY OUT-OF-STATE RACES UNLESS THE CANDIDATE HAS BEEN ENDORSED BY AMPAC, AND FLAMPAC HAS BEEN SPECIFICALLY REQUESTED TO ASSIST IN THE OUT-OF-STATE RACE BY AMPAC.

MOTION WAS FURTHER MADE AND PASSED TO INFORM CONGRESSMAN MILLS THAT FLAMPAC WOULD BE WILLING TO FURNISH TO HIM AN HONORARIUM FOR HIS APPEARANCE AT THE PAC LUNCHEON IN MAY; AND FURTHER THAT THE PRESIDENT OF FLAMPAC BE AUTHORIZED TO RELEASE UP TO $1,000 FOR THIS PURPOSE, PROVIDED CONGRESSMAN MILLS SO REQUESTED.

ADMINISTRATIVE ASSISTANCE TO CAPITAL OFFICE

Doctor Cleveland brought to the attention of the committee that he feels additional administrative support will be necessary in order to carry out increased FLAMPAC activities. He stated that this was a matter for information of the Executive Committee at this time and that he did not wish to pursue it in more detail. He felt that it would be appropriate for discussion at the next Board meeting.

"PHYSICIANS FOR NIXON" CAMPAIGN

Mr. Fraser was directed by the Executive Committee to assist Doctor Capi in his efforts to get a chairman in each of the congressional districts to handle the Nixon reelection campaign.

REIMBURSEMENT TO FMA FOR PAC ADMINISTRATIVE EXPENSES

It was brought to the attention of the Executive Committee that obligations have been incurred by FLAMPAC for postage, duplicating, phone calls, and other related administrative expenses and that transfer of sufficient funds from political action to political education account was needed. This matter was received as information.

PAC NEWSLETTER

Mrs. Spanjers reported to the Executive Committee on behalf of the Political Education Committee concerning their plans for a FLAMPAC newsletter. She stated that an initial draft of a letterhead had been completed and that plans were now moving ahead for the first issue of the newsletter. She stated that it was anticipated that one issue of the newsletter would be mailed prior to the first primary and a second newsletter immediately prior to the general election.

It was reported that the estimated cost would be approximately $300 per mailing.

MOTION WAS MADE AND PASSED THAT THE NEWSLETTER SHOULD BE MAILED TO MEMBERS OF FLAMPAC ONLY AND THAT FUNDS NECESSARY FOR PRODUCTION OF THE NEWSLETTER BE TRANSFERRED FROM THE CONTRIBUTIONS THAT HAVE BEEN MADE FROM PROFESSIONAL ASSOCIATIONS.

ADJOURNMENT — There being no further business, the meeting was adjourned at 4:00 p.m.

C O N F I D E N T I A L

Florida Medical Political Action Committee
Post Office 2371
Jacksonville, Florida 32203

M I N U T E S
Meeting of

EXECUTIVE SESSION
OF THE
EXECUTIVE COMMITTEE
OF
FLAMPAC
AND
CANDIDATE EVALUATION COMMITTEE

Saturday, August 12, 1972
Gold Key Inn
Orlando, Florida

As related in the minutes of August 12 of the FLAMPAC Executive Committee, an Executive Session was held for the purposes of discussing candidate support in the congressional districts and state legislative races. The following decisions were made:

CONGRESSIONAL CANDIDATES

District 15 (Congressman Fascell):
Request for PAC support for Congressman Fascell was deferred.

District 5:
No request for PAC support was received for the Primary Election in this district.

Florida Medical Political Action Committee
Executive Session (Executive and Candidate Evaluation Committees)
August 12, 1972

District 10:

No request was received for PAC support in the Primary Election in this district.

MOTION WAS MADE AND PASSED TO HAVE DOCTOR DAVID C. LANE CONTACT THE REPUBLICAN CANDIDATE, L. A. "SKIP" BAFALIS, TO DETERMINE HIS POTENTIAL SUPPORT FOR MEDICINE SHOULD HE BE THE REPUBLICAN NOMINEE.

District 11:

In view of the fact that Congressman Rogers anticipates a tough reelection race, it was determined that additional FLAMPAC support and a candidate support committee were needed.

MOTION WAS MADE AND PASSED TO CONTRIBUTE $5,000 TO THE CANDIDACY OF PAUL ROGERS FOR REELECTION AND AN ADDITIONAL $5,000 BE SET ASIDE TO BE USED AS DETERMINED BY THE EXECUTIVE COMMITTEE.

District 13:

No recommendation received for PAC support in District 13 in the first primary.

JOSEPH C. VON THRON, M. D.
28 NORTH ORLANDO AVENUE
COCOA BEACH, FLORIDA 32931

AREA CODE 305-784-0222

DIPLOMATE OF
THE AMERICAN BOARD OF FAMILY PRACTICE

9/26/72

September 21, 1972

Mr. Scotty Fraser
FLAMPAC Office
Tallahassee, Florida

Dear Scotty:

Sorry not to have returned these minutes sooner, but thought they were merely a copy for my perusal and suggestions.

Again, let me admonish you not to disclose the contributions made to all of the members of the Board or the Executive Committee. I think a copy should be made available to Dr. Haskell and myself. We will read the minutes at the next Board of Governors' Meeting only and then file them in a lock box somewhere in the FMA office.

Incidentally, these minutes meet with my approval.

Nice to be talking to you.

Sincerely,

Joseph C. Von Thron, MD

rkg

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearb

Q #500

Cong. 12th

July 7, 1976

JUL 9 1976

Rufus K. Broadaway, M.D.
Chairman
Florida Medical Political
Action Committee
1500 Northwest 12th Avenue
Miami, Florida 33136

Ck 3,000.00

Dear Doctor Broadaway:

At a recent meeting, the AMPAC Congressional Review Committee approved a contribution in the amount of $3,000 to be used to support Herbert Burke in the 12th congressional district primary. A check in this amount has been sent to Charlie Murfin at the FLAMPAC address.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days after it is received.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

cc: Charles Murfin

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Ex #501

AUG 30 1976

AMPAC

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearborn

August 26, 1976

Charles Murfin
FLAMPAC
P.O. Box 2371
Jacksonville, Florida 32203

Dear Charlie:

At its most recent meeting, the AMPAC Congressional Review Committee approved a contribution in the amount of $500 to be used to support Herbert Hoodwin in the 1976 primary in the 14th congressonal district. A check in this amount payable to Hoodwin for Congress is enclosed.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days after it is received.

Sincerely,

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Ex. # 502

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Chairman
James C. MacLaren, M.D. San Diego, California
Secretary
Mrs. John M. Cornwall, Denver, Colorado
Edgar T. Bernhardt, Jr., M.D. Reno, Nevada
William N. Cooper, M.D. Washington, D.C.
John J. Cunningham, M.D. Portland, Maine
Ben F. Denton, M.D. Oklahoma City, Oklahoma
Michael P. Lewis, M.D. Philadelphia, Pennsylvania
W. J. Lewis, M.D. Bryan, Ohio
John M. Smith, Jr., M.D. San Antonio, Texas
Joseph C. Von Thron, M.D. Coral Gables, Florida
William L. Walker, Executive Director and Treasurer
Mrs. Lee Ann Elliott, Associate Executive Director
Assistant Treasurer

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearbo

SEP 7 1976

September 2, 1976

Charles Murfin
FLAMPAC
P.O. Box 2371
Jacksonville, Florida 32203

Dear Charlie:

At its most recent meeting, the AMPAC Congressional Review Committee considered and approved an additional contribution in the amount of $2,500 to be used to support John Grady, M.D., in the Florida Senate Primary. A check in this amount is enclosed.

Federal Law requires that this check must be delivered, or the campaign treasurer notified that it is available, within five days after it is received.

Sincerely,

Lee Ann

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

Dr. Von Elliott,

Wanted to pass this on to you for Dr. Grady so that you can deliver it.

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

SEP -2 1976

4980

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

2-77
710

The sum of $2500 and 00 cts

PAY

TO THE ORDER OF

Grady for Senate Committee
2749 Exchange Court
West Palm Beach, Florida 33409

DATE	AMOUNT
9-2-76	$2,500

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Bella M. Chenault

Lee Ann Elliott

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

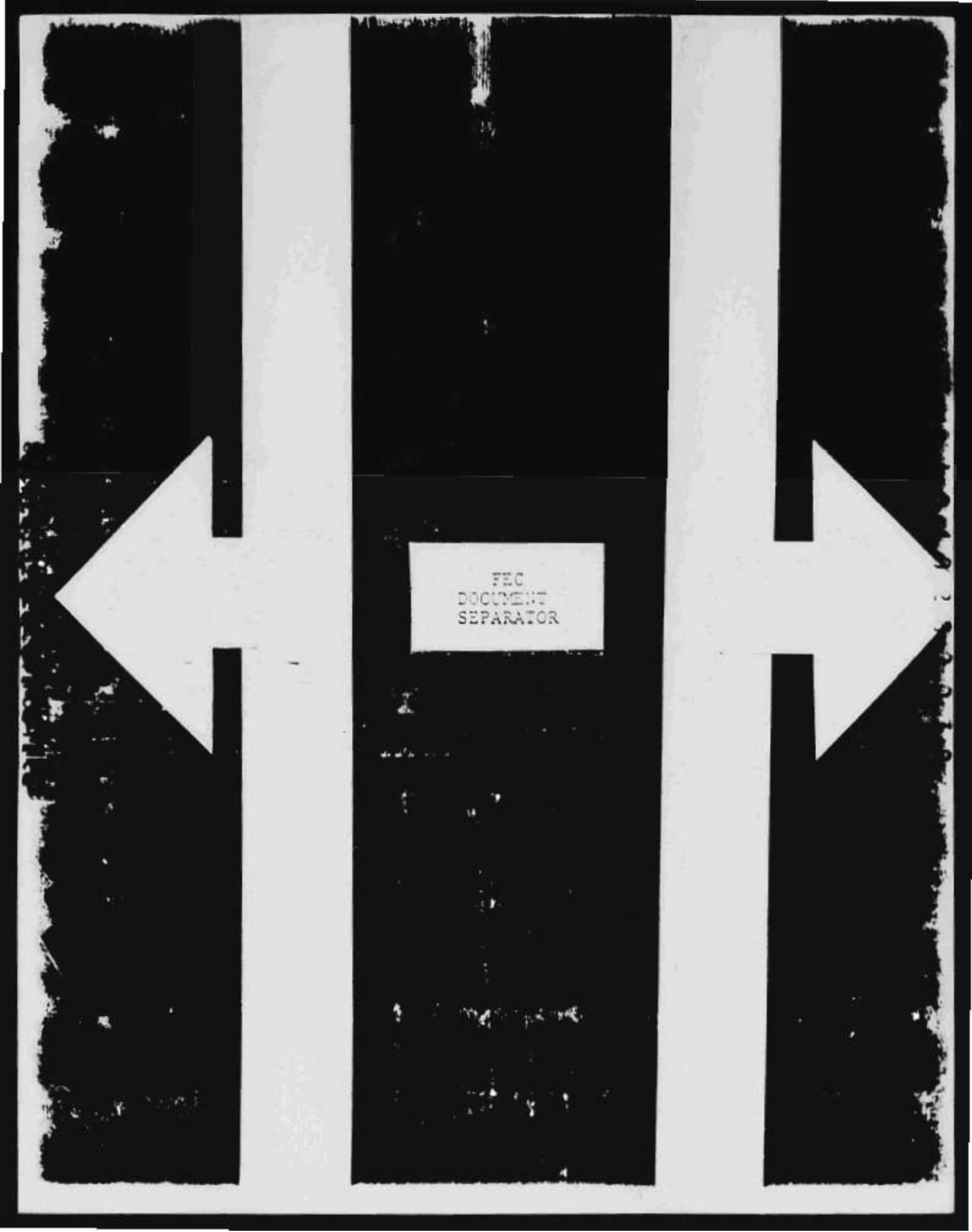
⑈004980⑈ ⑆1926⑆

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
9-2-76	for: John Grady (R) Florida Senate - 1976 Primary		$2,500	$2,500
	This check is composed of $10.00 contributions from 250 physicians			

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY
		LOCAL SECURITY TAX	WITHHOLDING U.S. INC. TAX	STATE INCOME TAX							


FEC
DOCUMENT
SEPARATOR

A·S·R·

Ex. # 503
FOLDER 1
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UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION

FEDERAL ELECTION COMMISSION,	)	
	)	
Petitioner,	)	
	)	
-vs-	)	TCA 78-0702
	)	
FLORIDA MEDICAL POLITICAL ACTION COMMITTEE (FLAMPAC), et al.,	)	
	)	
Respondents.	)	

STENOGRAPHIC RECORD

DEPOSITION

OF

DR. WILLIAM WEST THOMPSON,

WITNESS ON BEHALF OF PETITIONER,

Taken May 12, 1978.

- - -

ASSOCIATED STENOTYPE REPORTERS
820 XXXX AMERICAN HERITAGE LIFE BUILDING • JACKSONVILLE, FLORIDA 32202
905 BLACKSTONE BUILDING • JACKSONVILLE, FLORIDA 32202
356-0401 — 353-0544 — 354-8170
Lillian A. Balboni • Juli Coleman • S. Gay Hess • Jean Stoll • and Staff

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WITNESS:	DIRECT
Dr. William West Thompson	6

EXHIBITS

NUMBER:	FOR IDENTIFICATION
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Petitioner's Exhibit No. 8	47
Petitioner's Exhibit No. 9	48
Petitioner's Exhibit No. 10	50

- - -

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF FLORIDA
TALLAHASSEE DIVISION

FEDERAL ELECTION COMMISSION,

Petitioner,

-vs- TCA 78-6702

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE (FLAMPAC), et al.,

Respondents.

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

Deposition of DR. WILLIAM WEST THOMPSON, taken on behalf of the petitioner herein, pursuant to Notice of Taking Deposition, at 801 Riverside Avenue, Jacksonville, Duval County, Florida, on Friday, May 12, 1978, at 2:55 o'clock p.m., before Susan Gay Hess, a Notary Public in and for the State of Florida at Large.

- - -

APPEARANCES:

MS. SUSAN PROFFER,

and

DAVID R. SPIEGAL,

General Counsel,
1325 K Street Northwest,
Washington, D.C. 20463,

appearing on behalf of
petitioner.

FLOYD L. MATTHEWS, JR., Esquire,

of the law firm of Matheus, Osborne,
Ehrlich, McNatt, Gobelman & Cobb,

1500 American Heritage Life Building,
Jacksonville, Florida 32202,

and

JOHN THRASHER,

House Counsel,
Florida Medical Association,
801 Riverside Avenue
Jacksonville, Florida 32204,

attorneys for respondents.

JOHN LEWIS SMITH, III, Esquire,

of the law firm of Baker, Hostetler,
Frost & Towers,

818 Connecticut Avenue Northwest,
Washington, D.C. 20006,

attorneys for American Medical
Political Action Committee.

(continued)

APPEARANCES: (continued)

ALSO PRESENT:

DONALD WILCOX, Esquire,
536 North State Street,
Chicago, Illinois 60610,
of counsel to AMPAC.

ELIZABETH HUNER, Federal Election Commission.

WILLIAM C. OLDAKER,
General Counsel,
Federal Election Commission

W. HAROLD PARHAM, Executive Vice-President,
Florida Medical Association.

- - -

STIPULATIONS

It was stipulated and agreed by and between counsel for the respective parties, and by the witness, that the reading and signing of the deposition by the witness be waived; that formal notice of filing of the deposition be waived.

- - -

DR. WILLIAM WEST THOMPSON,

having been produced and first duly sworn as a witness on behalf of the petitioner, testified as follows:

DIRECT EXAMINATION

BY MR. PROFFER:

Q Would you please state your name.

A William West Thompson.

Q And what is your address, Dr. Thompson?

A 153 Beal Parkway Northwest, Fort Walton Beach, Florida, 32548, home address.

Q How long have you been a medical doctor, sir?

A I graduated in '46, and I was awarded my degree in '47.

Q Have you been practicing in Florida since you have been practicing?

A I started practice in Florida in 1956.

Q Where were you practicing prior to that time?

A Radford, Virginia.

Q Are you a member of the Florida State Medical Association?

A Yes.

Q How long have you been a member?

A Since I was eligible, and I don't remember the eligibility time. Sometimes you had to be in practice in the state for a year or some period of time before you could join.

Q Can we say, then, that it was somewhere around 1956, 1957?

A It would have been '57, '58, in that time period.

Q During any part of that time, were you a member of a medical association of any other states?

A Of Virginia.

Q And when did you become a member of that organization?

A '55, I presume. I think they had a waiting period. I started practice in Virginia in '54, and I became a member as soon as I could.

Q Are you a member as well of the American Medical Association?

A Yes.

Q And when did you become a member of that organization?

A I don't remember, but I think I became a member of that when I was in the Armed Forces.

Q And when was that?

A I became a member of the Armed Forces in -- as a physician you're asking, Counselor?

Q Yes.

A In '48 or '49.

Q So you joined the American Medical Association around that time?

A I don't remember exactly, but I think that sometime in that time frame I did belong to the AMA, but I'm not certain. That's a very long time ago, Counselor.

Q Are you also a member of a county medical society?

A Yes.

Q Which county would that be?

A Okaloosa.

Q And when did you become a member of that organization?

A As soon as I could, and I don't remember whether that was also '57 or '58, but it was about that time frame. And I'm sorry, I did not -- it was not Okaloosa County Medical Society at that time; it was Walton-Okaloosa-Santa Rosa County Medical Society. It was a three-county

society at that time, and subsequently it became three separate county medical societies. So I've been a member of a three-county group and a county group, and I don't remember the year that it changed from three-county to separate counties.

Q Do you recall approximately how many years after you joined this occurred?

A It was the year I was president of the county medical society. I dissolved the triple and was president of the one, and that can be found in the archives, because I do not remember the date.

Q Have you held any other office in the Florida Medical Association?

A In what time frame?

Q Since you have been a member.

A I thought we were at a time frame that we were discussing.

MR. THRASHER: Well, we do have a time frame. We might as well establish it right now. The time frame is through 1 January 1972 to November 22, 1977.

MS. PROPPER: I believe it has been made amply clear in the previous depositions taken here today and yesterday that the commission's position is contrary to the time frame, that we believe that the

purview of this deposition extends beyond those limitations.

BY MS. PROPPER:

Q Can you --

MR. THRASHER: Let me make ourselves clear that we are going to continue to instruct the witness not to answer any questions that go beyond the scope of those dates.

MS. PROPPER: I understand that, Mr. Thrasher.

MR. THRASHER: In deference to time, we would appreciate it if you would move along and confine your questions to those dates.

THE WITNESS: If you will define what you consider as officer, I'll try to answer your question.

BY MS. PROPPER:

Q Have you held any official position in the Florida Medical Association?

MR. THRASHER: I am going to object, unless you confine it to a specific time.

BY MS. PROPPER:

Q For the purposes of the question, without waiving any arguments that the commission may have concerning our rights to question you on other periods, for now I would like to ask you if you have been in any official

capacity in the Florida Medical Association since 1972?

MR. THRASHER: I am going to object again, unless you have a cut-off time.

MS. PROFFER: Are you instructing the witness not to answer?

MR. THRASHER: Absolutely.

BY MS. PROFFER:

Q Are you choosing not to answer?

A I will answer in the time frame, if you will ask me what you want to know, Counselor.

Q I have asked you, Doctor, whether you have held any office in the Florida Medical Association since 1972?

MR. THRASHER: I am going to object again on the same grounds as previously stated.

BY MS. PROFFER:

Q Doctor, did you hold any office in the Florida Medical Association during the year 1972?

A I was a delegate for my county to the Florida Medical Association. I was a member of the House of Delegates, and that's the official position that I held as I remember in '72. That's six years ago. And I don't remember what other councils that I may have been on as a member of the House of Delegates, because a member of the House of Delegates may be appointed to, say, a reference

committee or this sort of thing. But I don't understand what you mean by an officer. Until officer is defined, I don't know how to answer you.

Q I am asking if you participated in the Florida Medical Association in any official capacity.

A I did as a delegate on appointed committees that may have been the credentials committee to certify that the delegates were delegates and this sort of thing.

Q How were you selected to be a member of the House of Delegates?

A I was elected by my county medical society.

Q And during the year 1973, Doctor, were you in any official position in the Florida Medical Association?

A Counselor, this would be in the archives, and I've done so many different things that I really don't remember exactly what year I was on what council. But I'm sure that I participated. I'm sure that I did have official positions. I think that may have been the year that I became a member of the judicial council, or somewhere in that time frame, but that, again, is a matter of record in the journal.

Q Can you tell me what the judicial council does.

A Yes. We consider on appeal from physicians and the public matters of medical ethics.

Q What other positions have you held in the Florida Medical Association?

MR. THRASHER: I am going to object, unless you confine it to a specific time frame.

BY MS. PROPPER:

Q During the period January 1, 1972 until November 22nd, 1977, what other positions have you held in the Florida Medical Association?

A Of course I've been continuously a member of the House of Delegates in that time frame. I've been a member of the judicial council, and I've been a member of a companion organization called FLAMPAC, and I've served on credentials committees, but I don't remember which dates I served on the credentials committees, what dates I served on the reference committee of the house and this sort of thing.

Q Were you ever chairman of the FMA council? Do you recall?

A Yes. I was chairman of the judicial council in the time frame you're talking about in '76 and '77.

Q Have you ever held office in the American Medical Association?

A No.

Q Have you held any other offices in the county

society apart from being president?

A Yes, almost all of them. Secretary, vice-president, credentials committee. If there's been one, I've served on it.

Q You stated that you were a member of FLAMPAC.

A That's correct.

Q When did you become a member of FLAMPAC?

A I don't remember. It's been a long time.

Q Could you give me an approximate date.

A I was a member in the time frame that you're talking about. I have no idea when I first became a member.

Q Are you a member as well of the American Medical Political Action Committee?

A Yes, I am.

Q And approximately when did you join that?

A Presumably whenever I joined the other one.

Q When you joined the Florida Medical Political Action Committee, did that confirm membership in the American Medical Political Action Committee?

A No. There were separate dues for each organization.

Q Did you fill out separate forms or applications?

A I don't remember the form.

Q Have you held any office in the American Medical

Political Action Committee?

A No.

Q Have you held any office in the Florida Medical Political Action Committee?

A Yes. In this time frame, I was secretary, and I believe I was also vice-president in that time frame, and I was also a district advisory member for my district.

Q Do you recall when you were a district advisory member?

A All during this time frame.

Q 1972 on?

A Yes.

Q And do you recall when you were secretary of the organization?

A No, I don't remember the exact dates, but that, too, is a matter of record. As I remember, I was secretary and vice-president. I was secretary, I think, for two years and vice-president for one year in this time frame.

Q Let me see if I can refresh your recollection, Doctor.

A I'll be glad to stipulate, Counselor, that the records are probably correct at the time they listed me as secretary.

Q How are you selected to be a district advisory

member of FLAMPAC?

A I really don't know. First you have to be interested in government, in the process, and if you know -- if you happen to be in an established district like I am where the Congressman is still the Congressman despite the efforts of Common Cause, which is Bob Sikes' district -- you know, he's been there forever; he was there when I got there -- and if you're the one who has political interest, you're obviously going to be his key contact person in the national races.

Q Doctor, you have used the term "key contact." Is that synonymous with district advisory member?

A These things overlap, and I don't know that there's any -- we may have a key contact physician who is not a district chairman or whatever you want to call it.

Q Is someone who is a key contact a representative of FLAMPAC?

A Usually he is -- this is something we ask that, "Doctor, you know your Congressman very well, your wife worked in his campaign, will you be our key contact physician?" And he may not necessarily be the district chairman.

Q Have you been a member of any committees in FLAMPAC?

A I hate to show my ignorance right now, but I don't know what committees we have in FLAMPAC other than the ones we alluded to, which was your district chairmen and key contact people that help advise the board about candidates. They have overlapping names like candidate advisory committee, candidate selection committee, key contact physicians. It's all kind of usually about one in the same, with occasional differences if we have somebody who wishes not to be active because of personal reasons and wishes not to be the designee but still wishes to do that one particular thing of key contact.

Q Are you a member of the candidate selection committee?

A Yes, I would say that I certainly do help with that. It's kind of a loose term to me in an organization.

Q Is there a specific group in FLAMPAC which is called the candidate selection committee or the candidate evaluation committee?

A Yes. I think in the time frame you're talking about we had somebody in every congressional district that had input in this, sometimes two people.

Q Would I be correct, then, in assuming that the district representatives comprised the candidate evaluation committee?

A Yes, I think that's probably correct.

Q Are there also candidate selection committees in the various county medical societies?

A County medical societies are completely autonomous, and their input, of course, would be listened to and is valuable, but they are not a part of FLAMPAC as such to my recollection.

Q As secretary of FLAMPAC, Doctor, I would like to read to you from the by-laws of the Florida Medical Political Action Committee -- pardon me. Before I go into this, I am using a document which is entitled "Organization and Operations for the Florida Medical Political Action Committee" which I would like to have marked for identification as Petitioner's Exhibit No. 1.

(The instrument referred to was marked Petitioner's Exhibit No. 1 for Identification.)

BY MS. PROPPER:

Q (Handing document to witness)

A (Examining document) Is there a date on this?

Q I do not believe there is.

MR. MATTHEWS: What are you reading from?

MS. PROPPER: I am reading from the by-laws which are attached as appendix 2.

MR. THRASHER: Are those by-laws dated?

MS. PROPPER: There is a date on the final page of the by-laws which states they were adopted on May 5th, 1972.

MR. THRASHER: Thank you.

BY MS. PROPPER:

Q On Page 3 of the by-laws, Section 4-B, it states: "Duties and Functions, Secretary-Treasurer." First let me ask you: Is this position still secretary-treasurer?

MR. THRASHER: Let me object, unless you confine your questions within the time frame that we previously discussed.

BY MS. PROPPER:

Q When you held the position of secretary, was this actually secretary-treasurer?

A No. I don't remember holding the position of treasurer ever, so I did not hold office under these by-laws. I don't remember holding an office when the job was combined.

Q It states: "The secretary-treasurer shall maintain correct and complete records of the activities of FLAMPAC, which shall include minutes of the meetings of the board and the executive committee."

First, may I assume, Doctor, that you were a member when you were secretary of FLAMPAC of the board

and the executive committee; is that correct?

A I was not secretary under these by-laws. I assume that I was a member of -- to some degree in these by-laws, but I don't recall when I became a member of the executive committee.

Q I am sorry, I do not think I understand when you say that you --

A I've never been treasurer, so I could not have been secretary-treasurer. The only position that I know I have held was secretary when it was a separate -- this is my memory, and I'm not sure that I'm correct without, you know, going back to the minutes.

MS. PROPPER: I would like to state for the record that these by-laws are identical to the copy of the by-laws that were sent to the commission in response to the reason to believe notification sent to the Florida Medical Political Action Committee.

BY MS. PROPPER:

Q Doctor, during the time that you were secretary of the Florida Medical Political Action Committee, were you a member of the board of directors?

A I don't remember how that was composed at that time. I get confused with the board of directors, the board, the executive committee and whatnot, and without

referring to the minutes, I am sure it states at which time I was a member of which committee.

Q During the time that you were secretary, did you maintain, as I stated, correct and complete records of the activities of FLAMPAC, including minutes of meetings of the board and executive committee?

A This, as you know, as much of your work is done quite often by staff, and I did my best to see that they were correct. I didn't actually take the minutes nor did I maintain them, but I did my best to see that they were true and correct and it was my duty.

Q Did you take notes at the meetings?

MR. THRASHER: Objection, unless you confine it to what specific meetings you are talking about and the specific time frame.

BY MS. PROPPER:

Q Did you take notes at meetings that you attended between January 1972 and November 22, 1977?

A Ordinarily I would not, and I don't specifically recall taking any minutes or notes or this sort of thing. Usually we had someone from the staff that did this sort of thing.

Q Who would take notes?

A Whoever happened to be the staff person assigned

at that particular time.

Q Was this a staff person of FLAMPAC that you are referring to?

A Yes, or it may have been an auxiliary member or it may have been somebody that said, "You take this down," depending on who was there, because these meetings were quite often held in conjunction with other meetings, and we have people in and out and this sort of thing, and I certainly can't remember the details in that time frame of who made notes and who didn't.

Q During this time frame were meetings ever taped?

A I don't know.

Q Do you know where the minutes are kept?

A No, I don't know.

Q Were minutes kept in the regular course of business at these meetings?

A Yes.

Q Of every meeting?

A Yes.

Q On Page 5 of the by-laws, Article 6, regarding the executive committee, Section 1, it states: "There shall be an executive committee of the board of directors composed of the president, vice-president, secretary-treasurer and immediate past president."

Apart from the reference of the position as secretary-treasurer rather than as secretary, would you say this is accurate?

A Yes.

Q On Page 4 of the by-laws immediately preceding Article 5 concerning the board of directors, Section 2, it states: "The board of directors shall consist of the elected officers, doctors of medicine appointed from each of Florida's congressional districts to serve as district chairmen." Would you say that this is accurate?

A Yes.

Q And as an officer of FLAMPAC, you served on the executive committee and the board of directors during the time frame that we are discussing?

A Yes. When I became secretary, I did serve on the board of directors.

Q Doctor, are you a member of any other political action committee in the medical field other than FLAMPAC?

A AMPAC.

Q Apart from AMPAC?

A No.

Q Most recently, Doctor, how did you renew your membership in these organizations?

MR. THRASHER: I am going to object, unless you

confine the question to the time period previously discussed.

MR. SPIEGAL: Look, Mr. Thrasher, perhaps since we seem to have stated our mutual objections and differences on that we could just have a continuing agreement that this may be confined to that period subject to --

MR. THRASHER: That is fine. We will confine the questions to this period, then, other than stating "most recently."

BY MS. PROFFER:

Q In deference to your objection at this time, Mr. Thrasher, during the period 1977, how did you renew your membership in these organizations, Doctor?

A We got in our medical society usually what we called a combined bill, which may include your wife's auxiliary membership, if she belongs to the auxiliary, your county medical society dues, any assessments that the county medical society may have made for any special purpose, your FLAMPAC dues, your AMPAC dues, and sometimes it tells you how you can be a family member. So it's a rather --

Q A family member of what organization?

A FLAMPAC. So that if you want you and your wife

to join the organization, you might do that. And with this combined bill, you usually write out one check, and then the bookkeeping is done internally either by your county medical society, if it's applicable, or by the Florida Medical Association, if you forward your dues to the state organization. But usually they're all supposed to be collected by the county and segregated out to the proper places that they go. And I don't remember specifically during the time frame exactly how they were written up, because I belong to a large organization, and often part of our dues to organizations are paid by the business manager, and if they're large like it is with a large group, they may be paid -- divided up in thirds and paid in three-month increments to further compound how it may be divided up.

And sometimes when we're PA -- some of my partners are PAs -- they pay part of it with a PA check, and they pay part of it with a personal check, depending on what is required.

Q Can you join the Florida Medical Association and not the American Medical Association?

A Yes, but I don't personally advise it.

Q Can you join FLAMPAC and not join AMPAC?

A Yes, but I don't personally advise that, either.

Q When you receive your dues bill, Doctor, are there separate amounts listed for FLAMPAC and AMPAC?

A To the best of my recollection, our bill for our county is divided with asterisks to explain what's tax deductible and what's not.

Q Are you familiar with the bills submitted by other county medical societies?

A No, not really.

Q Are you aware of the term "joint billing"?

A No. Combined billing is the term that we use in my county. I don't know what --

Q Combined billing?

A Combined billings, which combines everything you may want to pay, your wife's auxiliary, all the things.

Q Are you aware of any written agreements between these various organizations regarding combined billing?

A No. I don't know any details about that.

Q Doctor, you stated that you were a member of the board of directors. How often does the board meet?

A I don't remember. A couple of times a year or so. That's stipulated, I'm sure, as to how many times we're supposed to meet. I, again, meet with so many committees that I can't from memory distinguish from the judicial council, this council or that council. But I

do remember that specifically one will be for the annual meeting and then other times in a year I'm sure or whatever the by-laws said. I think I attended about two meetings a year.

Q Does anyone attend these meetings apart from members of the board?

A We have staff there, staff and members -- well, there may be guests invited sometimes, but usually staff and members of the board. It's usually a breakfast meeting, and the waiters are there.

Q Do you recall whether at any time officers or employees of AMPAC attended such meetings?

MR. THRASHER: I object, unless you try to specify what meetings you are talking about and the time frame you are talking about.

MS. PROPPER: I am talking about the time frame that we have discussed, Mr. Thrasher. I thought we had settled that.

THE WITNESS: You're talking about our regular FLAMPAC meetings? Is this your question, Counselor?

BY MS. PROPPER:

Q Yes, sir.

A I don't know the answer to that.

Q Are the meetings of the board coordinated with

meetings, other organization meetings?

A Yes. As I stated before, the annual meeting is one of the times that we do meet, and I believe that there may be a provision that when we have a leadership conference that we try to meet; which is after the county medical society meeting and everybody elected, we try to coordinate to make it as convenient to the busy practitioners as possible, because the leaders in the county medical society are quite often leaders in others.

Q Could you tell me what the leadership conference is.

A Yes. We have an election of officers at the end of the year for each county medical society, and some of these people are new to the office, and the Florida Medical Association tries to have what you would call an orientation meeting for new officers so that they hopefully know a little bit more about what is going on.

Q And is this held every year?

A I'm not sure whether it was held every year in this time frame, but it's often held. I assume that it was.

Q Do you recall, Doctor, how often the executive committee meets?

A No.

Q Do persons other than members of the executive

committee attend these?

A By invitation.

Q For example, who would be invited to an executive committee meeting?

A Well, if we had someone who was a key contact physician in an area that we felt we had problems, we would invite him to tell us what the problem was.

Q What problems are you referring to, Doctor?

A Problems with communications.

Q With a legislator?

A Correct. National, you are talking about? A member of Congress?

Q Yes.

A Yes, correct.

Q And how often does the candidate selection committee or candidate evaluation committee meet?

A Whenever it's necessary. This depends on what's going on.

Q Are agendas prepared for the board of directors' and executive committee meetings for each meeting?

A Yes.

Q Are you sent these in advance of the meeting?

A I think so.

Q Are reports presented at these meetings?

A Yes, I am sure that they are.

Q Do you recall ever receiving a copy of a report or a presentation which was made at one of these meetings?

A I can't remember the specifics.

Q Have you made presentations of reports at meetings?

A Yes.

Q What sort of reports?

A A report that Congressman Sikes is again running despite common cause and would like a little contribution.

Q Have you made other reports concerning candidates?

A No. My particular district is Congressman Sikes' district for that particular part of the report. I do give whatever report I'm supposed to give. If I'm due to give a membership report, I give the membership report, which is prepared by staff as to how many members we have and this sort of thing.

Q Are these reports written?

A Yes.

Q Does that include reports concerning candidates?

A I'm talking about --

Q I understand that, Doctor.

A I don't know whether the reports about the Congressmen are written in particular or not. They would

probably become part of the minutes of whatever committee they were discussed in, but I don't turn in any written report on somebody that I know well. I'm asked, "What about this guy?" you know.

Q In regard to your report concerning Congressman Sikes, was this a recommendation of your own?

A A recommendation of the physicians in my area that he be supported.

Q How was their recommendation expressed to you?

A Some by telephone, some by asking them at hospital staff meetings and some by asking them at county medical society meetings. Wherever you can find your FLAMPAC members.

Q You try to get together with them and discuss --

A I try to find them whenever I can, because some FLAMPAC members are not members of the hospital staffs that I go to and some members of FLAMPAC may not even be county medical society members.

Q When contributions are made by FLAMPAC to Congressman Sikes, do you deliver these contributions?

A Usually Dr. Phil Phillips has delivered them in the past, because his wife is Congressman Sikes campaign manager, lady campaign manager, for Pensacola, even though when he's not a district chairman, usually as a courtesy

I've asked him to handle that.

Q Is he a key contact, then?

A He has been and was in this time frame we are discussing.

Q Has he also delivered contributions from AMPAC to your Congressman Sikes?

A I don't know anything about AMPAC.

Q Have you ever prepared a report regarding contributions made by FLAMPAC in the period of time to federal candidates?

A Say that again.

Q Have you ever prepared a report to be presented at board meetings or executive committee meetings regarding contributions by FLAMPAC to federal candidates?

A I have never prepared a report in my life.

Q Have you ever presented such a report?

A I'm sure that it's presented. I'm not sure whether my job ever called for me to present that or not, but I'm aware that we do make reports.

Q Have you ever seen such a report that was in written form?

A Yes.

Q Are these reports made part of the minutes of these meetings?

A I don't know.

Q Do you receive minutes --

A Yes.

Q -- subsequent to the meetings?

A Yes.

Q And do they at times have attachments to them?

A Yes.

Q You have stated, Doctor, that you are familiar with the candidate selection committee. Who would investigate or get background information on a candidate?

A Usually the people in his area that are FLAMPAC members in his congressional district.

Q Is this done at FLAMPAC's request?

A I don't know whether you start from the top or the bottom. We respond because of their request or they get the information because of our request. I don't know. It's just the way it's done, which comes first, the chicken or the egg sort of thing. I don't know the answer to that. It's done both ways, I would assume.

Q Once a report is made or a recommendation is made, what criteria might be used for determining if a candidate should be supported?

A Well, if he's an egalitarian, we ordinarily don't support him.

Q How is a dollar amount set?

A We take the pie and see how many pieces we need to get out of it, and then we divide the pie within our means.

Q Is this based perhaps on a candidate's request?

A Well, part of it is based on need. Some candidates don't need any money and so they'll tell us. Some tell us they don't want our support. So obviously the name of the game is to have your candidate who you would like to win win and put the money where you think it will do the most good for the candidate.

Q Does the candidate selection committee vote by majority?

A Yes, so far as I know.

Q As opposed to, I suppose, a two-thirds requirement or a unanimous requirement?

A So far as I know. Except for changing the by-laws, it's a majority. Usually it's a concensus sort of thing.

Q Do they make the final decision concerning the support of candidates?

A Does who, now?

Q The candidate evaluation committee.

A You're talking about the dollar amount or what?

Q Let's start with do they make the final decision as to whether a candidate should or should not be supported by FLAMPAC.

A They certainly make the initial decision, and that usually ends up being the final decision, unless something transpires between the initial recommendation and the time that the board meets or the executive committee at times might do this if it's authorized to do so. So unless there's something that happens in between times, usually the initial and the final decision are the same.

Q The candidate evaluation committee then makes recommendations to the board or the executive committee?

A That's right.

Q Do they also make a recommendation regarding the amount of support?

A Yes.

Q At the same time does the candidate evaluation committee make a recommendation concerning a request for an AMPAC contribution?

A I don't know.

Q Do you recall any occasion on which this was done?

A No. I'm purely on the FLAMPAC board. I'm not on the AMPAC board.

Q I understand that, Doctor. I am asking you whether the candidate evaluation committee of FLAMPAC ever --

A No. As a committee, it's not involved in this. I don't know what other members might say to other members, but that's not something that I know that I have been personally involved in that -- if AMPAC would ask me as an AMPAC member, I would certainly give them the benefit of my feeling.

Q But to your knowledge, FLAMPAC has never made a recommendation or a request to AMPAC that a certain candidate be supported?

A I don't remember about that.

Q I would like to show you now, Doctor, the minutes of the meeting of the FLAMPAC executive committee dated December 22, 1975, which was a telephone conference. You were not on the line. I would note that you were secretary or noted as secretary at this time.

MS. PROPPER: I would like to have this document marked Petitioner's Exhibit No. 2.

(The instrument referred to was marked Petitioner's Exhibit No. 2 for Identification.)

BY MS. PROPPER:

Q On the second page there is a reference to a campaign contribution request for Congressman Lehman, and

below that is a statement that: "Motion carried unanimously that Mr. Murfin contact the American Medical Political Action Committee to determine whether or not Congressman Lehman has requested AMPAC assistance and that Mr. Murfin will report his findings to the full board in January" (handing document to witness).

Are you acquainted with Mr. Murfin?

A (Examining document) Is that Charlie (addressing Mr. Thrasher)?

MR. THRASHER: I believe that's who she is referring to.

THE WITNESS: Yes, there was a staff member somewhere in this time frame named Charlie Murfin, I believe.

BY MS. PROPPER:

Q What position did Mr. Murfin held? Do you recall?

A He was staff person for FLAMPAC.

Q Were you aware that Mr. Murfin would be contacting the American Medical Political Action Committee concerning a contribution to Congressman Lehman?

A No.

Q Has FLAMPAC ever based a decision to support a candidate on a decision by AMPAC to support or not to

support a candidate?

A Not to my knowledge in this time frame.

Q I would like to show you a memorandum now to Charlie Murfin from Linda Hudson which is dated February 26, 1976. The subject of this memorandum to Charlie Murfin is: "Physician candidate for Congress." It refers to Adolf Gundersen as a Republican candidate for Congress in Wisconsin.

MS. PROPPER: I would like to have this document marked Petitioner's Exhibit No. 3 for Identification.

(The instrument referred to was marked Petitioner's Exhibit No. 3 for Identification.)

BY MS. PROPPER:

Q (Handing document to witness) To your knowledge, Doctor, does AMPAC make suggestions to FLAMPAC regarding candidate support?

A Not that I know of.

Q Do you recall any occasion on which AMPAC has provided background information on a candidate for FLAMPAC?

A No. I'm sure that if I personally asked somebody, since I'm a member of AMPAC, about what they had on them that this sort of information -- I probably could get it on request. But I have not participated in such requests, and I don't know anything about this activity.

Q Does AMPAC, to the best of your knowledge, ever provide such services?

A No. In this time frame the only services I know that AMPAC has helped with is when we try to have an education sort of program which is a cooperative effort that we might put on together at our leadership conference which they help us get speakers and educators for the political process, but that's the only direct contact in our actual joint effort, doing the same thing together.

Q You stated that FLAMPAC and AMPAC participated jointly in seminars, workshops.

A Yes.

Q Under those circumstances, has AMPAC ever paid for a speaker to such a workshop, to your knowledge?

A I don't know who pays what or when.

Q Have you ever had a part in organizing such a seminar or workshop?

A No.

Q Have you ever attended one?

A Yes. The last two were cancelled for lack of interest, much to my disgust.

Q Are you aware of any speakers from AMPAC that have appeared at these conferences?

A No, I haven't participated in one, and I don't

remember -- this was some time ago -- who the speaker was.

Q Doctor, I would like to show you the minutes of a conference call which occurred on August 17th, 1976. It was a meeting of the executive committee.

MS. PROPPER: I would like to have it marked for identification as Petitioner's Exhibit No. 4.

(The instrument referred to was marked Petitioner's Exhibit No. 4 for Identification.)

BY MS. PROPPER:

Q I would note that you were listed as being in attendance on this call (handing document to witness).

A (Examining document) Yes.

Q At the bottom of the page there are references to contributions to candidates by FLAMPAC. The first one states: "U.S. Senate, Dr. John Grady, $5,000 plus AMPAC consideration."

Could you tell me what AMPAC consideration means?

A No. I can speculate, but I don't know what it means. I imagine it means what it says.

Q I have here the minutes of the FLAMPAC board of directors' meeting which was held on October 17th, 1976.

MS. PROPPER: I would like to have this marked as Petitioner's Exhibit No. 5.

(The instrument referred to was marked Petitioner's Exhibit No. 5 for Identification.)

BY MS. PROPPER:

Q Again, I would note that you were not in attendance at this meeting. On Page 2 the final item on the page refers to a contribution to Richard Kelly. Opposite Richard Kelly's name there is a statement which says "AMPAC contribution." Does this mean that FLAMPAC has decided only to request AMPAC funds for this candidate?

A I don't know what AMPAC has done. This was an informational item that was supplied by staff, and they may have been supplied some information, but that doesn't have anything to do with our decisions on FLAMPAC.

Q Do you recall whether FLAMPAC made a contribution to Mr. Kelly?

A No, I don't.

Q Underneath Mr. Kelly's name there is a reference to C. W. Young, and then it says "$2,500 plus AMPAC."

Are you aware of whether an AMPAC contribution was requested in addition to a FLAMPAC contribution here?

A I don't know anything about any requests nor do I know whether AMPAC contributed to him.

Q To your knowledge has a candidate ever asked

FLAMPAC to request funds for him from AMPAC?

A No, I don't have any knowledge of that, either. Counselor, most of these Congressmen know AMPAC better than we do.

Q Doctor, I have here a xerox of a check of the Florida Medical Political Action Committee dated August 15th, 1972. The check is made out to William W. Thompson, M.D., in the amount of $175. On the bottom of the check there is a reference number 211.

MS. PROPPER: I would like to have it marked as Petitioner's Exhibit No. 6.

(The instrument referred to was marked Petitioner's Exhibit No. 6 for Identification.)

BY MS. PROPPER:

Q (Handing document to witness)

MR. THRASHER: This is a state candidate.

THE WITNESS: (Examining document) I'm aware that that's state.

MR. SMITH: But it is outside the scope.

THE WITNESS: It is not part of our congressional.

BY MS. PROPPER:

Q Preliminarily, how is a check generally delivered to a candidate?

A In congressional races, it's usually delivered

by some member in his district.

Q Have you ever delivered such a check?

A Yes.

Q To which candidate?

A Well, at least I partially delivered one. I'm not sure I even delivered it. I received a check for Mr. Sikes, and to the best of my knowledge, I turned it over to Phil -- the psychiatrist in Pensacola -- Phil Phillips, and he delivered it. So it did pass through my hands. I think he was going to see the Congressman before I did, and his wife was his campaign manager. So I should say I had an opportunity to, but I blew it. I turned it over to Dr. Phillips instead.

Q To your knowledge, does FLAMPAC notify AMPAC of these people who are officers in FLAMPAC?

MR. MATTHEWS: I do not understand the question. I do not know whether you did, Doctor.

THE WITNESS: I think that she asked me if FLAMPAC notified AMPAC who the FLAMPAC officers were or are; is that the question?

BY MS. PROPPER:

Q Yes, that's correct.

A I assume so.

MR. SMITH: Do not assume, Doctor.

THE WITNESS: I assume so, but I do not know.

BY MS. PROPPER:

Q Do you know whether AMPAC has any knowledge as to who the district representatives or key contacts of FLAMPAC are?

A I don't know the answer to that.

Q To your knowledge, has a district representative or a key contact of FLAMPAC ever been asked to deliver an AMPAC check to a candidate?

A I don't know anything about AMPAC.

Q Does FLAMPAC support candidates in ways other than by a direct monetary contribution, if you know?

A I don't know the answer to that.

Q Doctor, you stated that you were asked to deliver a check to Congressman Sikes.

A Yes.

Q Who asked you to deliver this check?

A It was mailed to me. It came in the mail.

Q By whom?

A From FLAMPAC.

Q By whom? Do you recall?

A I certainly don't. It just came in the mail. I don't remember who signed the check at that particular point in time. This has been a repetitive thing over the

years, Counselor, and I'm sure that the persons and the times and the names have all changed, and I couldn't tell you who did it what year.

Q To your knowledge, is that a function --

MR. THRASHER: I am going to object to any further questioning on this line. We have let it go a long way, but again, we're outside the scope of MUR 253 as it relates to this investigation, and unless you can tell us that there is some investigation on-going right now that has been decided by the Federal Election Commission in regard to contribution practices of FLAMPAC, I am not going to allow the witness to answer any more questions along this line. The hour is getting late, and I suggest you move on to the pertinent areas of this subpoena which Dr. Thompson has come here today to testify to.

BY MS. PROPPER:

Q To your knowledge, Doctor, would a person on the FLAMPAC staff perform the function of conveying checks?

MR. THRASHER: I object on the same grounds. I request the witness not to answer.

BY MS. PROPPER:

Q Doctor, do you choose not to answer --

A Correct.

Q -- on the advice of counsel?

A Correct.

Q Doctor, I have here the minutes of a conference call which occurred on September 16th, 1976 at the meeting of the executive committee.

MS. PROPPER: I would like to have it marked as Petitioner's Exhibit No. 7.

(The instrument referred to was marked Petitioner's Exhibit No. 7 for Identification.)

BY MS. PROPPER:

Q I would note that you were on the line as secretary. On Page 2 there is a reference to a contribution to Dr. John Grady by FLAMPAC in the amount of $5,000. Underneath that there is a notation that AMPAC is also making an additional $5,000 contribution (handing document to witness).

Doctor, to your knowledge, how does FLAMPAC find out what contribution AMPAC is making?

A I don't know.

Q Are you aware of any communications from AMPAC concerning contributions that it has made?

A I don't know anything about that subject.

Q I have here the minutes of the FLAMPAC board of

directors of November 15th, 1975.

MS. PROPPER: I would like to have this document marked as Petitioner's Exhibit No. 8.

(The instrument referred to was marked Petitioner's Exhibit No. 8 for Identification.)

BY MS. PROPPER:

Q I would note that you are here in attendance as secretary. On Page 2 there is a reference to a report by the members on each of their key contacts (handing document to witness). Are the members of the board responsible for certain key contacts?

A Well, just because you are a board member does not keep you from being a key contact and so you could be on the board and be a key contact.

Q Do you board members maintain regular communications with key contacts who are not board members?

A I don't understand the question.

Q As a board member, if you were not a key contact person, would you have a responsibility --

A I don't understand the word "regular," Counselor. I understand the question except for the word "regular." I may answer it by saying we hear from congressmen every two years on a regular basis. If that's regular, yes, every two years we have a regular

contact with his key contact physician, unless there are some issues involved, and then it may be on demand, but there's no other irregularity about it that I'm familiar with.

Q Just so I can clarify something, Doctor, I have a document here from the Florida Medical Association committee on national legislation.

MS. PROPPER: I would like to have it marked as Petitioner's Exhibit No. 9.

(The instrument referred to was marked Petitioner's Exhibit No. 9 for Identification.)

BY MS. PROPPER:

Q It is regarding key contact physicians by assignment in 1975. Preliminarily, I would note that you were the representative from District 1 (handing document to witness). Is a key contact then an official of the Florida Medical Association?

A I don't know the definition of official in the light that you're asking, but I do not consider that as an official -- as an officer of the organization.

Q Is he an official representative of the Florida Medical Association?

A Every member of the House of Delegates is a representative. In that broad context you could say yes,

any member of the Florida Medical Association is a representative, but I don't consider this an officer.

Q Doctor, were you a member during the time frame that we have been discussing here today of the national legislation committee of the Florida Medical Association?

A I don't remember at what times I served in the capacity, if at all. That should be also a matter of record.

Q Does FLAMPAC at any time request or obtain information concerning federal candidates from the committee on national legislation?

A You're talking about our Florida Medical Association's committee on national legislation?

Q Yes.

A At times they may even be the same person.

Q The same person? I do not understand.

A The same person could conceivably be the president of the Florida Medical Association and this person that -- or this group of people that you're asking about. So there certainly is freedom of information in exchange of that. It could even be the same person.

Q Has FLAMPAC ever requested the committee on national legislation to make an investigation and prepare a report concerning the background of your candidate for

federal office?

A I don't know the connection on that or the answer to that one.

Q I would like to return for a moment, Doctor, to Petitioner's Exhibit No. 8, the minutes of the FLAMPAC board of directors on November 15th, 1975. On Page 3 towards the bottom of the page it states: "The executive director recommended that the FLAMPAC board authorize FLAMPAC to purchase AMPAC memberships in the name of individuals as a substitute for funds that could be designated for state campaign contributions only."

Do you recall this discussion, Doctor?

A No. And after reading it, I still don't understand it. I don't know what it means after reading it.

Q Does FLAMPAC purchase AMPAC memberships?

A It says that it was authorized, but I don't remember this.

Q Doctor, I would like to show you the minutes of the board of directors' meeting which was held on May 25th, 1976. It was a telephone conference call.

MS. PROPPER: I would like to have it marked as Petitioner's Exhibit No. 10.

(The instrument referred to was marked Petitioner's Exhibit No. 10 for Identification.)

BY MS. PROPPER:

Q On the bottom of the page there is a motion to request an expenditure of $1,000 for Dr. Dave Horner. The motion was passed pending a legal opinion from AMPAC's legal department. Do you recall that discussion, Doctor?

MR. MATTHEWS: I think we have objected to this line of questioning before as being outside the scope of the examination, and I advise the witness not to answer any questions with regard to it.

MS. PROPPER: Counsel, I am not asking about the contribution to Dr. Horner.

MR. MATTHEWS: I am probably about half asleep, but anyway, what was your question?

MS. PROPPER: I am asking him if he recalls the discussion regarding the pending legal opinion.

MR. MATTHEWS: Okay. I heard you mention Dr. Horner, and that pricked my ears. It woke me up. Answer the question, if you know.

THE WITNESS: No.

BY MS. PROPPER:

Q Do you recall being present on this conference call?

A No.

Q Are you aware of requests that FLAMPAC may have

made to AMPAC for legal opinions?

A No.

MS. PROPPER: Thank you, Doctor. I have no further questions.

MR. MATTHEWS: I do not have any questions.

MR. SMITH: I don't have any questions.

MR. THRASHER: I do not have any questions.

MR. MATTHEWS: Doctor, you have a right to read and sign this deposition if it is printed up, and I assure you it will be printed up. You would be checking for any mistakes the court reporter may have made in taking the deposition down. You could not change anything that was said. I would advise you to waive that right and save yourself the time and trouble of reading it.

THE WITNESS: I tried to wade through one from Key West that was that thick (indicating), and I'm sorry I ever got involved. I waive my right.

MR. THRASHER: You all will not object to having the executive vice-president of the Florida Medical Association put a statement on the record, I presume. He is going to come in and do that, if you would mind waiting about two seconds.

MR. OLDAKER: For what purpose?

MR. THRASHER: I don't know. He is a respondent in this action, and I think he has a right to make a statement.

MR. OLDAKER: I think that is incorrect. He is not a respondent in this action.

MR. THRASHER: He is executive vice-president of the Florida Medical Association.

MR. OLDAKER: If you would like to make him one, we will take him as a scapegoat, but I don't think he is. Doctor, I thank you for your courtesy in this matter. We will go off the record at this time. If there is something else, we can have another deposition we can put that on. That terminates this one.

(Witness excused)

(And thereupon at 4:10 o'clock p.m. taking of the above deposition was concluded.)

- - -

CERTIFICATE

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

I, Susan Gay Hess, a Notary Public in and for the State of Florida at Large, do hereby certify that Dr. William West Thompson was first duly sworn to testify the whole truth and that the above deposition was recorded stenographically by me and under my personal supervision reduced to typewriting by Marion Tompkins, a dictaphone operator.

I further certify that the several exhibits attached were marked for identification.

I further certify that the said deposition was taken at the time and place specified and that the taking of the said deposition commenced on Friday, May 12, 1978, at 2:55 o'clock p.m., and was completed at 4:10 o'clock p.m., of said day.

I further certify that Ms. Susan Propper and David R. Spiegal, General Counsel, 1325 K Street Northwest, Washington, D.C. appeared on behalf of petitioner; Floyd L. Matthews, Jr., Esquire, 1500 American Heritage Life Building, Jacksonville, Florida, and John Thrasher, House Counsel, 801 Riverside Avenue, Jacksonville, Florida, appeared on behalf of respondents; John Lewis Smith, III,

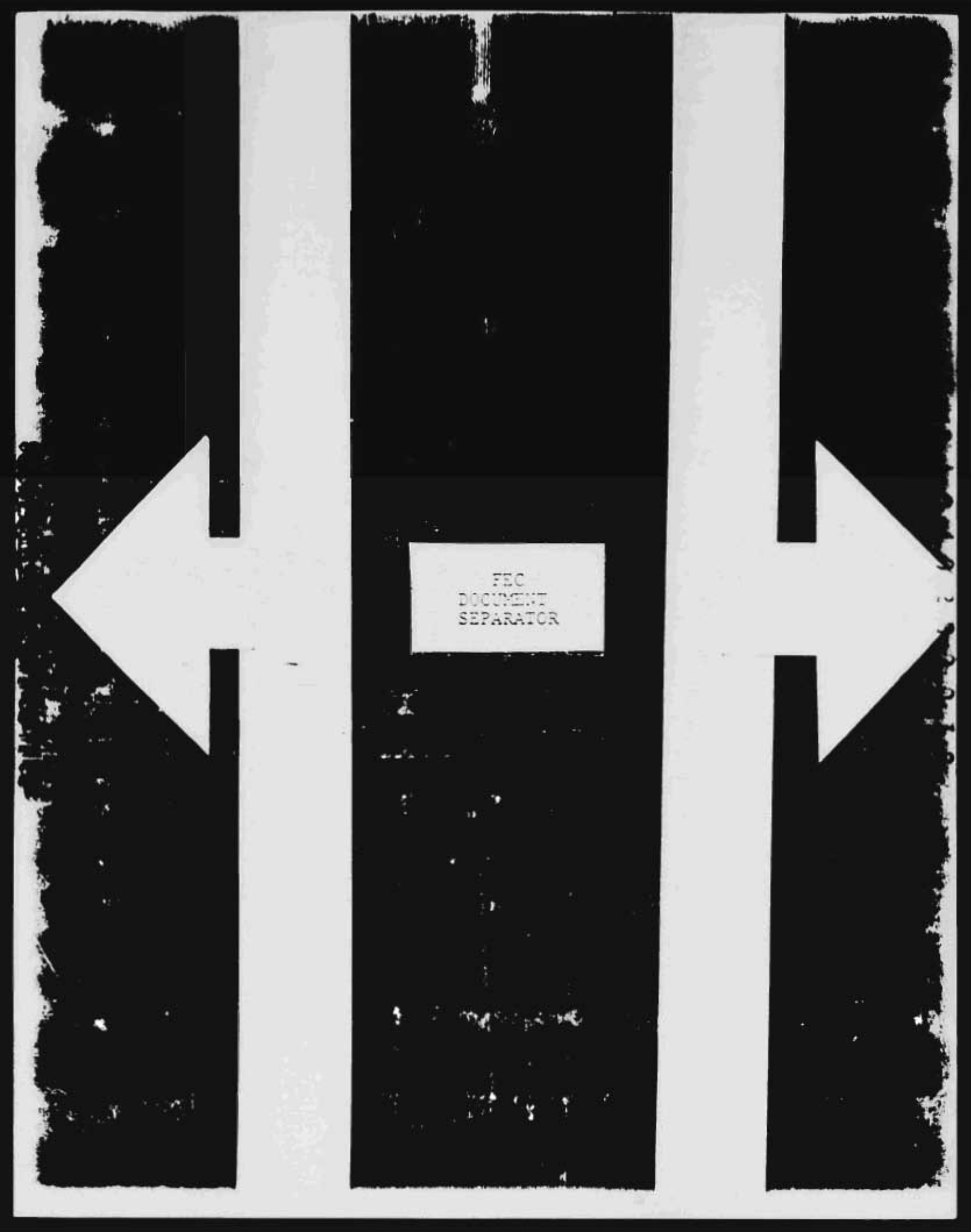
818 Connecticut Avenue Northwest, Washington, D.C., appeared on behalf of the American Medical Political Action Committee; and that each was present during the entire examination.

I further certify that pursuant to stipulation by and between counsel for the respective parties, and by the witness, that the reading and signing of the deposition by the witness was waived; that formal notice of filing of said deposition was waived.

I further certify that neither I nor the said Marion Tompkins, dictaphone operator, is an attorney or counsel of any of the parties, or is a relative or employee of any attorney or counsel connected with the action, or is financially interested in the action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal this _____day of May, A.D. 1978.

SUSAN GAY HESS, a Notary Public in and for the State of Florida at Large. My commission expires November 18, 1981.


FEC
DOCUMENT
SEPARATOR

Petitioner's Exhibit
#1
for Id (Thompson)
5-12-78
S G. Hess

ORGANIZATION AND OPERATIONS

FOR THE

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

A. Introduction

The purpose of this report is to clearly define the parameters and philosophies under which Flampac will operate.

It should be clearly understood that the goals of the Florida Medical Association and the Florida Medical Political Action Committee are one and the same.

It should be made equally clear, however, that they are separate organizations with different needs and are operationally autonomous.

B. Official Documents

Letter of Agreement

The most recent Letter of Agreement between the Florida Medical Association and Flampac is the letter of April 26, 1975, which replaced the letter of April 1, 1974 (Appendix 1).

The Association has completed its part of the agreement as listed in section one. This being to provide the following:

1. An Executive Director
2. Travel expenses
3. Office space
4. Secretarial services
5. Bookkeeping and membership records

Flampac has completed its terms of the agreement as listed below:

1. Provide the FMA with official documents.
2. Establish a bank account at Florida First National Bank of Jacksonville.
3. Advise the FMA of who is authorized to make expenditures, incur expenses and sign checks.
4. Authorize an annual audit.
5. Agree to defray specific expenses incurred by the FMA on behalf of Flampac.

Services

The FMA has agreed to provide at no cost to Flampac the following services under the April 26, 1975 Letter of Agreement:

1. Salary of Flampac Executive Director and Secretary.
2. Routine travel of the Executive Director.
3. Office space and furnishings.
4. Bookkeeping and membership records to include the regular reports of the computer service.
5. Staff time of the regular employees of FMA when performing services as listed in this section.
6. Routine correspondence including meeting notices and minutes.
7. Billing.
8. Storage of documents.
9. Purchasing.
10. Miscellaneous.

Flampac shall reimburse the FMA on a quarterly basis for the following:

1. Any special personnel used.
2. Office supplies.
3. Postage other than that listed previously.
4. Long distance telephone charges.
5. Other authorized expenses not listed previously.

Bylaws Appendix 2 - Recommended Changes

1. Article III, Section 3 - Change to reflect authorization of the Flampac Executive Director to disburse administrative and operational funds within the budget approved by the Flampac Executive Committee with review and approval of these expenditures by the treasurer on a regular basis.

2. Article III, Section 4 - Add on to reflect categories of membership and dues for each.

Total	AMPAC	FLAMPAC
25	10	15 Regular
40	20	20 Family
100	50	50 Sustaining

3. Article V, Section 2 - On line two before "Doctors" insert "and two". Insert "who is a member of Flampac" after the words "an FMA liaison officer".

4. Article VI, Section 1 - Change that will also make the Woman's Auxiliary representative an ex-officio member of the Executive Committee.

Procedural Manual - Section on Policy

1. Encourage local committees for individual candidates and groups of candidates.

2. That fees for collection of Flampac membership dues either in the form of a percentage return or any other means is not a policy of this Board.

3. Expenses of soliciting membership by a county society will not be paid by this Committee unless it is authorized in advance and requested by the Flampac Board, the Flampac Executive Committee, the Flampac Executive Director, or the membership committee of The Flampac Board.

4. Physicians should be encouraged to seek public office and solicit Flampac support.

Section II - Flampac Officers

Treasurer - No. 4 - Change to read "Shall authorize the Executive Director of Flampac to sign vouchers for administrative expenditures that have been included in the annual budget submitted by the Executive Director and will regularly review these expenditures. "

No. 6 - Change to read "Shall oversee the preparation of..."

Section on Flampac Executive Director-Add after Immediate Past President

1. Shall be responsible for the day-to-day operation of Flampac.
2. Shall submit for Board approval an annual budget.
3. Shall prepare for the treasurer a summary of expenditures on a regular basis.
4. Shall be responsible for keeping the Board and its Executive Committee abreast of Flampac operations.
5. Shall recommend to the Board proposals which will help Flampac reach its goals.
6. Shall assist the candidate selection committee with evaluation of voting districts and candidates.
7. Shall be authorized to sign vouchers for expenditures for administrative purposes.
8. May be authorized by the Executive Committee of Flampac to sign vouchers releasing candidate support funds on behalf of the Executive Committee.
9. Shall act as liaison to the administrative personnel to the FMA, FMAWA, county societies, local candidate support committees, and other groups.
10. Shall assist in planning programs and agendas for various meetings such as board meetings, annual meetings, and educational seminars.
11. Shall be responsible for all tasks as assigned by the Flampac Board or in keeping with the regular duties of an Executive Director.

Woman's Auxiliary Representative--To be added after section on Florida Medical Association Liaison Officer under Duties of Flampac Officers:

1. Shall serve as an ex-officio member of the Executive Committee.
2. Shall maintain liaison and working relationship between the Board of Directors of Flampac and members of the Florida Medical Association Woman's Auxiliary.

C. Budget and Finance

The budgets to follow are based on the membership that Flampac will attain between now and December, 1976. The programs planned and income from the remainder of 1975 are included as part of this budget.

As you will note, a membership of 3,500 is the base figure. As we increase that figure by 1,000 members, we are able to enact more programs and do others more thoroughly. Once we reach a level of 6,500 members, we will achieve funds enough for all programs. Anything over 6,500 may be used for cabinet races, out of state races or any other program that the board suggests. You should note that these figures are based on regular memberships. Any memberships derived from the family memberships will be thought of for budget purposes as 2/3 membership.

You may notice that the increases between budget A and B are mostly in mailing costs and candidate support. This is true until we reach $65,000 in candidate support which is an arbitrary cap. Until reaching $85,000 the general rule is that 75% of revenue is reserved for candidate support.

Between budgets C and D (4,500 members and 5,500 members) the increase is also in postage and candidate support both reaching completion when 5,500 members are attained. This represents the line budget for 1976 needed to achieve our goals.

If Flampac is successful enough to attain a level of 6,500 members, other major programs may be accomplished as shown by the sharp increases in the consultant fees, meeting expenses and seminars. This specifically represents the hiring of an extra staff member for Broward County and top flight professional seminars for local candidate support activities.

D. Membership

The cornerstone upon which the success or failure of Flampac rests is its membership. At this time, Flampac's membership and the financial well-being accomplished by this membership is our long suit, but by no means do we hold a preempt bid.

We should finish 1975 with almost 3,500 members. It will be a top priority that we increase membership both in numbers and dollars. In order to effect all programs, the budget calls for a 2,000 member increase. In order to reach optimum operation we must gain 3,000 members in 1976 or a total of 6,500.

The first step in establishing a thorough membership campaign is to determine our present level and identify the soft spots. The following lists represent Flampac membership as of August 31, 1975:

Alachua	2	Marion	30
Bay	19	Martin	30
Brevard	131	Monroe	8
Broward	397	Nassau	0
Charlotte	4	Okaloosa	42
Capitol	98	Orange	86
Citrus-Hernando	0	Osceola	1
Clay	19	Palm Beach	156
Collier	42	Panhandle	20
Columbia	0	Pasco	14
Dade	870	Pinellas	196
Desoto-Highlands-Glade	9	Polk	60
		Putnam	18
Duval	106	St. Johns	11
Escambia	36	St. Lucie	22
Franklin	0	Santa Rosa	4
Hillsborough	228	Sarasota	103
Indian River	20	Seminole	0
Lake	20	Suwannee	4
Lee-Hendry	94	Taylor	0
Madison	0	Volusia	63
Manatee	10	Walton	0

There are some very obvious soft spots in this county breakdown. The most obvious are: Alachua, Manatee, Monroe, Orange, Osceola, Pasco, Polk, and Seminole.

There are secondary soft spots that should be recognized. Although some are acceptable in numbers, a look at percentages will show that a membership campaign is needed. These counties include: Duval, Escambia, and Charlotte. Though somewhat better, Palm Beach, Pinellas, Lake, Highlands, and Dade counties deserve more attention.

Among the counties to be recognized for their membership success is Brevard, Broward, Lee, Okaloosa, Capitol, Putnam, Suwannee and Martin.

Based on our budget projection for 1976, I have developed the following lists to indicate a quota for each county to reach

our maximum goal of 6,500. These goals are based on a percentage of FMA members in each county. The base figure is 61%, that is, 61% of 10,200, or 6,500.

County	FMA	Present Flampac	Quota	1976 Increase
Alachua	349	2	213	211
Bay	50	19	30	11
Brevard	210	131	131	0
Broward	1070	397	653	257
Charlotte	58	4	34	30
Clay	37	19	22	3
Collier	77	42	47	5
Columbia	18	0	11	11
Dade	2791	870	1702	832
Desoto-Hardee-Glade	19	3	12	9
Duval	672	106	410	304
Escambia	229	36	140	104
Franklin-Gulf	7	3	4	1
Highlands	32	8	20	12
Hillsborough	627	228	382	154
Indian River	67	20	41	21
Lake	74	20	45	25
Lee-Hendry	163	94	100	6
Capitol	170	98	104	6
Madison	4	0	3	3
Manatee	132	10	80	70
Marion	73	30	44	14
Martin	49	30	30	0
Monroe	52	8	32	24
Nassau	16	0	10	10
Okaloosa	65	42	40	2
Orange	634	86	387	301
Osceola	25	1	13	12
Palm Beach	564	156	344	188
Panhandle	51	20	31	11
Pasco-H-C	41	14	25	11
Pinellas	716	196	436	240
Polk	301	60	183	123
Putnam	20	18	12	0
St. Johns	38	11	23	12
St. Lucie	36	22	22	0
Santa Rosa	14	4	9	5
Sarasota	232	103	142	39
Seminole	47	0	29	29
Suwannee	6	4	4	0
Taylor	9	0	6	6
Volusia	201	63	123	60
Walton	7	0	4	4

Obviously, our greatest membership activity will be in those counties with the largest increases necessary. These being:

1. Alachua
2. Broward
3. Dade
4. Duval
5. Escambia
6. Hillsborough
7. Orange
8. Palm Beach
9. Pinellas
10. Polk

Notice that I have not included the Woman's Auxiliary in these totals. This is the category that will provide for family memberships. We presently have less than 100 auxiliary Flampac members. This is 3.5% of the total. Illinois, for instance, has auxiliary membership of 3,877 which represent 48% of the total The Woman's Auxiliary is the source of membership that for all practical purposes remains untapped and offers our best opportunity for gain.

By what means do I propose to raise 6,500 members? The answer has many facets, but the general categories would be:

1. Direct Mail
2. County Society Visits
3. P.R. Campaign
4. Educational Seminars
5. Special Programs

Direct Mail

Sept. 1975	Woman's Auxiliary
4,000	Last minute solicitations
100	Thank you letters to members
Nov. 1975	Flampac Members
3,500	Thank you letters with urge to rejoin
Dec. 1975	FMA Members
10,200	Annual bills
January 1976	
14,000	Newsletter to all FMA and Auxiliary
February 1976	FMA Members poll
10,000	
March 1976	Flampac non-members
7,000	Supplemental billing
April 1976	All Flampac members
4,500	Newsletters
May 1976	Non-Flampac members
10,000	Crisis letter
July 1976	Flampac members
5,000	Newsletters
September 1976	Woman's Auxiliary
4,500	Supplemental Billings & Thank you
October 1976	Flampac Members
5,500	Poll all Flampac members
November 1976	Flampac members
6,500	Newsletters

December 1976	Flampac members
6,500	Thank you letters
10,200	Annual billings

County Society Visits

These visits will include meetings with county executives and officers, executive committees, full meetings and special membership blitzes lasting approximately one week. Subjects will include billing, active support, processing donations, special recognition plans, Journal articles, auxiliary officers, auxiliar membership programs, and any other program that will help build local membership. These trips will also serve to organize local candidate support operations which will be discussed later in this report.

Professional Relations Campaign

Will be incorporated with the direct mail program and the county visits. Also a series of brochures will be designed for use in booths at annual and other meetings. Buttons, pins, and other forms of recognition are also being designed. The tentative slogan will be "Back the PAC".

Educational Seminars

These will be discussed later in this report. Generally, it is hoped that an increased awareness through these seminars will lend itself to increasing Flampac membership.

Special Programs

This proposed membership plan is an ambious one. One that can be attained, however, with the full and active support by the members of the Flampac Board and the county executives and officers within their districts. Each Board member must realize their quota and work to attain it.

E. Organization

Staff

Dr. Harold Parham - Executive Vice President, Florida Medical Association

Dr. Parham will be charged with the general supervision of all staff involved with the operation and administration of Flampac. He will also be considered the official custodian of all Flampac records and is authorized to sign Flampac checks when presented with a properly authorized voucher.

Mr. Don Jones - Executive Director, Florida Medical Association

Mr. Jones will oversee the activities of Flampac personnel that fall within the rules of the Florida Medical Association. This will include expenses and salary of personnel and the general operation between Flampac and FMA staff.

Mr. Charles Murfin - Executive Director, Florida Medical Political Action Committee

1. Shall be responsible for the day-to-day operation of Flampac.
2. Shall submit for Board approval an annual budget.
3. Shall prepare for the treasurer a summary of expenditures on a regular basis.
4. Shall be responsible for keeping the Board and its Executive Committee abreast of Flampac operations.
5. Shall recommend to the Board proposals which will help Flampac reach its goals.
6. Shall assist the candidate selection committee with evaluation of voting districts and candidates.
7. Shall be authorized to sign vouchers for expenditures for administrative purposes.
8. May, with written or in some cases telephone instructions from the Executive Committee, be authorized to sign a voucher releasing candidate support funds on behalf of the Executive Committee.
9. Shall act as liaison to the administrative personnel to the FMA, FMAWA, county societies and other groups.
10. Shall assist in performing programs and agendas for various meetings such as board meetings, annual meetings, and educational seminars.
11. Shall be responsible for all tasks as assigned by the Flampac Board or in keeping with the regular duties of an Executive Director.

Mr. John Richardson - Director, Economics Department

Mr. Richardson shall assist Flampac and its personnel in the areas of bookkeeping, purchasing and recordkeeping of all Flampac accounts.

Mr. Donald Fraser - Director, Department of Public Affairs

Mr. Fraser will serve as Capitol Office liaison to the Flampac Board and will further act as consultant to Flampac on legislative affairs.

County Representatives

County Representatives should be appointed from each county. There should be a Woman's Auxiliary representative and a working representative from the county medical executive committee. Their functions would include:

1. Membership i.e. attaining their goal.
2. Communication between Flampac and the CMS.
3. Chairman of the local candidate support committee.
4. Coordinator for educational programs.
5. Coordination with district board member and Flampac Executive Director.

This county coordinator along with the district Flampac Board member will serve as a clearing house for candidate support decision. He will further be responsible for reporting all candidate selection decisions to the county medical society and to report the county medical societies' wishes to the Flampac District Board Members.

F. Role of Local Committees

Flampac must expand local operations to include a county-by-county support committee, fund raising for individual candidates, key contacts, candidate "kitchen cabinet" members, precinct organization, letter writing campaign and more. Flampac and the physician must be made visible to candidates not only on a statewide basis but in the district where it really counts. Flampac's goal should be to have all local committees in operation by August, 1976.

Local Candidate Support Committees

Flampac recommends that some form of local candidate support committee be formed in conjunction with every county medical society in Florida. This committee should be on-going in nature, recognized by the county medical society and work closely with the district Flampac board members and the county legislative committee.

The exact organization of this committee will be left up to the county society. The Flampac Executive Director will offer his assistance in forming the various committees and will help to tailor the organization to the needs of each county individually. These committees will be responsible for the following:

1. Liaison with the county medical society.
2. Organizing as support committees for various candidates.
3. Function as a local committee capable of providing volunteer workers, advisors, and local fund raising for various candidates.
4. Candidate recruitment.
5. Candidate evaluation.
6. Coordinate special events.

Activities

Under the local CSC many programs, some tried and tested, some untried, and some as yet undiscovered, may be listed. A partial list would include:

1. Professional precinct program
2. Cabinet member physicians
3. Volunteer personnel, physicians, their wives and their children
4. Local fund raising from individuals to individual candidates and for functions such as appreciation dinners.
5. Letters and conversations from physicians to patient
6. Letters and conversation from physician to his precinct
7. Letters and conversation between physicians
8. Letters from physicians' wives to other wives
9. Registration, canvass, and get-out-and-vote drives
10. Many, many other programs to help a candidate or group of candidates

These programs would be run by volunteer workers, physicians, friends, and family. If they are done well, they will be remembered by the candidate long after the money is spent.

Organization

The candidate support committee should be chaired by a physician who is a member of FMA, AMPAC, and FLAMPAC, and who has been designated by his county medical society as the Flampac liaison officer.

Each county Flampac liaison officer in the same congressional district shall serve as a district committee. The president and presiding officer shall be the district Flampac Board activities' representative. They shall meet at will and provide recommendations to the Flampac Board that will be officially entered in Flampac records.

Therefore, the Flampac board member and the county Flampac liaison officer should be responsible for the level of local activity under the local CSC.

Appendix I

LETTER AGREEMENT

BETWEEN

FLORIDA MEDICAL ASSOCIATION, INC. AND

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

WHEREAS, The Florida Medical Association, Inc., a corporation not for profit, herein referred to as the "Association," as authorized by its Charter to promote the science and art of medicine and the betterment of public health, to unite the medical profession of Florida into one compact organization, etc.

WHEREAS, The Association has offered to provide coordination and administrative assistance to the Florida Medical Political Action Committee for educational purposes; and

WHEREAS, The Florida Medical Political Action Committee, an organization approved by the Board of Governors of the Association, herein referred to as "FLAMPAC," desires to accept services from the Association;

NOW THEREFORE, The Association and FLAMPAC mutually agree:

One: The Association shall provide a full-time Executive Director for the Board of Directors to carry out the directives and policies of FLAMPAC under the supervision of the Executive Vice President of the FMA. Routine travel expenses for the Executive Director, office space, secretarial services, bookkeeping and membership records, shall be provided by the FMA.

FLAMPAC staff may be utilized by the FMA within legal limits during the sessions of the Florida legislature and on occasion for Congressional liaison.

The basic intent of this agreement is to provide management and administrative services to the FLAMPAC officers and Board and to assist in the development of active and effective medical political action organizations in all areas of the State of Florida.

These services shall include but not be limited to:

1. Routine correspondence
2. Notices calling meetings
3. Recording, duplication and distribution of minutes as submitted
4. Billing
5. Other - financial statements as required
6. Filing
7. Bookkeeping records
8. Accounts receivable and accounts payable
9. Purchasing
10. Bank Deposits
11. Membership records
12. Roster
13. Miscellaneous

FLAMPAC shall assist the Association in rendering this service by:

A. Providing the Association with a current copy of its Charter and By-laws.

B. Agreeing to have their bank account in the Florida First National Bank of Jacksonville.

C. Advising the Association who is authorized to make withdrawals against the account and who is authorized to sign checks for FLAMPAC.

D. Advising the Association who is authorized to incur expenses for FLAMPAC.

E. Authorizing the expense of a C.P.A. to audit the books annually and as required for reporting of political activity.

F. Agreeing to defray the expense of paper, printing, postage, long distance telephone calls and telegrams involved specifically with the work of FLAMPAC and to reimburse the Association quarterly, or when billed, for this expense.

Two: FLAMPAC shall reimburse the Association in the following manner:

Personnel - FLAMPAC shall reimburse the FMA for the cost of personnel requested by them other than their full time Executive Director and secretary. Such reimbursement shall be prorated at the normal hourly rate of compensation to include fringe benefits as may be applicable to the individual employee.

Miscellaneous - FLAMPAC further agrees to defray the expense of office supplies, printing supplies, postage, long distance telephone costs, telegrams and other authorized expenses which may be incurred on behalf of FLAMPAC.

Three: The Association shall have the privilege of terminating this service for FLAMPAC at any time upon providing one hundred eighty (180) days notice to FLAMPAC.

Four: FLAMPAC has the privilege of not accepting this service from the Association at any time upon providing one hundred eighty (180) days notice to the Association.

Each of the parties has indicated its acceptance hereof by the execution of this agreement through its authorized officers:

Dated in Jacksonville, Florida, this 26 day of ~~April~~, 1975.

FLORIDA MEDICAL ASSOCIATION, INC.

By_____

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

By_____

BYLAWS

of the

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE (FLAMPAC)

ARTICLE I

Name and Definition

The name of this Committee is the Florida Medical Political Action Committee hereinafter referred to as the Committee or FLAMPAC. It is a voluntary, non-profit, unincorporated Committee of individual Doctors of Medicine and others and is not affiliated with any political party. The Committee is an independent, autonomous organization and is not a branch or subsidiary of any national or other political action organization.

ARTICLE II

Objectives

The objectives of the Committee are:

(1) To promote and strive for the improvement of government by encouraging and stimulating physicians and others to take a more active and effective part in governmental affairs.

(2) To encourage physicians and others to understand the nature and actions of their government, as to important political issues, and as to the records of officeholders and candidates for elective office at all levels of government.

(3) To assist physicians and others in organizing themselves for more effective political action and in carrying out their civic responsibilities.

(4) To do any and all things necessary or desirable for the attainment of the objectives stated above.

ARTICLE III

Membership, Dues and Contributions

Section 1. Members.

Active membership shall be available to any Doctor of Medicine, his or her spouse, members of his or her immediate family, and other professional groups as authorized by the Board of Directors. The Board of Directors is authorized to establish additional categories of membership. Candidates for membership shall be subject to approval by the Board of Directors and to the payment of the full annual dues.

Section 2. Dues.

The annual and fiscal year of FLAMPAC shall be the calendar year. FLAMPAC annual dues shall be established by the Board of Directors for the period from January 1 through December 31 each calendar year for all classifications of membership. A member whose annual dues have not been paid by April 1 of the current year shall be considered delinquent.

Section 3. Contributions.

Contributions and membership dues to FLAMPAC shall be subject to the approval of the Board of Directors and such funds shall be disbursed only upon recommendation and approval of the Board of Directors and/or the Executive Committee.

ARTICLE IV

Officers

Section 1. The officers of this Committee shall be a President, a Vice President, a Secretary-Treasurer, the Immediate Past President, who shall act as Chairman of the candidate evaluation committee, and an FMA Liaison Officer.

Section 2. These officers shall be elected by the Board of Directors at the time of the annual meeting of FLAMPAC, for a term of one year, and shall serve from the time of their election until the annual meeting following the completion of their terms of office.

Section 3. In the event of resignation or death of an officer or district chairman, the President shall exercise authority in making appointment of an officer or district chairman to serve in the interim period prior to the next meeting of the Board of Governors of the Florida Medical Association at which time recommendations for appointment will be presented for appropriate action.

Section 4. Duties and Functions.

(a) President: The president is the official head of FLAMPAC and shall preside at all meetings of the Executive Committee and the Board of Directors. He shall be an ex-officio member of all committees other than the above mentioned. The President shall present an annual report to the Board of Directors. The President shall appoint all committees as prescribed for in these bylaws and perform such other duties to assure the proper functioning of the Committee.

(b) Secretary-Treasurer: The Secretary-Treasurer shall maintain correct and complete records of the activities of FLAMPAC which shall include minutes of the meetings of the Board and the Executive Committee. He shall be custodian of the funds of FLAMPAC; he shall keep full and accurate accounts of the finances of FLAMPAC and provide an annual CPA audit to the Board of Directors. He shall perform other functions as directed by the Board of Directors. He shall not authorize an indebtedness to the Committee which cumulatively exceeds $5,000.

(c) Other Officers: The duties and functions of the other officers as provided for in these bylaws shall be prescribed by the Board of Directors.

ARTICLE V

Board of Directors

Section 1. Functions.

The Board of Directors shall have general supervision and control over the affairs and funds of the Committee and shall establish and carry out all policies and activities of the Committee. Members of the Board of Directors shall serve without compensation.

Section 2. Composition.

The Board of Directors shall consist of the elected officers, Doctors of Medicine appointed from each of Florida's Congressional Districts to serve as District Chairmen who are members of FLAMPAC and the Florida Medical Association, Inc., a member of the Woman's Auxiliary to the Florida Medical Association, Inc., who is a member of FLAMPAC and an FMA Liaison Officer. Representatives of other professional groups shall be appointed as deemed advisable by the Board of Directors.

Section 3. Nominations and Appointments.

The District Chairmen shall be appointed by the Board of Governors of the Florida Medical Association, Inc., for a term of one year from a list of nominees for each office as recommended by the Executive Committee. The member representative of the Woman's Auxiliary shall be nominated by the Executive Committee and approved by the Board of Governors in the same manner provided for District Chairmen. The Board of Governors shall designate annually one of its members to serve as the Florida Medical Association liaison officer to FLAMPAC.

ARTICLE VI

Executive Committee

Section 1. There shall be an Executive Committee of the Board of Directors composed of the President, Vice President, Secretary-Treasurer and Immediate Past President. The FMA liaison officer shall serve as an ex-officio member.

Section 2. The Executive Committee shall consider matters referred to it by the Board of Directors and shall report its findings and recommendations to the Board. All actions of the Executive Committee shall be reported to the Board. This Committee shall be responsible for studying the needs and requirements of FLAMPAC and shall engage in long-range planning and shall also serve as a finance committee.

ARTICLE VII

Meetings

Section 1. Annual Meeting.

The annual meeting of the active membership of FLAMPAC shall be held at the time of the Florida Medical Association, Inc., Leadership Conference for County Medical Society Officers.

Section 2. Board of Directors Meetings.

There shall be three meetings of the Board of Directors, one at the time of FLAMPAC's annual meeting, one at the time of the FMA annual meeting and one at the call of the President.

Section 3. Executive Committee Meetings.

The President on his own initiative shall call for a meeting of the Executive Committee which shall not meet less than four times a year.

Section 4. Special Meetings.

Special meetings can be called for by the President or upon the written request of three members of the Board of Directors.

Section 5. A majority of the directors shall constitute a quorum provided a majority of District Chairmen are represented.

ARTICLE VIII

Committees

Section 1. Candidate Evaluation Committee.

There shall be a candidate evaluation committee of the Board of Directors composed of at least two officers and two District Chairmen and the Immediate Past President shall serve as Chairman. The other members shall be appointed by the President subject to the approval of the Executive Committee. The current President shall serve as an ex-officio member of this committee.

Section 2. Standing Committees.

(a) There shall be a committee on membership whose functions shall be productive evaluation of the existing membership status of the organization, with a report to be made at each regular meeting of the Board of Directors.

(b) There shall be a committee on political education whose functions shall be to clearly outline the objectives, purposes and activities of FLAMPAC and promoted among the membership as well as to interested group members.

Section 3. Special Committees.

There shall be additional committees as deemed advisable by the President who shall make the appointments and outline their functions, subject to the approval of the Executive Committee.

ARTICLE IX

Parliamentary Authority

The deliberations of the Committee shall be governed by parliamentary usage as contained in Sturgis' Standard Code of Parliamentary Procedure unless otherwise provided in these bylaws or modified by two-thirds vote of the members present.

ARTICLE X

Amendment of Bylaws

The bylaws may be altered, amended or repealed by two-thirds of the members of the Board of Directors present and voting provided that at least thirty (30) days written notice is given of the intention to alter or amend, further subject to appraisal of legal counsel and the Florida Medical Association, Inc.

Joseph C. Von Thron, M.D.
President

Louis C. Murray, M.D.
Secretary

(Adopted May 5, 1972)

PROCEDURAL MANUAL

OF THE

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

P. O. Box 2371
Jacksonville, Florida 32203

MAY 1972

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INTRODUCTION

The intent of this manual is to set forth a statement of procedure to implement the objectives as listed in the Bylaws* of the Florida Medical Political Action Committee and to provide the means for their effective implementation. The material presented is an attempt to define areas of responsibility and functions as a basis for the operation of FLAMPAC within sound administrative principles. Modifications of this manual will be made as experience dictates.

* Appendix I (Adopted by the FLAMPAC Board of Directors May 5, 1972.)

I. ROLE OF FLAMPAC BOARD OF DIRECTORS

Composition - Article V of the Bylaws (Appendix I, page 4)

Membership - (Appendix II)

General Functions - The FLAMPAC Board of Directors is the policy-making body of the organization. With general supervision and control of the affairs and funds of the organization, the Board is charged with the responsibility of initiating and administering all programs.

The Board represents the entire FLAMPAC membership. Only the advancement and welfare of the organization's objectives should determine individual decisions of the Directors.

Specific Functions - Listed below are responsibilities shared by Board members. There are many more too numerous to mention, but the following will serve as a guide. Specifically the Board shall:

1. Plan and administer the educational and political activities of the organization.
2. Review and approve capital and operating budgets.
3. Be responsible for CPA audit of finances.
4. Review and approve membership and fund-raising programs.
5. Review and approve programs for FLAMPAC promotional activity.
6. Elect the officers of FLAMPAC.

II. FLAMPAC OFFICERS

The officers of FLAMPAC shall consist of a President, Vice President, Secretary-Treasurer, Immediate Past President and Florida Medical Association Liaison Officer.

Duties of FLAMPAC Officers:

President -

1. Is the official head of the organization.
2. Is an ex-officio member of all committees.
3. Is the presiding officer at all Board and Executive Committee meetings.
4. Has the responsibility for appointing all chairmen and members of committees (with the exception of the Executive Committee and Candidate Evaluation Committee) subject to the approval of the Executive Committee.

Vice President -

1. Shall assist the President in the performance of his duties.
2. Shall assume all duties of the President in his absence or inability to serve.
3. Shall assume any other duty as may be prescribed by the Board.

Secretary-Treasurer -

1. Shall assume all duties normally performed by the Secretary-Treasurer of an organization.
2. Shall assume other duties as may be prescribed by the Board and Bylaws.
3. Shall be custodian of the organization's funds.
4. Shall disburse all monies in accordance with Board instructions.
5. Shall be responsible for maintenance of accurate accounts and and presentation of these financial statements at meetings of the Board.
6. Shall prepare, sign and file all reports to governmental authorities required by law or the Board.

Immediate Past President -

1. Shall serve on the Executive Committee
2. Shall be Chairman of the Candidate Evaluation Committee as provided for in the Bylaws.
3. Shall perform such other duties as designated by the Board.

Florida Medical Association Liaison Officer -

1. Shall serve as an ex-officio member of the Executive Committee.
2. Shall maintain constant liaison and working relationship between the Board of Directors of FLAMPAC and the Board of Governors of the Florida Medical Association.

III. STANDING RULES OF THE BOARD OF DIRECTORS OF THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

1. Election of Officers - Nominations and appointments of members the Board of Directors and standing committees of the Board are made as provided in the Bylaws.
2. Executive Committee - The Executive Committee shall be given full authorization to determine all candidate support after due recommendations from the Candidate Evaluation Committee and for the disbursement of funds.

The Executive Committee is further authorized to make requests of AMPAC for funds and for the disbursement of these funds.

The Executive Committee shall coordinate with the Florida Medical Association for staff assistance for its organizational and educational activities. On all other organizational matters, the Executive Committee shall act only in those instances when it is not possible for the full Board to meet. Actions of the Executive Committee shall be recorded and reported at the next meeting of the Board.

Candidate support requests which develop on an urgent basis may

be determined by the President in consultation with the other members of the Executive Committee and shall be recorded in the minutes of the next meeting of the Executive Committee. All records of candidates' support shall be deemed confidential records of the Board of Directors. The records shall be placed and maintained in the safe deposit box for a period of five (5) years.

The Executive Committee shall recognize and utilize whenever possible, all local PAC's sponsored by the county medical societies in Florida.

3. Membership Committee - The Membership Committee shall consist of at least three (3) members of the Board and shall include the Vice President, the Auxiliary Representative on the Board, and at least one (1) other member appointed by the President.

The duties of this committee shall be to develop membership programs for FLAMPAC as a whole and assist county society units to plan and execute membership projects for FLAMPAC.

4. Political Education Committee - The Political Education Committee shall consist of at least three (3) members of the Board of Directors or the District Chairmen appointed by the President.

It shall be the responsibility of this committee to guide and direct every component county medical society of the Florida Medical Association and its auxiliaries in the establishment of a local political action committee and to assist with the coordination of their activities and the development of political action programs.

5. Candidate Evaluation Committee - The Candidate Evaluation Committee shall take advantage of all resources of the American Medical Association, the American Medical Political Action

Committee, and the Florida Medical Association to stay as fully informed as possible regarding political candidates, current office holders and their records.

Individuals or groups making requests for support of candidates must submit these requests in writing to this committee. The committee, before making recommendations, shall take full advantage, when feasible, of the county PAC organizations and consultation with the appropriate District Chairmen and co-chairmen.

6. Limitations of Committees - All committees, with the exception of the Executive Committee, which acts for the Board of Directors between meetings of the Board, shall be under the direct supervision of the FLAMPAC Board of Directors. All actions taken by these committees shall be subject to Board approval.

IV. BOARD OF DIRECTORS MEETING PROCEDURE

1. Notice of Meetings - Each Board member shall be notified at least fifteen (15) days in advance of each meeting. Such notice will show the time and place of the scheduled meeting.
2. Agenda - A prepared agenda will be sent to each Board member in advance of each meeting. Board members wishing to place items on an agenda must communicate this information to the Chairman twenty (20) days before the meeting. Items received after this time period will be placed on the Chairman's agenda, but they cannot appear on the agenda received by each member prior to the meeting.
3. Business Meeting Procedure - The President will preside at all meetings and will announce a quorum present after the meeting is called to order.

The rules contained in Sturgis' Standard Code of Parlimentary Procedure shall govern the proceedings, in such cases not covered by the Bylaws and Standing Rules adopted by FLAMPAC.

4. Executive Sessions - During Executive Sessions, only FLAMPAC Board members and specifically invited guests will be in attendance. Such sessions by their nature are to handle unusual situations where others should not be present. All candidate selection support decisions shall be made in Executive Session.

V. ADMINISTRATION

(Letter of Agreement Between FMA and FLAMPAC - Appendix III)

VI. POLICIES

1. The President is specifically authorized to perform the duties and functions of any officer who is unable to carry out his duties.
2. Any two (2) officers are authorized to authenticate a voucher for disbursement of checks for candidates' support. The Treasurer is authorized to authenticate the voucher for payment of routine administration costs such as audits, telephones, etc.
3. Either the Treasurer of the Committee or the Executive Vice President of the Florida Medical Association is authorized to sign checks on behalf of the Committee upon receipt of a proper, authenticated voucher.
4. Transmission of candidate support funds shall be delivered to the candidate in a method determined by the Executive Committee but under no circumstances by any person other than by a member of FLAMPAC.

5. Any district co-chairman serving in the absence of the District Chairman at any meeting of the Board automatically has his proxy for voting purposes.
6. Any active member of FLAMPAC shall be eligible to hold office in this organization. When deemed advisable, the Executive Committee shall authorize a nominating committee to be appointed by the President.
7. No member of FLAMPAC nor its standing committees shall be authorized to obligate the Committee for expenditures of funds without specific authorization of the Executive Committee with the exception of routine administrative costs necessary to conduct business of the Committee.
8. The Executive Committee, directly and through its designees, shall make every attempt to broaden the base of this Committee to include other professionals such as dentists, pharmacists, etc.
9. There shall be total segregation of the funds of this Committee between educational and candidate support. Monies may be loaned from the candidate support fund to the educational fund but under no circumstances may educational funds be utilized for candidate support purposes.
10. Officers of FLAMPAC shall make every effort to consult, whenever possible or feasible, with county medical societies and local PAC committees in the selection of District Chairmen, co-chairmen or other individuals requested to work in an official capacity.

(4-25-72)

APPENDIX IV

Budgets

(A)

3,500 members		
15		
17500		
3500		
$52,500.00	Regular memberships	
500.00	Sustaining memberships	
35,000.00	Balance 1975	
1,000.00	Other Donations	
$89,000.00	Total Income	

(B)

4,500 members
15
22500
4500
$67,500
500
35,000
1,000
$104,000

(C)

5,500 members	
15	
27500	
5500	
$82,500	Regular memberships
500	Sustaining memberships
35,000	Balance 1975
1,000	Other donations
$119,000	Total Income

(D)

6,500 members
15
32500
6500
$97,500
500
35,000
1,000
$134,000

Budget A - 3,500 members - Income $89,000

Postage - 618 ($5,675)

Supplemental billing	1,300
Thank you letters 75	530
Woman's Auxiliary	585
Crisis letter	1,300
Special mailings	520
General correspondence	650
Newsletters	640
Postage meter	150
	$5,675

Office supplies - 617 ($2,775)

labels	1,125
Paper and envelopes	850
General office supplies	800
	$2,775

Mailing service - 507 A ($600)

Handling	$600

Printing and engraving - 619 ($600)

Printing	500
Production	100
	$600

Telephone & telegraph 621 ($3,000)

Telephone	$3,000

Special - 415 ($1,800)

Seminars	$1,000
Joint programs	800
	$1,800

Meeting Expenses 401 ($2,000)

Meeting expenses	$2,000

Budget B - 4,500 members - Income $104,000

Postage - 618 ($6,940)

Supplemental billing	1,300
Thank you letters	650
Woman's Auxiliary	1,170
Crisis letter	1,300
Special mailings	520
General correspondence	650
Newsletters	800
Poll Flampac members (bulk rate)	400
Postage meter	150
	$6,940

Office supplies - 617 ($3,250)

Labels	1,300
Paper and envelopes	950
General office supplies	1,000
	$3,250

Mailing service - 507 A ($1,100)

Handling	$1,100

Printing and engraving - 619 ($710)

Printing	500
Production	210
	$710

Telephone and telegraph - 621 ($3,000)

Telephone	3,000

Special projects - 415 ($2,000)

Seminars	1,000
Joint programs	1,000
	$2,000

Meeting expenses - 401 ($2,000)

Meeting expense	$2,000

Accounting - 502	($800)	
Audit fees		$800
Mgt. consultants & actuaries - 505	($1,500)	
Staff		$1,500
National candidate support - 450	($32,000)	
		$32,000
State candidate support - 460	($36,000)	
Contributions		$36,000
Contingency - 800	($2,250)	
		$2,250
TOTAL		$89,000

CONT. BUDGET B

Accounting - 502	($800)	
Audit		$800
Mgt. Consultants and actuaries - 505	($2,900)	
Staff		$2,900
National candidate support - 450	($39,000)	
Congressional & senatorial contributions		$39,000
State candidate support - 460	($39,000)	
State legislative contributions		$39,000
Contingency - 800	($3,300)	$3,300
	TOTAL	$104,000

Budget C - 5,500 members - Income $119,000

Postage - 618 ($8,840)

Poll all Flampac members (bulk rate)	400
Poll all Flampac non members (bulk rate)	800
Supplemental billing	1,300
Thank you letters	710
Woman's Auxiliary twice	1,170
Crisis letter	1,300
Special mailings	520
General correspondence	650
Newsletters	1,840
Postage meter	150
	$8,840

Office supplies - 617 ($6,140)

Labels	2,640
Paper and envelopes	2,500
General office supplies	1,000
	$6,140

Mailing service - 507 A ($2,060)

Handling	$2,060

Printing and engraving - 619 ($1,160)

Printing	860
Production	300
	$1,160

Telephone and telegraph - 621 ($3,000)

Telephone	3,000

Special projects - 415 ($3,500)

Seminars	2,500
Joint programs	1,000
	$3,500

Meeting expenses - 401 ($2,000)

Meeting expenses	2,000

Accounting - 502 ($800)

Audit	800

CONT. BUDGET C

Mgt. consultants and actuaries staff	- 305 ($2,500)	2,500
National candidate support	- 450 ($42,500)	
Congressional and senatorial contributions		42,500
State candidate support	- 460 ($42,500)	
State legislative contributions		42,500
Contingency - 800	($4,000)	4,000
TOTAL		$119,000

Budget D - 6,500 members - Income $134,000

Postage - 618 ($8,840)

Poll all Flampac members	400
Poll all Flampac non members	800
Supplemental billing	1,300
Thank you letters	710
Woman's Auxiliary twice	1,170
Crisis letter	1,300
Special mailings	520
General correspondencw	650
Newsletters	1,840
Postage meters	150
	$8,840

Office supplies - 617 -($6,140)

Labels	2,640
Paper and envelopes	2,500
General office supplies	1,000
	$6,140

Mailing service - 507 A ($2,060)

Handling	2,060

Printing and engraving - 619 ($2,160)

Printing	1,860
Production	300
	2,160

Telephone and telegraph - 621 ($3,000)

Telephone	3,000

Special projects - 415 ($11,000)

Seminars	$10,000
Joint programs	1,000
	$11,000

Meeting expenses - 401 -($7,000)

Meeting expenses	7,000

Accounting - 502 ($800)

Audit	800

National candidate support - 450	($42,500)	
Congressional & senatorial contributions		42,500
State candidate support - 460	($42,500)	
State legislative contributions		42,500
Contingency - 800	($4,000)	4,000
	TOTAL	$134,000

3117132326

Vet. Homes Exhibit #2 (Thompson 5-12-78 S. G. House

THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

POST OFFICE BOX 2371
JACKSONVILLE, FLORIDA 32203

M I N U T E S

Meeting of :

FLAMPAC Executive Committee
December 22, 1975
TELEPHONE CONFERENCE

ATTENDANCE

Rufus K. Broadaway, M.D., President, John W. Glotfelty, M.D. Vice President, Francis C. Coleman, M.D., Treasurer, Joseph C. Von Thron, M.D., FMA Liaison, Julian Groff, M.D.

Others Present:
Charles W. Murfin, Executive Director, Diana Hipp, Recorder.

Members Absent:
William W. Thompson, M.D., Secretary, Mrs. Ramona Updegraff, W.A. Representative to FLAMPAC

OPENING REMARKS

Dr. Rufus K. Broadaway called the meeting to order at 2:00 p.m.

ITEMS OF DISCUSSION

Charles W. Murfin, Executive Director, reported to the committee on the status of:

1- The FLAMPAC Brochure
2- The FLAMPAC Newsletter
3- Mailings to Non-Members

Mr. Murfin requested approval to deposit a portion of FLAMPAC funds into a savings account.

MOTION

MOTION CARRIED UNANIMOUSLY TO TRANSFER $40,000.00 INTO A FLAMPAC SAVINGS ACCOUNT AND THAT MR. MURFIN RESEARCH OTHER INVESTMENT AVENUES SUCH AS: CERTIFICATE OF DEPOSIT AND UNITED STATES TREASURY NOTES.

CHANGE OF LOCATION FOR FLAMPAC AMPAC SEMINAR

Mr. Murfin informed the Executive Committee that due to various problems with the Carlton House Hotel, the FMA Interim meeting of the House of Delegates and therefore, the FLAMPAC seminar was changed to the Orlando Hyatt House.

MEMBERSHIP INFORMATION PACKET

Mr. Murfin informed the Executive Committee of his plans to provide each of the FLAMPAC Board members with a thorough membership information packet to be distributed at the January 31, 1976 FLAMPAC Board of Director's meeting.

PUBLICITY FOR THE AMPAC-FLAM-PAC SEMINAR	The Executive Committee requested that Mr. Murfin step up his efforts to publicize the January 30, 1976 FLAMPAC-AMPAC seminar.
CAMPAIGN CONTRIBUTION REQUEST FOR CONGRESSMAN LEHMAN	A request for a candidate contribution for Congressman William Lehman was presented to the Executive Committee by Dr. Jay Groff.
MOTION	THAT THE EXECUTIVE COMMITTEE OF FLAMPAC NOT APPROPRIATE THE $1,000.00 REQUESTED BY DR. GROFF FOR CONGRESSMAN LEHMAN AT THIS TIME AND THAT THE DECISION BE TABLED FOR FURTHER DISCUSSION AT THE FULL BOARD MEETING, SCHEDULED FOR JANUARY 31, 1976 IN ORLANDO.
MOTION	MOTION CARRIED UNANIMOUSLY THAT MR. MURFIN CONTACT THE AMERICAN MEDICAL POLITICAL ACTION COMMITTEE TO DETERMINE WHETHER OR NOT CONGRESSMAN LEHMAN HAS REQUESTED AMPAC ASSISTANCE AND THAT MR. MURFIN WILL REPORT HIS FINDINGS TO THE FULL BOARD IN JANUARY.
ADJCURNMENT	There being no further business, the meeting was adjourned at 2:23 p.m.

.-/dh

Association 031

Florida Medical Political Action Committee
Financial Statement
January 1, 1975 - December 31, 1975

Cash on Hand, January 1, 1975		
Florida National Bank - Checking Account	$ 551.09	$ 551.09
Income		
Dues Current	$55,889.00	
Dues Back	10.00	
Dues Current - National	37,830.00	
Dues Professional Association	690.00	
Deferred Income - State Dues	865.00	
Deferred Income - National Dues	650.00	
Total Income		$95,934.00
To Be Accounted For		$96,485.09
Disbursements		
Convention - State	$ 2,194.50	
Miscellaneous Expenses	216.07	
Telephone & Telegraph	850.39	
Secretary	53.15	
Meeting Expense	1,500.19	
Contract Services	80.50	
Accounting	260.00	
Office Supplies	270.52	
Postage	1,894.97	
Printing	633.65	
National Dues	35,560.00	
Donations	100.00	
Campaign Contributions	2,465.00	
Total Disbursements		$46,078.94

Cash on Hand, December 31, 1975

Florida National Bank - Checking Account	$10,381.15	
Florida National Bank - Saving Account	40,000.00	
Checks Returned	25.00	$50,406.15
Total Amount		$96,485.09

AMERICAN | M E D I C A L | POLITICAL | A C T I O N | COMMITTEE

Post Office Box 4440 • Chicago, Illinois 60680 • AREA CODE 312 644-1585 Offices located at 535 North Dearborn

(Thompson) 5-12-78
(S.G. Hess)

MAR 1 1976

M E M O R A N D U M

TO: Charlie Murfin

FROM: Linda Hudson LH

DATE: February 26, 1976

SUBJECT: Physician Candidates For Congress

Adolf Gundersen, M.D. is a Republican Candidate for Congress in the Third Congressional District of Wisconsin. Informed sources say he has an excellent chance of defeating freshman incumbent Democrat Alvin Baldus. The Third District of Wisconsin occupies the western and southwestern parts of the state. It includes LaCrosse and Eau Claire and stretches along the Mississippi River some 200 miles.

LH:hc

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Petitioner's Exhibit # 4 (Thompson, 5-12-78 S.C. Hrg.

THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE
Post Office Box 2371
Jacksonville, Florida 32203

M I N U T E S
Conference Call
August 17, 1976

CALL TO ORDER The conference call meeting of the Executive Committee of FLAMPAC was called to order at 4:30 p.m. on August 17, 1976

ATTENDANCE

Members Present:
John W. Glotfelty, M.D., Vice President; William Thompson, M.D.; Francis C. Coleman, M.D., Treasurer; Mrs. Ramona Updegraff, Woman's Auxiliary Representative

Members Absent:
Rufus K. Broadaway, M.D., President; Joseph C. Von Thron, M.D., FMA Liaison

Others Present:
Charles W. Murfin, Executive Director; Scotty Fraser, Director of Legislative Activities; Judith A. Klosterman, Recorder

MOTION TO APPROVE CONTRIBUTIONS MOTION CARRIED UNANIMOUSLY TO MAKE THE FOLLOWING CONTRIBUTIONS TO CANDIDATES FOR THEIR RESPECTIVE RACES:

U.S. Senate		Dr. John Grady AMPAC consideration	$ 5,000 plu
U.S. Congress	# 2	Don Fuqua AMPAC consideration	2,000 plu
U.S. Congress	# 4	Bill Chappell AMPAC consideration	2,000 plu

ADJOURNED The meeting was adjourned at 5:15 p.m.

Petitioners Exhibit #5 for Id. (Thompson 5-12-7

CONFIDENTIAL

The FLORIDA MEDICAL POLITICAL ACTION COMMITTEE
Post Office Box [illegible]
Jacksonville, Florida 32202

M I N U T E S

FLAMPAC Board of Directors Meeting
Carlton House Resort Hotel
October 17, 1976

CALL TO ORDER

The meeting was called to order at 10:00 a.m. on October 17, by Vice President Glotfelty.

ATTENDANCE

Members Present:
John W. Glotfelty, M.D.; Francis C. Coleman, M.D.; Joseph C. Von Thron, M.D.; Karl R. Rolls, M.D.; Reginald J. Stambaugh, M.D.; Louis C. Murray, M.D.

Members Absent:
Rufus K. Broadaway, M.D.; William Thompson, M.D.; Ramona Updegraff; Philip B. Phillips, M.D.; Taylor H. Kirby, Jr., M.D.; Donald O. Alford, M.D.; Thomas Edwards, M.D.; John C. Kruse, M.D.; Eugene G. Peek, Jr M.D.; James White, M.D.; Donald C. Nikolaus, M.D.; Frederick C. Andrews, M.D.; John Hamilton, M.D.; Allyn B. Giffin, M.D.; Irving Essrig, M.D.; Harold L. Williamson, M.D.; Robert E. Windom, M.D.; G. Brock Magruder, M.D.; H. Quillian Jones, Jr., M.D.; Fred A. Butler, M.D.; Carl E. Andrews, M.D.; Andre S. Capi, M.D.; Henry D. Perry, Jr., M.D.; Julian H. Groff, M.D. Arnold A. Kaplan, M.D.; Jack Q. Cleveland, M.D.; Margaret Skinner, M.D.; Franklin J. Evans, M.D.; Richard M. Fleming, M.D.

Others Present:
Mike Lopez, M.D., Palm Beach County Medical Society; Lee Howington, M.D., Ft. Myers; Scotty Fraser, Director of Legislative Activities; Kaylee Cutler, FLAMPAC Consultant; Judith A. Klosterman, Recorder

APPROVAL OF MINUTES

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE BOARD MEETING OF JULY 24-25, 1976, BE APPROVED AS PUBLISHED.

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE CANDIDATE SELECTION COMMITTEE OF JULY 24 BE APPROVED AS PUBLISHED.

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE CONFERENCE CALL OF AUGUST 17 BE APPROVED AS PUBLISHED.

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE CONFERENCE CALL OF AUGUST 31 BE APPROVED AS PUBLISHED.

MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE CONFERENCE CALL OF SEPTEMBER 16 BE APPROVED AS PUBLISHED.

MOTION TO APPROVE TREASURER'S REPORT

The Treasurer reported that as of September 30, 1976, the balance in the FLAMPAC account was $[illegible]0,689.23. MOTION CARRIED UNANIMOUSLY THAT THIS FIGURE BE APPROVED.

NEW BUSINESS

MOTION TO SEND OUT PLATFORM NEWSLETTER

Dr. Von Thron discussed a proposed newsletter to be mailed to all FMA members regarding the National Health Insurance issue and the different party platforms regarding the same. MOTION PASSED UNANIMOUSLY THAT THIS NEWSLETTER BE PRINTED AND MAILED TO ALL FMA MEMBERS ON OCTOBER 22.

MOTION TO SEND OUT ENDORSEMENT NEWSLETTER

MOTION PASSED UNANIMOUSLY TO SEND OUT TO ALL FLAMPAC MEMBERS A NEWSLETTER STATING THOSE CANDIDATES WHICH HAVE BEEN ENDORSED BY FLAMPAC. THIS LETTER WILL BE MAILED ON OCTOBER 27 IF POSSIBLE.

MOTION TO HAVE NOVEMBER MEETING

The resignation of Charles W. Murfin as Executive Director was discussed. The Executive Committee UNANIMOUSLY PASSED A MOTION TO HAVE A JOINT COMMITTEE MEETING WITH FMA OFFICERS AND THE FLAMPAC EXECUTIVE COMMITTEE TO DISCUSS THIS VACANCY AT THE EARLIEST TIME POSSIBLE.

REPORT OF FEC CONFERENCE

A report of the Federal Election Commission Law Conference which was held in Chicago on October 2-3 was given by Dr. Coleman who attended this meeting.

DADE COUNTY PROBLEMS

A discussion was held regarding the situation in Dade County. The Dade County Medical Society will no longer have joint FLAMPAC billing. The Executive Committee needs to urge the FMA to do everything possible to help FLAMPAC in this matter. Dr. Murray was asked to make this a special project.

UNREGISTERED VOTER PROBLEM

A discussion was held regarding the problem of unregistered voters. Dr. Murray will be working on this project and will try to get the Women's Auxiliary interested in this project.

MOTION TO APPROVE CONTRIBUTIONS

MOTION CARRIED UNANIMOUSLY TO MAKE THE FOLLOWING CONTRIBUTIONS:

Democratic House Dinner	$1,500
Richard Kelly	AMPAC contribution
C.W. Young	2,500 + AMPAC
Lou Frey	1,000

Bob Johnson 1,500 + AMPAC

Paul Rogers (letter of support)

Contributions made on behalf of the Florida Society of Ophthomology, Inc. were given approval provided none of the candidates are opposed by FLAMPAC.

ADJOURN The meeting was adjourned at 12:55 p.m.

#6

To FLORIDA NATIONAL BANK
JACKSONVILLE, FLORIDA

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 - 32203,
Acct. No.

No. 109

TO THE ORDER OF		DATE		AMOUNT
	WILLIAM W. THOMPSON, M.D.	AUG 15'72	$	175.00*

NON-NEGOTIABLE

#211(CAMPAIGN CONT)FOR SUPPORT OF JERRY MELVIN — AUG 15'72 — 175.00+ — 175.00

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 - 32203
Acct. No.

APPROVED

PLEASE DETACH THIS STATEMENT BEFORE DEPOSIT

Petitioner's Exhibit #7 for Id. (Thompson.) 5-12-

S.G. Hall

THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE
Post Office Box 2371
Jacksonville, Florida 32203

M I N U T E S

Conference Call
September 16, 1976

CALL TO ORDER — The conference call meeting of the Executive Committee of FLAMPAC was called to order by Dr. Francis C. Coleman at 11:00 a.m.

ATTENDANCE

MEMBERS PRESENT:
Francis C. Coleman, M.D., Treasurer; William Thompson, M.D., Secretary; and Joseph C. Von Thron, M.D., FMA Liaison

MEMBERS ABSENT:
Rufus K. Broadaway, M.D., President; John W. Glotfelty, M.D., Vice President; Mrs. Ramona Updegraff, Woman's Auxiliary Representative

OTHERS PRESENT:
Charles W. Murfin, Executive Director; Judith A. Klosterman, Recorder

3117137

MOTION TO SUPPORT J. HERBERT BURKE	MOTION CARRIED UNANIMOUSLY TO EARMARK $3,000 FOR THE J. HERBERT BURKE CAMPAIGN. As this is a key race and at the present time Representative Burke has no campaign manager, it was decided that this $3,000 be used to hire someone to run Representative Burke's campaign. This motion was made pending the approval of Dr. Parham and Dr. David Lane.
NEXT BOARD MEETING	A FLAMPAC board meeting was scheduled for Sunday, October 17, in Orlando. Members will be notified of this decision in the near future.
MOTION POLITICAL ACTION	A MOTION WAS CARRIED UNANIMOUSLY THAT MR. MURFIN, WHEN NECESSARY, BE REIMBURSED BY FLAMPAC FOR TIME SPENT WORKING ON POLITICAL ACTION.
MOTION TO MAKE ADDITIONAL CONTRIBUTION TO DR. GRADY	MOTION CARRIED UNANIMOUSLY TO MAKE AN ADDITIONAL CAMPAIGN CONTRIBUTION TO DR. JOHN GRADY IN THE AMOUNT OF $5,000. AMPAC is also making an additional $5,000 contribution.
BUDGET	After the contributions made today, the national budget will have approximately $9,500 remaining. The state budget will have approximately $11,000 remaining.
CONTRIBUTIONS FROM OPHTHALMOLOGY	Contributions may be made to the candidates suggested by the ophthalmologists if said candidates have the support of FLAMPAC.
ADJOURNED	The conference call was adjourned at 11:30 a.m.

Petitioners Exhibit #
for Id. (Thomp
5-12-78 S.G. H

The Florida Medical Political Action Committee
Post Office Box 2371
Jacksonville, Florida 32203

M I N U T E S

FLAMPAC Board of Directors

November 15, 1975
Host Airport Inn
Tampa, Fla.

ATTENDANCE

Members Present:
Rufus K. Broadaway, M.D., President, John W. Glotfelty, M.D., Vice President, William W. Thompson, M.D., Secretary, J.C. Hewitt, M.D., Donald Nikolaus, M.D., John Hamilton, M.D., Thomas Edwards, M.D., Ramona Updegraff, W.A. Rep. to FLAMPAC, Karl Rolls, M.D., Henry Perry, Jr., M.D., Reginald Stambaugh, M.D., Carl Andrews, M.D., Andre' Capi, M.D., Fred Andrews, M.D., Fred Butler, M.D., Jack Cleveland, M.D., Louis Murray, M.D., Frank Evans, M.D., Quillian Jones, Jr., M.D.

Members Absent:
Frank C. Coleman, M.D., Treasurer, Joseph C. Von Thron, M.D., FMA Liaison, Edward G. Haskell, Jr., M.D., Immed. Past President, Taylor Kirby, Jr., M.D., Samuel M. Day, M.D., Eugene Peek, M.D., Allyn B. Giffin, M.D., Robert E. Windom, M.D., Richard Fleming, M.D., Brock Magruder, M.D., Arnold Kaplan, M.D., Margaret Skinner, M.D.

Others Present:
Laurie Dozier, M.D., Elizabeth Rolls, W.A., John Richardson, FMA Staff, George Palmer, Jr., FMA Staff, Jan Taylor, FMA Staff, Charles W. Murfin, Executive Director, FLAMPAC, FMA Staff, Diana Hipp, Recorder.

OPENING REMARKS

Dr. Broadaway opened the meeting at 11:47 a.m. by welcoming the Board to Tampa.

APPROVAL OF MINUTES

THE MINUTES OF THE APRIL 25, 1975 MEETING OF THE BOARD OF GOVERNORS AND THE MINUTES OF THE SEPTEMBER 27, 1975 MEETING OF THE FLAMPAC EXECUTIVE COMMITTEE WERE APPROVED AS PUBLISHED.

TREASURER'S REPORT

THE FINANCIAL REPORT WAS APPROVED PENDING CLARIFICATION OF TWO ITEMS UNDER DISBURSEMENTS:

1) TRAVEL BY MEMBERS IN STATE
2) CONTRIBUTIONS

REPORT BY THE CHAIRMAN

Dr. Broadaway in his report, praised the members of the FLAMPAC Board for their work toward making FLAMPAC such a successful organization. Dr. Broadaway went on to praise The Florida Medical Association Board of Governors for their excellent support of FLAMPAC.

REPORT BY THE EXECUTIVE DIRECTOR

The Executive Director discussed several portions of the new Federal Elections Commission regulations and promised that a report on these regulations would be sent to each member of the Board.

REPORT BY MEMBERS ON EACH OF THEIR KEY CONTACTS

A report was given by each member of the Board on his Key Contacts. The Board expressed the recommendation that the individual visits to Key Contacts be continued. They also expressed their wish that The Florida Medical Association and FLAMPAC re-establish their participation in the AMPAC workshops.

OLD BUSINESS

MEMBERSHIP CAMPAIGN

There was general discussion of the need for organizing an active campaign for FLAMPAC membership in Florida. It was generally decided that to strengthen FLAMPAC membership in 1976 would be a top priority.

CANDIDATE EVALUATION ACTIVITIES

The Board considered a plan for formalizing candidate selection activities.

MOTION:

MOTION CARRIED THAT THE EXECUTIVE DIRECTOR BE DIRECTED TO ORGANIZE CANDIDATE SELECTION COMMITTEES FOR EACH COUNTY MEDICAL SOCIETY IN FLORIDA: THAT EACH CANDIDATE SELECTION COMMITTEE CONSIST OF:

1) FLAMPAC BOARD MEMBERS
2) KEY CONTACTS
3) WOMAN'S AUXILIARY REPRESENTATIVE
4) COUNTY MEDICAL SOCIETY REPRESENTATIVE
5) LEGISLATIVE CHAIRMAN

AND FURTHERMORE, THAT EACH COMMITTEE INTERVIEW CANDIDATES FOR VARIOUS OFFICES.

It should be noted that the reason for establishing candidate selection committees is to increase local input into candidate selection. It was further recommended that local physicians be informed in advance and invited to participate in meetings of the candidate selection committee.

FLAMPAC-AMPAC SEMINAR

The program for the January 30, 1976 FLAMPAC-AMPAC Seminar to be held at the Carlton House Hotel in Orlando, Florida, was discussed. The Board recommended that the medical leaders throughout the state of Florida be encouraged to attend.

FLAMPAC WORKSHOPS — The Executive Director proposed that several seminars be held for the purpose of informing the general physician population on political action, legislation and professional liability insurance activities. There were no objections.

NEW BUSINESS

BOARD VACANCY — The Board was informed that Dr. James White had been nominated by The Volusia County Medical Society to fill the vacancy in the Fourth Congressional District. It was pointed out that the committee had been unable to contact Dr. Peek on this matter prior to Board consideration.

MOTION: MOTION CARRIED THAT DR. WHITE BE TENTATIVELY APPROVED, PENDING CONFIRMATION BY DR. PEEK AND THE FLORIDA MEDICAL ASSOCIATION BOARD OF GOVERNORS.

ADDITIONAL BOARD MEMBERS — The Board discussed the advisability of selecting additional alternate Board members.

MOTION: MOTION CARRIED THAT THE EXECUTIVE COMMITTEE BE ASKED TO CONSIDER THE POSSIBILITY OF APPOINTING MORE ALTERNATE FLAMPAC BOARD MEMBERS, ESPECIALLY IN THOSE CONGRESSIONAL DISTRICTS COVERING LARGE GEOGRAPHIC AREAS.

INVESTING FLAMPAC FUNDS — The Board was informed that it was both advisable and legal that FLAMPAC funds be invested in a safe short term interest-bearing account.

MOTION: MOTION CARRIED THAT THE EXECUTIVE COMMITTEE BE DIRECTED AND EMPOWERED TO KEEP A PORTION OF FUNDS IN A SAVINGS ACCOUNT AND SHORT TERM CERTIFICATES.

PURCHASING AMPAC MEMBERSHIPS — The Executive Director recommended that the FLAMPAC Board authorize FLAMPAC to purchase AMPAC memberships in the name of individuals as a substitute for funds that could be designated for state campaign contributions only. There were no objections.

FORMATION OF TASK FORCE — The FLAMPAC Board discussed the need for a state-wide task force to deal specifically with FLAMPAC membership.

MOTION: MOTION CARRIED THAT A STATE-WIDE MEMBERSHIP COMMITTEE BE FORMED, CONSISTING OF THE ALTERNATE BOARD MEMBERS TO THE FLAMPAC BOARD OR AN INDIVIDUAL DESIGNATED BY THE ALTERNATE BOARD MEMBER WITH THE VICE PRESIDENT OF FLAMPAC SERVING AS CHAIRMAN OF THIS COMMITTEE.

LEGISLATIVE APPRECIATION DINNERS

The Executive Director requested policy guidelines from the FLAMPAC Board on FLAMPAC support of Legislative Appreciation Dinners.

MOTION:

MOTION CARRIED THAT FLAMPAC WILL PARTICIPATE IN LEGISLATIVE APPRECIATION DINNERS, PROVIDED THAT PROPER APPROVAL IS OBTAINED FROM THE EXECUTIVE COMMITTEE AND/OR THE FULL BOARD OF DIRECTORS OF FLAMPAC, SUCH PARTICIPATION NOT TO EXCEED $250.00 AND WILL BE APPROVED ONLY IF AT LEAST $250.00 HAS BEEN DONATED BY INDIVIDUAL PHYSICIANS.

MAXIMUM TENURE FOR BOARD MEMBERS

The possibility of establishing a maximum tenure for FLAMPAC Board members was discussed. It was pointed out that although there were advantages to introducing new Board members disadvantages in the form of losing many good effective Board members also existed. The FLAMPAC Board elected to set no policy on this matter at this time.

WOMAN'S AUXILIARY ROLE IN FLAMPAC

Dr. Broadaway introduced Mrs. Ramona Updegraff and congratulated her for becoming a voting member of the Executive Committee. Mrs. Updegraff assured the FLAMPAC Board that the Woman's Auxiliary intends to take a very active role in FLAMPAC operations. Dr. Glotfelty expressed his whole-hearted support for utilizing Woman's Auxiliary services on FLAMPAC's behalf.

DOCTOR'S PRECINCT PLAN

The Executive Director discussed a proposed plan to involve physicians in campaigns at the precinct level. The plan was endorsed by the FLAMPAC Board and the Executive Director was directed to proceed with this plan.

COLLECTION FEES

The Executive Director asked that the FLAMPAC Board reconsider existing Board policy which calls for a rebate of 1% of all funds collected on FLAMPAC's behalf by county medical societi

MOTION:

MOTION CARRIED THAT THE EXISTING BOARD POLICY OF REIMBURSING COUNTY MEDICAL SOCIETIES 1% OF THEIR FLAMPAC MEMBERSHIP AS REIMBURSEMENT FOR BILLING EXPENSES BE RESCINDED.

COUNTY EXPENSES-SOLICITING FLAMPAC MEMBERSHIP

The FLAMPAC Board considered the matter of reimbursement to county medical societies for mailings on FLAMPAC's behalf.

MOTION:

MOTION CARRIED THAT EXPENSES INCURRED BY COUNTY MEDICAL SOCIETIES FOR MAILINGS AND OTHER SERVICES ON BEHALF OF FLAMPAC WILL NOT BE PAID BY FLAMPAC UNLESS SUCH MAILING OR SERVICES ARE PREVIOUSLY REQUESTED AND APPROVED BY FLAMPAC.

JOINT BILLING

A general discussion of the advantages of joint billing took place. The Executive Director cited examples of the advantages of joint billing and it was generally decided by the Board that each member would attempt to assure that each county in their area would bill for FLAMPAC membership in connection with their county, state and AMA dues notices.

FLAMPAC MAILINGS TO NON-MEMBERS

The FLAMPAC Board considered restrictions existing in Board policy concerning the mailing of FLAMPAC information to FLAMPAC non-members.

MOTION:

MOTION CARRIED THAT FLAMPAC WILL BE ALLOWED TO MAIL INFORMATION TO COUNTY MEDICAL SOCIETY EXECUTIVES, EDITORS OF ALL MEDICAL JOURNALS AND TO ANY OTHERS DESIGNATED BY THE EXECUTIVE COMMITTEE, REGARDLESS OF THEIR MEMBERSHIP STATUS WITH FLAMPAC.

ALLIED GROUP PARTIC-IPATION IN FLAMPAC

The Executive Director discussed the history and precedent for allied group participation in FLAMPAC.

MOTION:

MOTION CARRIED TO DIRECT THE EXECUTIVE COMMITTEE TO ACTIVELY SEEK SOFT DOLLAR CONTRIBUTIONS FROM ALLIED HEALTH GROUPS SUCH AS: DENTISTS, PHARMACISTS AND PHARMACEUTICAL COMPAINES. THESE DONATIONS SHALL BE TREATED AS SOFT DOLLAR CONTRIBUTIONS. THE EXECUTIVE DIRECTOR WAS ASKED TO ESTABLISH LIAISONS WITH OTHER POLITICAL ACTION COMMITTEE ORGANIZATIONS. SPECIFICALLY, THE EXECUTIVE DIRECTOR SHALL SEEK LIAISON MEMBERS TO ATTEND MEETINGS AND COOPERATE ON CAMPAIGN CONTRIBUTIONS WHERE JOINT INTEREST EXISTS.

COUNTY REPRESEN-TATIVES TO FLAMPAC

The FLAMPAC Board urged that each county medical society appoint a representative to FLAMPAC. The Executive Director was asked to compile a list of these representatives.

TRAVEL EXPENSES FOR BOARD MEMBERS

The FLAMPAC Board expressed the need for continuing the policy that all members attending FLAMPAC meetings do so at their own expense. This is to assure all FLAMPAC members that their dues are used for political education and campaign contribution purposes and not for travel.

COMMITTEE ON NAT'L. LEGISLATION

It was unanimously decided that future meetings of the FLAMPAC Board should be scheduled jointly with the Florida Medical Association Committee on National Legislation.

TIME AND PLACE OF NEXT MEETING: The FLAMPAC Board unanimously approved the future meeting date of January 31, 1976, to follow an earlier meeting of the Committee on National Legislation, at the Carlton House Hotel in Orlando, Florida.

ADJOURNMENT: Dr. Broadaway adjourned the meeting at 3:03 p.m.

.-/dh

3110237

FLORIDA MEDICAL ASSOCIATION, INC.
P. O. Box 2411
Jacksonville, Florida 32203

X - not coming
✓ - coming to Board meeting

Petitioner's Exhibit XX for Id. (Thompson) 5-12-78 S.G. Hess

COMMITTEE ON NATIONAL LEGISLATION
Louis C. Murray, M.D., Chairman
60 West Columbia Street
Orlando, Florida 32806

Key Contact Physicians by Assignment - 1975

SENATORS

Jere W. Annis, M.D.
Box 1429
Lakeland, Florida 33802

John W. Glotfelty, M.D. (Alt.)
1247 Lakeland Hills Blvd.
Lakeland, Florida 33801

Responsible for: Lawton Chiles (D), Lakeland

*Laurie L. Dozier, Jr., M.D.
1330 Miccosukee Road
Tallahassee, Florida 32303

Responsible for: Richard Stone (D), Tallahassee*

REPRESENTATIVES

Dist. 1 William W. Thompson, M.D.
137 Hospital Drive
Drawer MM
Fort Walton Bch, Fl. 32548

Philip B. Phillips, M.D. (Alt.)
1515 West Moreno Street
Pensacola, Florida 32501

Responsible for: Robert L. F. Sikes (D), Crestview

Dist. 2 X Taylor H. Kirby, Jr., M.D.
1110 Northwest 8th Ave.
Gainesville, Florida 32601

Edward G. Haskell, Jr., M.D. (Alt.)
1303 Miccosukee Road
Tallahassee, Florida 32303

Responsible for: Don Fuqua (D), Altha

Dist. 3 Thomas S. Edwards, M.D.
3604 University Blvd.
Jacksonville, Florida 32216

Samuel M. Day, M.D. (Alt.)
1503 Oak Street
Jacksonville, Florida 32204

Responsible for: Charles E. Bennett (D), Jacksonville

Dist. 4 Eugene G. Peek, Jr., M.D.
Box 969
Ocala, Florida 32670

Responsible for: William V. Chappell (D), Ocala

*Dist. 5 Donald G. Nikolaus, M.D.
Mease Hospital
Dunedin, Florida 33528

Frederick C. Andrews, M.D. (Alt.)
Mount Dora Clinic
Mount Dora, Florida 32757

*Responsible for: Richard Kelly (R), Holiday

89. Margaret Spencer
Tarpon Springs Rep. - Cedars of Lebanon Health Care Center
1321 N.W. 11 St.
Miami 33125

Dist. 6	John Hamilton, M.D. 424 Beach Drive, North St. Petersburg, Florida 33701	Allyn B. Giffin, M.D. (Alt.) 1001 37th Street, North, Suite C St. Petersburg, Florida 33713 6617 Gulfport Blvd. South St. Pete 33707
	Responsible for: C. W. Young (R) Seminole	
Dist. 7	Irving Essrig, M.D. 13 Davis Boulevard Tampa, Florida 33605	J. Carlisle Hewitt, M.D. (Alt.) One Davis Boulevard Tampa, Florida 33606
	Responsible for: Sam M. Gibbons (D), Tampa	
Dist. 8	Karl R. Rolls, M.D. 1950 Arlington Street Sarasota, Florida 33579	Robert E. Windom, M.D. (Alt.) 1750 S. Osprey Avenue Sarasota, Florida 33570
	Responsible for: James A. Haley (D), Sarasota	
Dist. 9	Louis C. Murray, M.D. 60 West Columbia Street Orlando, Florida 32806	G. Brock Magruder, M.D. (Alt.) 1017 E. Robinson Avenue Orlando, Florida 32801
	Responsible for: Louis Frey Jr., (R), Sarasota	
Dist. 10	Fred A. Butler, M.D. 1262 3rd Street, S. Naples, Florida 33940	H. Quillian Jones, Jr., M.D. (Alt.) 3707 Broadway Building H Fort Myers, Florida 33901
	Responsible for: L. A. Bafalis	
Dist. 11	Carl E. Andrews, M.D. 705 North Olive Avenue West Palm Beach, Florida 33401	Reginald J. Stambaugh, M.D. (Alt.) 2707 N. Flagler Drive West Palm Beach, Florida 33401
	Responsible for: Paul G. Rogers (D), West Palm Beach	
Dist. 12	André S. Capi, M.D. 900 North Federal Highway Pompano Beach, Florida 33062	Henry D. Perry Jr., M.D. 6024 Washington Street Hollywood, Florida 33023
	Responsible for: Herbert Burke (R), Hollywood	
Dist. 13	Julian H. Groff, M.D. 1100 N.E. 163rd Street N. Miami Beach, Florida 33162	Arnold A. Kaplan, M.D. (Alt.) 1850 N. W. 183rd Street Opa Loaka, Florida 33054
	Responsible for: William Lehman	
Dist. 14	Jack Q. Cleveland, M.D. 336 Alhambra Circle Coral Gables, Florida 33134	Margaret Skinner
	Responsible for: Claude Pepper (D), Coral Gables	
Dist. 15	Franklin J. Evans, M.D. 147 Alhambra Circle Coral Gables, Florida 33134	Richard M. Fleming, M.D. 1688 Meridian Avenue Miami Beach, Florida 33139

Petitioner's Exhibit #10 for Id. (Thompson) 5-12-78 S.C. 4½

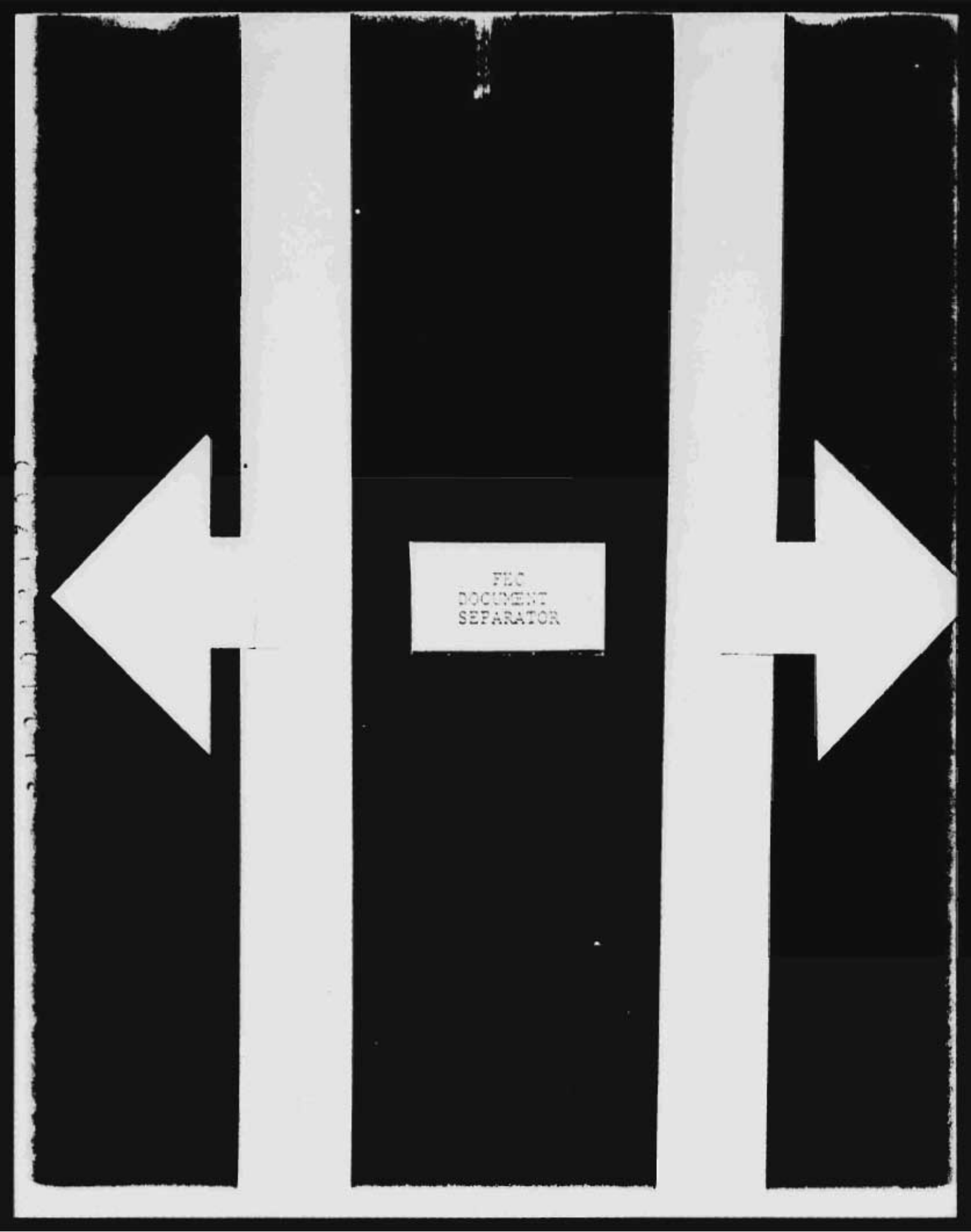
THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE
Post Office Box 2371
Jacksonville, Florida · 32203

M I N U T E S
Board of Directors
May 25, 1976
Telephone Conference Call

CALL TO ORDER	The meeting was called to order at 2:00 p.m. by Dr. Joseph Von Thron.
ATTENDANCE	A quorum was present.
MOTION CONGRESSMAN FREY	MOTION TO RECOMMEND SUPPORT OF $1,000 FOR CONGRESSMAN LOU FREY AND THAT DR. MURRAY INVESTIGATE WITH CONGRESSMAN FREY HIS NEED FOR THE FUNDS AND THAT THE APPROPRIATION BE MADE BASED UPON DR. MURRAY'S FINDINGS. Note: Contribution subsequently sent.
MOTION CONGRESSMAN LEHMAN	MOTION TO RECOMMEND $1,000 IN SUPPORT OF CONGRESSMAN BILL LEHMAN WAS POSTPONED TO THE BOARD MEETING ON JULY 24.
MOTION CONGRESSMAN BURKE	MOTION TO APPROPRIATE $2,000 CAMPAIGN CONTRIBUTION FOR CONGRESSMAN HERBERT BURKE WAS APPROVED WITH AMENDMENT ASKING THAT AMPAC FUNDS ALSO BE REQUESTED.
MOTION DR. DAVE HORNER	MOTION TO REQUEST EXPENDITURE OF $1,000 FOR DR. DAVE HORNER, CONGRESSIONAL CANDIDATE OF CALIFORNIA WAS DISCUSSED. MOTION PASSED PENDING LEGAL OPINION FROM AMPAC's LEGAL DEPARTMENT AND SPECIAL CONSIDERATION TO BUDGETARY PRIORITIES WITH FLAMPAC COMMITMENTS WITHIN FLORIDA.

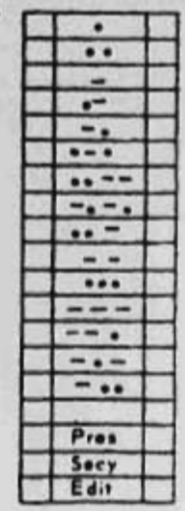
MOTION DR. PAUL	MOTION TO REQUEST SUPPORT OF CONGRESSMAN DR. PAUL OF TEXAS IN THE AMOUNT OF $1,000. MOTION WAS PASSED TO RECOMMEND A $1,000 CONTRIBUTION WITH SPECIAL BUDGETARY CONSIDERATION TO BE GIVEN TO FLAMPAC COMMITMENTS WITEIN THE STATE OF FLORIDA.
MOTION SENATE POLL	MOTION TO DIRECT THE EXECUTIVE DIRECTOR TO POLL THE FLAMPAC BOARD TO DETERMINE THE BOARD'S POSITION ON SUPPORT IN THE UNITED STATES SENATE RACE.
ADJOURN	There being no further business, the meeting was adjourned at 2:20 p.m.

.-/jak


FILE
DOCUMENT
SEPARATOR

Ex. P504

FILE COPY



September 17, 1976

SPECIAL DELIVERY

Dr. John Grady Campaign Fund
900 S.E. 3rd Street
Belle Glade, Florida 33430

Dear Dr. Grady:

Enclosed you will find a campaign contribution in the amount of $5,000 for your race in the United States Senate.

We are sorry that due to the time factor involved this check could not be personally delivered.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Enclosure

3117213116

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

PAYMENT VOUCHER
(POLITICAL ACTION FUND)

Made Payable To Dr. John Grady Campaign Fund

Address 900 S.E. 3rd Street
Belle Glade 33430

In Amount Of $5,000.00

To Cover Campaign contribution United States Senate

Requested By _____ Date 9-16-76

Payment Authorized By FLAMPAC Executive Committee

Date 9-16-76

* * * * * *

FLAMPAC (For Payment)

Check No. 285 Date ~~$5000~~ 9-17-76 Amount 5000.00

Fund _____

Any two (2) officers are authorized to authenticate a voucher for disbursement of checks for candidates' support.

Either the Treasurer of the Committee or the Executive Vice President of the Florida Medical Association is authorized to sign checks on behalf of the Committee upon receipt of a proper, authenticated voucher.

75MF-130a

To FLORIDA NATIONAL BANK
JACKSONVILLE, FLORIDA

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 – 32203
Acct. No.

63-5
630

No. 285

TO THE ORDER OF		DATE	AMOUNT
	DR. JOHN GRADY CAMPAIGN FUND	SEP 16'76	$ 5,000.00 *

THE SUM 5000 DOLS 00 CTS

J. Harold Parker

:0630"0005"

3102-0217

#8810 CAMPAIGN CONTRIB
UNITED STATES SENATE SEP 16'76 5,000.00 + 5,000.00 *

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 – 32203
Acct. No.

APPROVED

PLEASE DETACH THIS STATEMENT BEFORE DEPOSITING

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

SEP 17 1975

5008

2-77
710

PAY [redacted]

TO THE ORDER OF

* Grady for Senate Committee
2749 Exchange Court
West Palm Beach, Florida 33409

DATE 9-17-76

AMOUNT $5,000.00

[redacted] AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Bette M. Chenault

NOT NEGOTIABLE

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

WE HEREBY CERTIFY RECEIPT OF THE ABOVE AMOUNT FOR THE PURPOSE INDICATED

9-17-76	Political Action for: John Grady (R) Florida Senate -1976 Gen. Election	#524	$5,000.00	$5,000.00
	This check is composed of $10.00 contributions from 500 physicians			

PLEASE SIGN AND RETURN

[redacted]

14

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

PAYMENT VOUCHER
(POLITICAL ACTION FUND)

Made Payable To DR. JOHN GRADY (R)

Address 900 Southeast Third Street
Belle Glade, Florida 33430

In Amount Of $ 5,000.00

To Cover Campaign contribution United States Senate

Requested By [signature] Date 8-18-76

Payment Authorized By FLAMPAC Executive Committee

Date 8-17-76

* * * * * *

FLAMPAC (For Payment)

Check No. 232 Date 8-18-76 Amount 5000.00

Fund

Any two (2) officers are authorized to authenticate a voucher for disbursement of checks for candidates' support.

Either the Treasurer of the Committee or the Executive Vice President of the Florida Medical Association is authorized to sign checks on behalf of the Committee upon receipt of a proper, authenticated voucher.

CHARLIE HAND CARRIED CHECK

To FLORIDA NATIONAL BANK
JACKSONVILLE, FLORIDA

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 – 32203
Acct. No.

No. 232

TO THE ORDER OF ☆ DR. JOHN GRADY

DATE 8/18/76

AMOUNT $ 5,000.00

THE SUM 5000 DOLS 00 CTS

Harold Parker

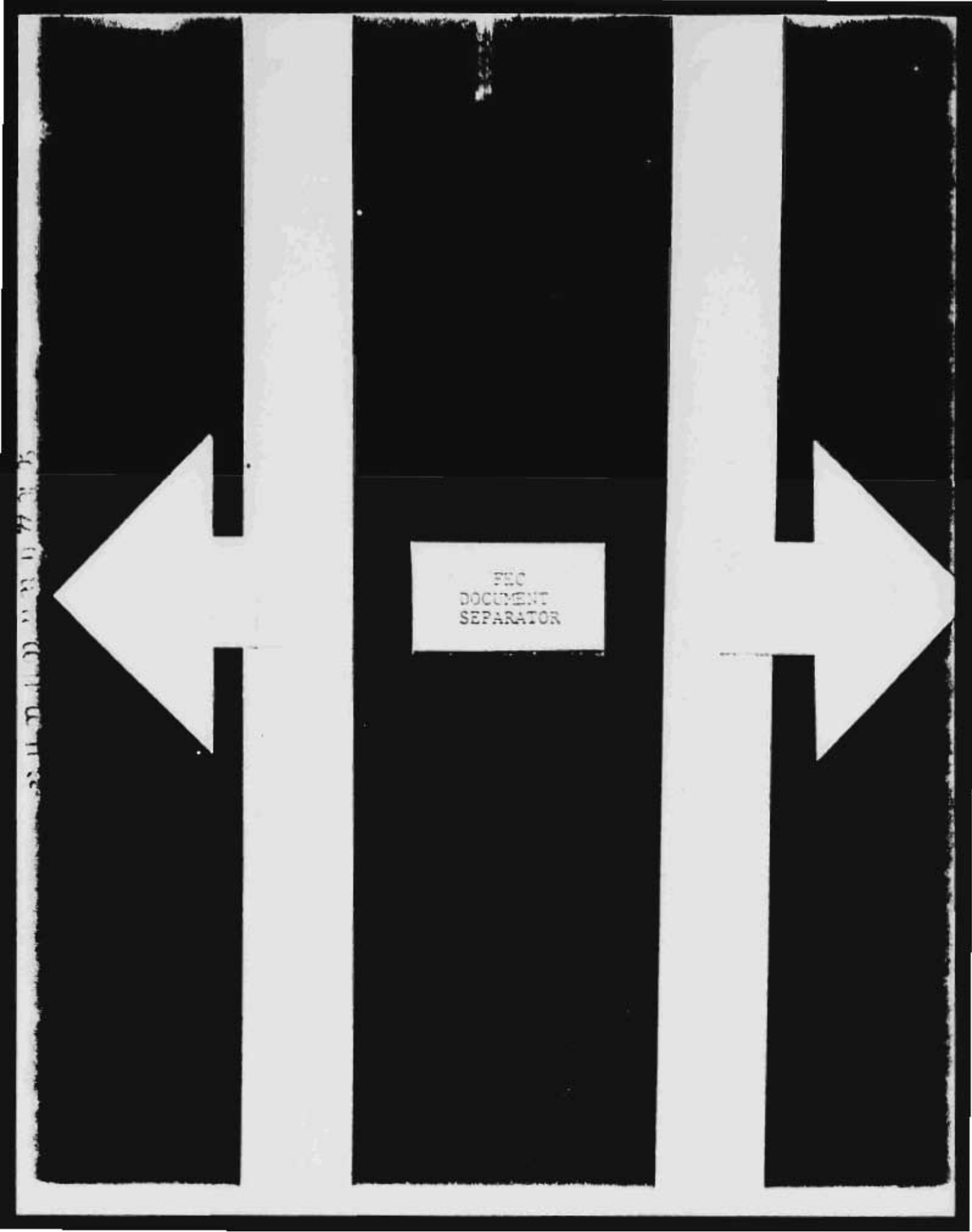
:0530"0005:

#8810 Campaign Contribution
United States Senate 5,000.00

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 – 32203
Acct. No.

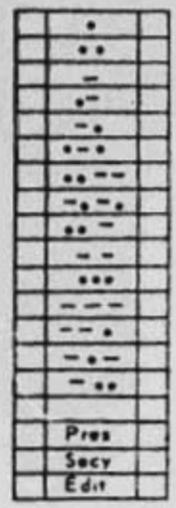
APPROVED

PLEASE DETACH THIS STATEMENT BEFORE DEPOSITING


FEC
DOCUMENT
SEPARATOR

Ex #505

FILE COPY



August 30, 1976

Mr. Don Fuqua
Altha, Florida

Dear Mr. Fuqua:

Enclosed please find a campaign contribution in the amount of $2,000 from the Florida Medical Political Action Committee.

If we may be of any assistance to you in the future, please do not hesitate to let us know.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Encl.

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

PAYMENT VOUCHER
(POLITICAL ACTION FUND)

Made Payable To DON FUQUA (D)
Altha, Florida

Address _____

In Amount Of $ 2,000.00

To Cover Campaign contribution Congress #2

_____

Requested By [signature] Date 7-18-76

Payment Authorized By FLAMPAC Executive Committee

Date 8-17-76

* * * * * *

FLAMPAC (For Payment)

Check No. _____ Date 8/30/76 Amount 2000.00

Fund _____

Any two (2) officers are authorized to authenticate a voucher for disbursement of checks for candidates' support.

Either the Treasurer of the Committee or the Executive Vice President of the Florida Medical Association is authorized to sign checks on behalf of the Committee upon receipt of a proper, authenticated voucher.

Key Contact
Dayton H. Kirby, MD
1113 N.W. 8th Ave
Gainesville 32601
904/376-2211

75MF-130a

To FLORIDA NATIONAL BANK
JACKSONVILLE, FLORIDA

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 — 32203
Acct. No.

63-5
630

No.

TO THE ORDER OF ★ Don Fuqua

DATE 8/26/76

AMOUNT $2,000.00

THE SUM 2000 DOLLARS 00 CTS

Donald Fuqua

⑆063010005⑆

#8810 Campaign Contribution 2,000.00
Congress #2

⑈1101321712

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 2371 — 32203
Acct. No.

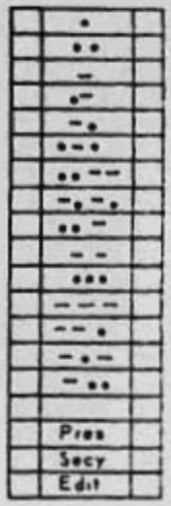
APPROVED

PLEASE DETACH THIS STATEMENT BEFORE DEPOSITING

FEC
DOCUMENT
SEPARATOR

Ex # 506

FILE COPY



August 16, 1976

Philip B. Phillips, M.D.
1515 West Moreno Street
Pensacola, Florida 32501

Dear Dr. Phillips:

Enclosed is a FLAMPAC contribution in the amount of $500.00 for Robert L. Sikes.

The Florida Medical Political Action Committee is working hard to enhance physicians' activities in the elections process. FLAMPAC's financial assistance is only the tip of the iceberg of the political action necessary in this years election.

Forming physicians' committees is of utmost importance and you as a key contact must play an important roll in order to be truly successful. We urge you to do the following as a beginning:

First, the enclosed check should be personally delivered to the candidate by you or another physician. This is important in that it shows that the funds are coming from individual physicians and not a big business group. Secondly, by hand delivering the enclosed check you will enhance your ability to function successfully as a key contact physician during next years legislative session. This personal contact will also give you an excellent opportunity to offer your personal assistance to the candidate in this years election. I cannot stress enough the importance of personal contact.

Thank you for your help. Together with FLAMPAC your energies will greatly assist all of organized medicine in future legislative challanges.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak
Encl.

P.S. Local funds raised by individual physicians in their district are critical. Please make every attempt to contact your friends to offer additional assistance to your candidate.

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P.O. BOX 2371
JACKSONVILLE, FLORIDA 32203
ACCOUNT

No. 0000161

To FLORIDA NATIONAL BANK
JACKSONVILLE, FLORIDA

DATE 07/30/76 AMOUNT

TO THE ORDER OF ☆ROBERT L SIKES

$ *******500.00

THE SUM 500 DOLS 00 CTS

F C Columbus

:0630-0005:

:000050000:

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P.O. BOX 2371
JACKSONVILLE, FLORIDA 32203
ACCOUNT

07/30/76

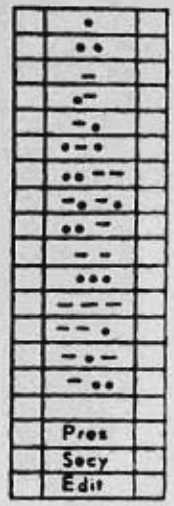
8810 CAMPAIGN CONTRIBUTIONS US CONG #1 500.00

APPROVED

PLEASE DETACH THIS STATEMENT BEFORE DEPOSITING

Ex #507a

FILE COPY



August 31, 1976

SPECIAL DELIVERY

Mr. J. Edwin White
Treasurer
Fuqua Congressional Campaign
Post Office Box 930
Tallahassee, Florida 32303

Dear Mr. White:

Enclosed please find a campaign contribution in the amount of $2,000 sent by the American Medical Political Action Committee at our request.

We are sorry that due to the time factor involved this check could not be personally delivered.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Encl.
CC: Taylor H. Kirby, Jr., M.D.

3 1 7 0 3 9 3 7 3

AUG 23 1976

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

4927

2-77
710

PAY The sum of $2000 and 00 cts

TO THE ORDER OF
Fuqua Congressional Campaign
P.O. Box 930
Tallahassee, Florida 32303
J. Edwin White, Treasurer

DATE	AMOUNT
8-23-76	$2,000

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
Bette M. Chenault

Lee Ann Ewart

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

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AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

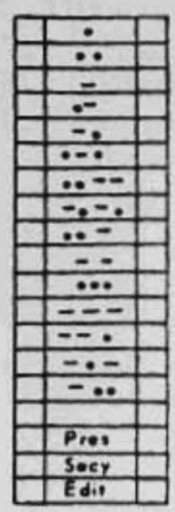
DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED

DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
8-23-76	for: Don Fuqua (D) 2nd C.D. Florida - 1976 Primary		$2,000	$2,000
	This check is composedof $10.00 contributions from 200 physicians			

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY
		SOCIAL SECURITY TAX	WITHHOLDING U.S. INC. TAX	STATE INCOME TAX							

Ex #507b

FILE COPY



August 31, 1976

SPECIAL DELIVERY

Mr. George Korge
Treasurer
Fascell for Congress
840 S.W. 22nd Road
Miami, Florida 33129

Dear Mr. Korge:

Enclosed please find a campaign contribution in the amount of $500 sent by the American Medical Political Action Committee at our request.

We are sorry that due to the time factor involved this check could not be personally delivered.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Encl.
CC: Franklin J. Evans, M.D.

3112?3?5

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4440
CHICAGO, ILLINOIS 60680

703 23 1975

4932

2-77
710

The sum of $500 and 00 cts

PAY

TO THE ORDER OF

• Fascell for Congress
840 S.W. 22nd Rd.
Miami, Florida 33129
George Korge, Treasurer

DATE 8-23-76

AMOUNT $500.00

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Bette M. Chenault

Lillian Elliott

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

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AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 4440
CHICAGO, ILL. 60680

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
8-23-76	for: Dante Fascell (D) 15th C.D. Floirda - 1976 Primary		$500	$500

This check is composed of $10.00 contributions from 50 physicians

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY

Ex #507c

CIRCULATING COPY

Pres
Secy
Edit

August 31, 1976

SPECIAL DELIVERY

Hoodwin for Congress
Post Office Box 350427
Miami, Florida 33135

Gentlemen:

Enclosed please find a campaign contribution in the amount of $500 sent by the American Medical Political Action Committee at our request.

We are sorry that due to the time factor involved this check could not be personally delivered.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Encl.
CC: Rufus K. Broadaway, M.D.

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE

PAYMENT VOUCHER
(POLITICAL ACTION FUND)

Made Payable To HERBERT J. HOODWIN (R)

Address 1407 Ferdinand Street
Coral Gables, Florida

In Amount Of $500.00

To Cover Campaign contribution U.S. Congress #14

Requested By Candidate Selection Committee Date 7-28-76

Payment Authorized By [signature]

Date 7-28-76

* * * * * *

FLAMPAC (For Payment)

Check No. 167 Date 8-16-76 Amount 500.00

Fund ___ — ___

Any two (2) officers are authorized to authenticate a voucher for disbursement of checks for candidates' support.

Either the Treasurer of the Committee or the Executive Vice President of the Florida Medical Association is authorized to sign checks on behalf of the Committee upon receipt of a proper, authenticated voucher.

Dade

CHECK MAILED TO FLAMPAC OFFICE, FT. LAUDERDALE, BY DR. COLEMAN

KEY CONTACT:

Rufus K. Broadaway, M.D.
1500 N.W. 12th Avenue
Miami, Florida 33136

3110103737 9

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P.O. BOX 2371
JACKSONVILLE, FLORIDA 32203
ACCOUNT

No. 0000167

62-1
630

To FLORIDA NATIONAL BANK
JACKSONVILLE, FLORIDA

DATE 07/30/76 AMOUNT

TO THE ORDER OF ☆ HERBERT J HODDWIN

$ *******500.00

THE SUM 5 0 0 DOLS 0 0 CTS

Ed Johnson

:0630:0005:

:000050000:

FLORIDA MEDICAL POLITICAL
ACTION COMMITTEE
P.O. BOX 2371
JACKSONVILLE, FLORIDA 32203
ACCOUNT

07/30/76		
8810	CAMPAIGN US CONG 3rd CONTRIBUTION	500.00

3 1 0 0 2 3 0 7 3 0

APPROVED

PLEASE DETACH THIS STATEMENT BEFORE DEPOSITING

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

4936

2-77
710

The sum of $500 and 00 cts

PAY

TO THE ORDER OF

Hoodwin for Congress
P.O. Box 350427
Miami, Florida 33135

DATE	AMOUNT
8-26-76	$500

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
Belle M. Chenault

Lee Ann Elliott

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED

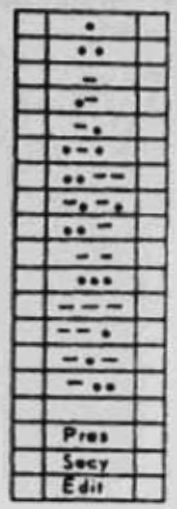
DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
8-26-76	for: Herbert J. Hoodwin (R) 14th C.D. Florida - 1976 Primary		$500	$500
	This check is composed of $10.00 contributions from 50 physicians			

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY
		SOCIAL SECURITY TAX	WITHHOLDING U.S. INC. TAX	STATE INCOME TAX							

3 1 2 1 3 7 4 1

FILE COPY

Ex #507d



August 31, 1976

SPECIAL DELIVERY

David C. Lane, M.D.
440 South Andrews Avenue
Ft. Lauderdale, Florida 33301

Dear Dr. Lane:

Enclosed please find a campaign contribution in the amount of $2,000 for J. Herbert Burke, United States Congress District 12, sent by the American Medical Political Action Committee at our request.

Please deliver this check to Congressman Burke as soon as possible. As you know, September 2 is the last day for receiving these contributions.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Encl.

3 1 0 1 3 3 7 3 2

AUG 23 1976

4931

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

2-77
710

PAY The sum of $2000 and 00 cts

TO THE ORDER OF
Committee to Reelect J.Herbert Burke
Box BBB
Hollywood, Florida 33020

DATE 8-23-76 AMOUNT $2,000

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Bette M. Chenault

Lee Ann Elliott

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

3110 1 2 3 4 5

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED

DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
8-23-76	for: J. Herbert Burke (R) 12th C.D. Florida - 1976 Primary		$2,000	$2,000
	This check is composed of $10.00 contributions from 200 physicians			

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY

FILE COPY

Ex. #5076

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	Pres	
	Secy	
	Edit	

August 31, 1976

SPECIAL DELIVERY

Mr. Ashton Brosnaham
Treasurer
Sikes for Congress
31 West Garden Street
Pensacola, Florida 32501

Dear Mr. Brosnaham:

Enclosed please find a campaign contribution in the amount of $500 sent by the American Medical Political Action Committee at our request.

We are sorry that due to the time factor involved this check could not be personally delivered.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Encl.
CC: Philip B. Phillips, M.D.

3124?3?7?1

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

4926

2-77
710

The sum of $500 and 00 cts

PAY

TO THE ORDER OF

Sikes for Congress
31 West Garden Street
Pensacola, Florida 32501
Ashton Brosnaham, Treasurer

DATE	AMOUNT
8-23-76	$500.00

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Bill M. Chenault

Pauline Ellmore

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

3117 1 0 3 0 7 1 : 3

AMERICAN MEDICAL POLITICAL
ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
8-23-76	for: Robert Sikes (D) 1st C.D. Florida - 1976 Primary This check is composed of $10.00 contributions from 50 physicians		$500	$500

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY

Robert L. Sikes D has filed as a
(Name)

candidate for District 1

☑ U.S. Congress
☐ State Senate
☐ State House

on 7-6-76.

7-14 1. Information sent to county officers

7-14 2. Information sent to FLAMPAC board

Comments: Oyster

Recommend $500 + matching.

Endorsement mailing

Physician letter for funds

Minority committee structure in Escambia, Okaloosa, and Bay.

3120120073

Ex. # 508

FILE COPY

August 31, 1976

Eugene G. Peek, Jr., M.D.
53 South Magnolia Avenue
Post Office Box 969
Ocala, Florida 32670

Dear Dr. Peek:

Due to the last minute campaign rush I have sent FLAMPAC's $2,000 dontribution directly to Congressman Chappell. Enclosed is a copy of this contribution. I would suggest that you place a call to Congressman Chappell so that you may take credit for obtaining this fund.

Also enclosed you will find a contribution of $3,000 from the American Medical Political Action Committee that you should deliver to the Congressman as soon as possible. As you know, September 2 is the last day for receiving these contributions.

If I can be of further assistance, please do not hesitate to call.

Cordially yours,

Charles W. Murfin
Executive Director

--/jak

Encl.

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

4928

2-77
710

PAY The sum of $3000 and 00 cts

TO THE ORDER OF
• Chappell for Congress
Ocala Camp.Committee
c/o Bill Chappell
512 East Silver Springs Blvd.
Ocala, Florida 32670

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

DATE 8-23-76

AMOUNT $3,000

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Bill M. Chenault

Lee Ann Elliott

3 1 1 0 2 2 1 7 2 3

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS (ES.) LISTED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
8-23-76	for: William V. Chappell (D) 4th C.D. Florida - 1976 Primary This check is composed of $10.00 contributions from 300 physicians		$3,000	$3,000

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY

Ex #509

AMPAC

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearb

SEP 21 1976

September 17, 1976

Rufus K. Broadaway, M.D.
Post Office Box 2371
Jacksonville, Florida 32203

Dear Doctor Broadaway:

At its most recent meeting the AMPAC Congressional Review Committee approved a contribution in the amount of $5,000 to be used to support Doctor John Grady in the Florida Senate race in the general election.

As an AMPAC member we would be very pleased if you would present this check to Doctor Grady.

Federal Law requires that this check must be presented, or the campaign treasurer notified that it is available, within five days after it is received.

Sincerely,

Lee Ann Elliott

Mrs. Lee Ann Elliott
Associate Executive Director

LAE:ts

Enclosed

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILLINOIS 60680

SEP 17 1976

5008

2-77
710

PAY The sum of $5000 and 00 cts

TO THE ORDER OF
Grady for Senate Committee
2749 Exchange Court
West Palm Beach, Florida 33409

DATE 9-17-76

AMOUNT $5,000.00

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Billie M. Clements

Lee Cross Elliott

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE
P. O. BOX 4449
CHICAGO, ILL. 60680

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED

DATE	DESCRIPTION	DISTRIBUTIONS		AMOUNT
		ACCT. NO.	AMOUNT	
9-17-76	Political Action for: John Grady (R) Florida Senate -1976 Gen. Election This check is composed of $10.00 contributions from 500 physicians	#524	$5,000.00	$5,000.00

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY
		SOCIAL SECURITY TAX	WITHHOLDING U.S. INC. TAX	STATE INCOME TAX							

3112 1177 1

FILE COPY

Ex #510

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	Edit	

May 15, 1975

James MacLaggan, M.D.
Chairman, AMPAC Board of Directors
520 N. Michigan Avenue
Chicago, Illinois 60611

Dear Dr. MacLaggan:

At its meeting of April 25, the Florida Medical Political Action Board of Directors considered the offer of AMPAC to assist in setting up a political education seminar in Florida during the coming year. The Board was most enthused about the beneficial effects that your program would have on Florida physicians and has asked me to contact you to begin discussions on how and when the seminar might be set up in our state. It has been suggested that an appropriate time might be Friday, January 23, 1976, just before our annual leadership conference on January 31, 1976, which is attended by most county medical society officers.

In addition, the FLAMPAC Board discussed the AMA/AMPAC workshop which has been cancelled for this year due to lack of finances. The Board has asked that I inform you that we feel the annual workshop in Washington has been an excellent vehicle for improvement of legislative and political activities and that we would suggest it be reinstituted on the basis that each attending physician would pay his own expenses.

We look forward to working with you in the coming year.

Sincerely yours,

Rufus K. Broadaway, M.D.
President, FLAMPAC

RKB:fr

3117-0-7-11

Ex #511

MEMORANDUM
May 22, 1974

TO: Edward G. Haskell, Jr., M.D.

FROM: Donald S. Fraser, Jr.

RE: PAC Staff Conference - New Orleans

On May 17th - 19th there was a conference of staff executives for state political action committees. In attendance were most of the PAC staff for the larger states. Lee Ann Elliot of AMPAC and Roy Pfautch, consultant to AMPAC conducted a great deal of the program. The discussions covered everything about PAC from "soup to nuts" but primarily zeroed in on the 1974 campaigns.

A great deal of the discussion time was on the new technique developed by Roy Pfautchs' firm under contract with AMPAC which, through an interview process with selected respondents, actually simulates a campaign. The objective of this technique is to look into the thought process of the constituency in a particular congressional district and determine what really concerns the voter and what stimuli are most likely to turn him on during the campaign. This is most effectively used at the beginning of a campaign as a major tool for the candidates campaign manager to use in determining strategy for the entire campaign. It does not replace the poll, which is used primarily as an indication as to how a particular candidate stands in relation to others as of a certain date in time. The poll is necessary at regular intervals during a campaign to determine how the candidates strategy is progressing. This technique of the simulated campaign is recommended for congressional districts newly created, or in which there is no encumbent, or for those encumbents who may be experiencing problems.

Ex #511

MEMORANDUM
May 22, 1974

TO: Edward C. Haskell, Jr., M.D.

FROM: Donald S. Fraser, Jr.

RE: PAC Staff Conference - New Orleans

On May 17th - 19th there was a conference of staff executives for state political action committees. In attendance were most of the PAC staff for the larger states. Lee Ann Elliot of AMPAC and Roy Pfautch, consultant to AMPAC conducted a great deal of the program. The discussions covered everything about PAC from "soup to nuts" but primarily zeroed in on the 1974 campaigns.

A great deal of the discussion time was on the new technique developed by Roy Pfautchs' firm under contract with AMPAC which, through an interview process with selected respondents, actually simulates a campaign. The objective of this technique is to look into the thought process of the constituency in a particular congressional district and determine what really concerns the voter and what stimuli are most likely to turn him on during the campaign. This is most effectively used at the beginning of a campaign as a major tool for the candidates campaign manager to use in determining strategy for the entire campaign. It does not replace the poll, which is used primarily as an indication as to how a particular candidate stands in relation to others as of a certain date in time. The poll is necessary at regular intervals during a campaign to determine how the candidates strategy is progressing. This technique of the simulated campaign is recommended for congressional districts newly created, or in which there is no encumbent, or for those encumbents who may be experiencing problems.

If a person purchases it direct from the consulting firm the cost is $7500, but through AMPAC it ranges from $2000 to $3000. We were informed at the conference that this would probably be the most effective way a PAC could get involved with a target congressional district. In my opinion, we might want to consider using this in the 5th district which is the one being vacated by Bill Gunter. This entire process can be completed within three weeks and it is recommended that any of these projects undertaken be completed during the month of June. Other specific thoughts picked up at the conference are:

1. A minimum amount that is generally considered sufficient for congressional candidate with problems, and who is a friend of medicine in $1000 from the state PAC. The average contribution for state legislative candidates appears to be $200 to $500.

2. Memberships might be successfully solicited among specialty groups by having a spot for FLAMPAC on the specialty group mid-year programs. One state has even gotten specialty groups to include PAC on their billing form. It might also prove effective to have a small display of FLAMPAC literature as well as an opportunity for membership solicitation at the mid-year specialty group meetings.

3. It was pointed out that some candidates for congress are cutting back on the contributions that they will accept from special interest groups. If this is the case here in Florida, FLAMPAC may have several thousand dollars left over from the amount anticipated to be spent for congressional races. We might want to consider taking these funds and contracting with an experienced campaign person who understands medicine to go into a selected area, such as Dade and Broward, for two or three months period and work with the physicians in that area getting them to develop candidate support committees for congressional and state legislative candidates. This could result in much more effective political action work being carried out by the physicians and their wives, and almost certainly result in larger contributions being made to the candidate by the physicians in the area.

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Throughout the discussion, it was pointed out that with 1974 being such an uncertain year, that in all races in which a substantial amount of PAC funds would be involved, the candidate should be closely scrutinized as to his use of polling and surveys and particularly with regard to his use of volunteers in the campaign. Roy Pfautch even went so far as to say that any candidate who anticipates having problems should have on his staff a paid campaign worker to handle the volunteer portion of the campaign.

We probably should go ahead and get our national key contact physicians in touch with their congressmen to determine during the next two or three weeks exactly what type campaign problems the congressmen anticipate.

..--/st

cc: Dr. Von Tiron

Ex. #512

FLORIDA MEDICAL ASSOCIATION

STAFF TRAVEL AND ABSENCE REQUEST

Date: December 22, 1975

From: Charles W. Murfin

To: Executive Vice President

Subject: Staff Travel

- I T I N E R A R Y -

Date	Lodging and City	Purpose
March 19 -21	Chicago	Seminar given by AMPAC on the FEC Regulations.
March 22	Returning to Jacksonville	

.-/dh

Travel by Airplane

75MF-82

3112133715

Ex. #513

FILE COPY

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	ATTY
	BKP
	JNL
	CAPT OFF

October 24, 1977

Mr. William L. Watson
Executive Director
American Medical Political
Action Committee
Post Office Box 4449
Chicago, Illinois 60630

Dear Bill:

Thank you for your kind invitation to attend the CORE Seminar in Atlanta, November 12, 1977. Planning to attend with me will be Frank C. Coleman, M.D., Treasurer, Carol Elmquist, FMA Auxiliary Representative, and George S. Palmer, Jr., Executive Director. Each individual will be responsible for their own travel arrangements, so those who arrive on Friday, November 11 can attend the early bird reception at 8:00 pm.

We look forward to attending and learning from what I am sure will be a very informative session. Thank you for your consideration and kind invitation.

Sincerely,

John W. Clotfelty, M.D.
President

JWG:PK

cc: Frank C. Coleman, M.D.
Carol Elmquist
George S. Palmer, Jr.

3102?3717

American Medical Political Action Committee

Mailing Address PO Box 4449
Chicago Illinois 60680

Telephone
312 644 1585

Offices Located at
535 North Dearborn Street

Ex. #514

November 1, 1977

Mr. George Palmer, Jr.
Florida Medical Association
100 East College Street
Tallahassee, Florida 32301

Dear George:

Thank you again for your hospitality in Orlando. I can assure you that AMPAC's portion of the program will be even better in Ft. Lauderdale.

You will recall that I mentioned to you AMPAC's portion of the AMA National Leadership Conference to be held January 26 through the 29th at the Marriott Motor Hotel in Chicago, Illinois.

We feel that those sessions sponsored by AMPAC will be essential for any State PAC Exec in 1978. The first one to be given on Thursday, January 25th, from 1:00 p.m. til 4:00 p.m. (at a cost of $25.00) is entitled Focus On The States. Academic and professional experts will discuss congressional redistricting and reapportionment and their importance for election outcomes following the 1980 census. How districting plans are drawn, how political strategies affect the redistricting process, and how concerned physicians and medical family members can understand and influence districting decisions will be presented. The outcomes of the 1978 and 1980 elections will definitely affect the redistricting process. For this reason, we offered this session now so that execs and medical family members will know the importance of becoming involved in state legislative and gubernatorial races in 1978 and 80.

continued -

Ras E Kenyon MD
Chairman
Oklahoma City Oklahoma
Michael P Lewis MD
Secretary
Pittsburgh Pennsylvania

William L Watson
Executive Director and Treasurer
Mrs. Lee Ann Elliott
Associate Executive Director and Assistant Treasurer

Edgar T Beddingfield Jr MD
Wilson North Carolina
Mrs. John M Chenault
Decatur Alabama
William H Cooper MD
Washington DC
W J Lewis MD
Dayton Ohio

James C MacLaggan MD
San Diego California
John M Smith Jr MD
San Antonio Texas
Joseph C Von Thron MD
Cocoa Beach Florida
George T Wilkins MD
Granite City Illinois

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission Washington DC

The second AMPAC portion will be given on Friday, January 26th and is entitled Opinion Makers In Politics: 1978. This will be a one hour session on how medical family members can be the key to success in political campaigns. What roles they can fill as individuals and in a group will be presented by experts in professional campaign management and medical political action.

George, if at all possible we hope you can attend for Florida is a key state since it will probably gain two congressional districts after the 1980 census.

Sincerely,

Linda

Linda Hudson
Assistant to the Director

LH:hc

3102327

FILE COPY

1965

Donald G. Cameron, Director
Finance Section

January 6, 1978

George S. [illegible], Jr.
Manager, Chi[illegible] Office

AMA Leadership Conference Registration Fee

Don Jones has requested my attendance at the entire 1978 AMA Leadership Conference in Chicago, Illinois, January 26-28, 1978. I previously requested payment of $25.00 for the registration fee for the NTPAC Seminar entitled, "Focus on the States" (see copy of check attached). I will need an additional $100.00 to cover the fee for the Leadership Conference (see copy of letter attached).

12-91/40

Attachments (2)

Delta # 144
Dept WPB 8:33
Arr. Chicago 11:0

GEORGE S. PALMER, JR.
ITINERARY
JANUARY 26, 27 & 28, 1978

JANUARY 26 (Thursday)

To attend the AMA Leadership Conference and AMPAC Seminar entitled..."Focus on the States".

Tallahassee to Chicago, Illinois

EASTERN #630

7:42 am Depart Tallahassee
8:35 am Arrive Atlanta

EASTERN #240

9:35 am Depart Atlanta
10:20 am Arrive Chicago

JANUARY 28 (Saturday)

To attend the AMPAC Seminar entitled... "Opinion Makers in Politics 1978".

Chicago, Illinois to Tallahassee

EASTERN #245

4:30 pm Depart Chicago
7:17 pm Arrive Atlanta

EASTERN #327

8:15 pm Depart Atlanta
9:07 pm Arrive Tallahassee

LODGING: HOLIDAY INN
5440 North River Road
Rosemont (Chicago), Illinois

(Across from Airport, also right by Hyatt Regency)

Telephone: 312/671-6350

AMENDED TRAVEL REQUEST

GEORGE'S COPY

FLORIDA MEDICAL ASSOCIATION

STAFF TRAVEL AND ABSENCE REQUEST

Date: January 12, 1978

From: George S. Palmer, Jr.

To: Executive Vice President

Subject: Amended Travel Request

- I T I N E R A R Y -

Date	Lodging and City	Purpose
1/26-27-28	Chicago, Illinois Holiday Inn	To attend the AMA Leadership Conference and AMPAC Seminar entitled, "Focus on the States". To attend the AMPAC Seminar entitled, "Opinion Makers in Politics 1978".

(TRAVEL VIA AIRLINES.)

12-91/49

75MF-82

Ex. #515

March 7, 1975

Mr. W. Harold Parham
Executive Vice President
Florida Medical Association, Inc.
Post Office Box 2411
Jacksonville, Florida 32203

Dear Harold:

A few days ago James MacLaggan, M.D., Chairman of the AMPAC Board of Directors wrote to Doctor Haskell, Chairman of your state political action committee. In this letter, Doctor MacLaggan notified all state PACs that AMPAC was ready to sponsor a limited number of political education seminars beginning in April until June of 1976. I wanted to write to you to give you additional information concerning the seminars and to suggest that AMPAC would be very receptive to an invitation from your state PAC to put on a seminar.

In program planning we will adapt program content and facility to your PAC's individual needs. We are particularly interested in involving grass roots physicians to make them more aware of the wide variety of activities and programs the medical political action movement has to offer. Hopefully, this seminar will help you train leadership for future state PAC Board of Directors.

The political potential in Florida in 1976 is crucial to medicine's legislative goals. We would like to interest physicians in effective candidate support committees so that work begun in 1975 will cummulate in effective activities in 1976. Your membership experience has been very good and we feel that now we must stress involvement in specific campaigns.

I am sure the physical details of what we are offering are very important to you. First of all, AMPAC will pay for the lunch for all those who attend the seminar. This offer will continue as long as the money in this budget category holds out. Further, we will pay the honorarium and expenses of a guest speaker for the luncheon.

-More-

We will plan and execute the program in cooperation with your state PAC officers and suggest that they be part of the program. The only thing we ask of you is to plan the meeting at a time and place to maximize the number of people that will attend. We can even offer some help in this regard.

Because we think Florida is an important state in which to hold one of these seminars, we would like to hear from you if you agree a seminar should be scheduled. We would also like to hear from you if such a seminar is out of the question.

It would be tremendously helpful if you would respond as soon as possible. Obviously, budget is a problem and we will not be able to go everywhere we are invited.

I would appreciate your comments.

Sincerely,

William L. Watson
Executive Director

WLW/jam

cc: Donald S. Fraser, Jr.
Joseph C. Von Thron, M.D.

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AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585

Offices located at 535 North Dearb

Ex. #516

June 5, 1975

AMPAC

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

POST OFFICE BOX 4449
CHICAGO, ILLINOIS 60680
(312) 644-1585

Rufus K. Broadaway, M.D.
President
Florida Medical Political
Action Committee
Post Office Box 2371
Jacksonville, Florida 32203

Dear Doctor Broadaway:

We are very pleased to receive your letter indicating FLAMPAC's interest in a Political Education Seminar in Florida. We are tentatively holding the date of Friday, January 23rd for the Florida meeting. We are also holding, tentatively, the date of Friday, January 30th in case you decide to hold the Political Education Seminar in connection with your annual Leadership Conference and suggest that the participants arrive one day early. Very often when Political Education Seminars are held in connection with another meeting more people participate. Whichever date you decide will be alright with us.

We try to design the Workshop Programs to meet the needs of the particular state political action committee. They are also designed to include the state pac activity and members of the state pac board.

Two Political Education Seminars have been held thus far and a good many more are scheduled for the fall. For your information I have enclosed copies of the agendas for the Illinois and the Alabama Seminars which have already been held. We would be very happy to work with you concerning those subjects of interest to Florida physicians and to highlight pac areas that need strengthening in Florida.

We have found that a format for the meeting beginning around 10:00 a.m., and adjourning at about 4:00 p.m. involves maximum participation.

more -

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

Rufus K. Broadaway, M.D.
June 5, 1975

We will be glad to furnish a prominent speaker for the luncheon and will pay his honorarium and expenses. In addition, AMPAC will underwrite the cost of the luncheon at the Seminar.

We must rely on FLAMPAC for the attendance. We are quite anxious to attract those persons who will actually assume responsibility for candidate support committees in target congressional districts.

We will be glad to work with you on the program as the time draws near and work with you to make the Seminar a success. We are very appreciative of the opportunity of holding a Political Education Seminar in Florida.

We have noted the FLAMPAC Board position on the AMA/AMPAC Workshop and will forward this position to the appropriate division in the AMA, which would sponsor the Workshop.

Sincerely,

Bill

William L. Watson
Executive Director

WLW:ts

cc: Joseph C. Von Thron, M.D.
W. Harold Parham, Exec.Vice President
Scotty Fraser

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Ex. #517

AGENDA

FLAMPAC/AMPAC

POLITICAL EDUCATION SEMINAR

FRIDAY, JANUARY 30, 1976

ORLANDO, FLORIDA

CARLTON HOUSE RESORT HOTEL

8:30 a.m.	Welcome.....	Joseph C. Von Thron,M.D
8:35 a.m.	FLAMPAC at Work.....	Rufus K. Broadaway,M.D.
8:45 a.m.	AMPAC at Work.....	Linda Hudson
9:00 a.m.	Evaluating a Campaign.....	Paul Newman
10:00 a.m.	"Candidate Support and PAC Membership Go Hand in Hand".....	Mrs.John M.Chenault
10:30 a.m.	Testimonial to Individual Involvement.....	Congressman Louis Frey, Jr.
11:00 a.m.	What we must do in 1976.....	Scotty Fraser-Charles Murfin
11:30 a.m.	Luncheon.....	Congressman Robert H. Michel
1:00 p.m.	Adjourn	

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Ex. #51

Program

FLAMPAC CONFERENCE

ROBERT MEYER, ORLANDO

SATURDAY, JANUARY 27, 1968

9:00 AM REGISTRATION
Coffee served on Mezzanine

9:30 AM OPENING -:- WELCOME
Louis C. Murray, M.D.
Orlando, Chairman, FLAMPAC

PROGRAM

PRESIDING:
Joseph C. Von Thron, M.D.
Cocoa Beach,
FLAMPAC Secy.-Treas.

9:45 AM HOW THE DOCTORS HELPED ELECT ME
Congressman Robert Michel
Illinois 18th District

9:55 AM HOW THE GEORGIA FOURTH DISTRICT DID IT AND WON
John Heard, M.D.
Decatur, Georgia

10:15 AM HOW TO WIN WITH WOMEN
Mrs. Ray E. Murphy
Pompano Beach

10:30 AM THE PAC MOVEMENT
Edwin F. Smith
Atlanta, Field Rep., AMPAC

STAND AND STRETCH

10:45 AM KEYNOTE ADDRESS
Congressman Ed Gurney
Florida 5th District

11:30 AM HOW TO WIN, AND WHY
Edward R. Annis, M.D.
Miami, Member—
AMA Board of Trustees

12:00 Noon ADJOURN

NAME _____

SUPPORT
FLAMPAC
AND
AMPAC

A voluntary, non-partisan association dedicated to the stimulation of our citizens in civic and political affairs to safeguard and improve our great democracy.

FLAMPAC CONFERENCE
JANUARY 27, 1968

PROGRAM ON REVERSE SIDE

FLORIDA MEDICAL
POLITICAL ACTION COMMITTEE
P. O. Box 1855
Jacksonville, Florida 32201

OFFICERS
JACK A. MaCRIS, M.D., President
LOUIS C. MURRAY, M.D., President-Elect
O. WILLIAM DAVENPORT, M.D., Vice President
CHARLES J. KAHN, M.D., Speaker of House
SANFORD A. MULLEN, M.D., Vice Speaker
ROBERT E. WINDOM, M.D., Secretary
RICHARD S. HODES, M.D., Treasurer
VERNON B. ASTLER, M.D., Immed. Past President

COUNCIL CHAIRMAN
WILLIAM W. THOMPSON, M.D., Judicial
JAMES B. PERRY, M.D., Legislation and Regulations
JAMES F. RICHARDS, M.D., Medical Economics
J. RUSSELL FORLAW, M.D., Medical Services
JAMES L. BORLAND, M.D., Medical Systems
J. LEE DOCKERY, M.D., Scientific Activities
JOHN C. FLETCHER, M.D., Specialty Medicine
GEROLD L. SCHIEBLER, M.D., Editor

Phil Gilbert

Ex. #519

Florida Medical Association, Inc.

(904) 356-1571 • BOX 2411 • 735 RIVERSIDE AVENUE • JACKSONVILLE, FLORIDA 32203

W. HAROLD PARHAM, D.H.A., Executive Vice President

DONALD C. JONES, Executive Director

December 10, 1976

Mr. William L. Watson
Executive Director
AMPAC
535 N. Dearborn Street
Chicago, Illinois 60680

Dear Bill:

We appreciate the offer of support by AMPAC for the FLAMPAC workshop to be held on January 28th at the Dutch Inn in Orlando.

In my conversation with Linda Hudson, she indicated that you would definitely be able to pay for the $1,000 honorarium for Congressman Otis Pike and also pick up the expenses of any AMPAC Board members or staff that came to participate in the program. Linda also indicated that you would be able to assist us in planning of the details of the conference. I have related this information to Dr. Broadaway and he expressed his appreciation for the indicated support.

Dr. Broadaway has asked, however, that we recontact you to urgently request support for the luncheon expenses. Such additional support would be of material assistance to us in assuring a large attendance for Congressman Pike's address which will surely be the highlight of the Conference.

I have attached an initial draft of the program outline. Please keep in mind that this is only an initial draft and generally reflects only my personal ideas, hence, there is absolutely no problem with receiving any suggestions from your staff which would necessitate revisions of this initial suggestion. Congressman Pike has offered to include remarks in his address about PAC, so I would appreciate some suggestions in this regard also.

We look forward to working with you and with warmest regards, I remain

Sincerely yours,

Donald S. Fraser, Jr., Director
Legislative Affairs Department

..--/gr

cc: Rufus Broadaway, M.D.

CAPITAL OFFICE
100 East College Avenue, Tallahassee, Florida 32301
(904) 224-6496

FLAMPAC WORKSHOP

(DRAFT PROGRAM)

9:00 - 9:25	Registration
9:25	Welcome (Broadaway)
9:30	PAC in the Off-Year (Broadaway Preside)

--Report on 1976 elections (Von Thron)
--Case Histories
David McClain (Williamson)
Dempsey Barron (Alford)
--Projects for Auxiliary
--Physician Organization during off-year
(AMPAC Staff)

11:15	Working with your Legislator

--FMA Panel (Lane Preside)

Rep. Bill James
Mallory Horne
Scotty Fraser

12:00	Break
12:15	Luncheon (Murray Preside)

Speaker - Congressman Otis Pike (Perry introduce)

1:30	Adjourn

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1.27.77
Ex. #520

M E M O R A N D U M

TO: Bill Watson

FROM: Pete Lauer

DATE: February 3, 1977

SUBJECT: FLAMPAC Seminar, January 28

I arrived in Orlando early afternoon of January 27 and met with Scotty Fraser of the FMA and Phil Gilbert the new FLAMPAC Executive Director. It was clear from the start that Scotty will be calling the shots for FLAMPAC and Phil will be the figure head. This may not be bad, but I would question the deep involvement of the FMA lobbyist in candidate evaluations.

That night a dinner meeting with the FLAMPAC Executive Committee was held at my request. There seems to be a move afoot to reorganize the FLAMPAC Board. Just where they are headed is hard to say at this time, but instead of replacing the "dead weight" they want to add 5 at-large members. I questioned their bigger is better syndrome but did not push the matter.

The following day the FLAMPAC Seminar was held. It was geared to legislation more than political action. I did receive some flak for having Otis Pike as the luncheon speaker but this was put to rest after his talk. He came off as the champion of private practice and threw a few barbs at Kennedy. To say he made friends in Florida would be an understatement.

Following the luncheon I had a private meeting with Frank Coleman. [illegible]

Frank will keep me informed and asked that I come back to Florida in a month or so to brief Gilbert and Glotfelty on the national PAC picture.

Ex. #521

M E M O R A N D U M

TO: Bill Watson

FROM: Pete Lauer PBL

SUBJECT: FLAMPAC Visitation, April 11-14, 1977

DATE: April 15, 1977

I arrived in Tallahassee on Monday evening and drove to the Capitol County Medical Society meeting. I was given the opportunity to speak about AMPAC for about 10 minutes.

The next morning I had breakfast with Dr. Harold Parham, Executive Director of Florida Medical. He brought up the subject of [redacted]. I felt no comment was needed to dignify these thoughts. It was obvious that Parham put Phil Gilbert at the FLAMPAC helm to take orders from Parham and Scotty Frasier, and he does. So far this has not proven to be bad, but once the campaigns start so could the conflicts.

Later that day Phil and I outlined a seminar program FLAMPAC would like to hold this Fall. It will be geared to the experienced campaign worker. AMPAC will be asked to provide some staff as faculty.

That evening I flew to Tampa, and at the airport hotel I ran into Parham again. We had a few spirits and either he got his anger over that morning or the drinks mellowed him out. At least this meeting proved more friendly.

The next day I met with Dr. John Glotfelty, FLAMPAC Chairman, and we discussed membership development, Auxillary input, and PAC seminars. Dr. Glotfelty seems most ambitious and has a good plan for his two years. He is not as outly dynamic as Rufus Broadaway, but he has a good reputation as a doer by the board. He is also running for FMA Vice-President this May. Chances are 50-50.

On Thursday I had lunch with Amelia Hepki, Hillsborough County Executive Director, Diana Hipp, County staff, Dr. Williamson, FLAMPAC Board, and Ritta Ratchford, County Auxilliary. Hillsborough County is probably the most sophisticated county as far

-more-

9102230753

as political involvement by medicine. Hillsborough, through Mrs. Ratchford, laid the groundwork for the M.D. voter I.D. Program. I would suggest Linda do a story about this group.

On the whole I do not see any drastic changes in FLAMPAC's operation. About the only problem I do see however, is not being able to deal with one person, now we must deal with Parham, Frasier, and finally Gilbert.

PBL/jm

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Ex. #522

July 26, 1977

Mr. Paul Newman
1702 200th Place, S.W.
Alderwood Manor, WA 98036

Dear Paul:

Enclosed is a copy of a letter and seminar schedule sent to me by FLAMPAC. As you can see, they have set up three regional sessions for late October thru the middle of November.

If these dates are open for you, please contact me. If not, FLAMPAC would like you to participate at the Miami seminar. This is a crucial area for them and want a hard hitting seminar there.

Please phone or drop me a line as soon as possible concerning these dates. FLAMPAC will be paying all expenses.

Warmest regards,

Peter B. Lauer
Political Education Coordinator

PBL/js

Enc:

cc: Philip Gilbert
Director, FLAMPAC

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Ex. #523

A G E N D A

CENTRAL FLORIDA FLAMPAC WORKSHOP
October 29 & 30, 1977

Saturday

8:30 am	Welcome and Overview	John W. Glotfelty, M.D. President, FLAMPAC Beebe White, FMA Auxiliary State Legislative Chairman
8:45 - 9:00 am	What FLAMPAC Is	Louis C. Murray, M.D. President, FMA; FLAMPAC District Nine Representative
9:00 - 9:30 am	Election Law Briefing	John Thrasher, Esquire FMA Legal Counsel
9:30 - 10:00 am	1977 Legislative Accomplishments ...	George S. Palmer, Jr. Executive Director, FLAMPAC
10:00 am - 12:00 pm	Techniques in Political Action	Pete Lauer, AMPAC Linda Hudson, AMPAC John French, Esquire FMA Legislative Consultant
12:00 pm - 1:30 pm	Luncheon "What We Need From You"	Representative Samuel P. Bell, III, District 30

Afternoon Free

Sunday

8:30 - 9:30 am	Breakfast "How To Work With Us"	Representative Marilyn B. Evans, District 46
9:30 - 11:00 am	Stages of a Campaign	Pete Lauer Linda Hudson Representative Evans
11:00 - 11:30 am	Workshop Evaluation	John W. Glotfelty, M.D.

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Ex. #524

JAN - 3

Florida Medical Association Auxiliary, Inc.

President
Mrs. Richard B. Moore
121 Pine Trail
West Palm Beach, Florida 33406

President-Elect
Mrs. Thomas B. Thames
1704 Pepperidge Drive
Orlando, Florida 32806

December 27, 1977

Rex E. Kenyon, M. D., Chairman
American Medical Political Action Committee
P. O. Box 4449
Chicago, Illinois 60680

Dear Rex:

I hope you have had a restful and happy holiday - probably watching those Oklahoma boys play ball, as a matter of fact, you may be in Miami watching them in the Orange Ball next Monday. Sorry, but I will be here in front of the tube watching the Texas Longhorns beat Notre Dame, but I will take time out to kneel in front of the tube and say one for Oklahoma.

I was really sorry to miss the AMPAC seminar in Austin, but I just could not get out there and back here in time for a previous commitment. The one in Atlanta was super and I enjoyed every minute of it. Also, thank you and your friends for giving me a lift to the airport.

If you will recall, I spoke with you about our Florida Medical Association Auxiliary meeting in Hollywood, Florida this May 3-5. If AMPAC pays your expenses, I would like for you to be my speaker at lunch on May 4, 1978 (I will buy your lunch). That sounds like the last of the big spenders, but I may as well be honest, I have no budget for a speaker and my husband would frown on my flying you down! Seriously, Rex, I do want you, and I am sure you would enjoy being at the Diplomat that time of year. Florida Medical Association puts on a good meeting and perhaps you would even enjoy some of their programs. They meet at the same time we do, plus two more days.

I would appreciate your letting me know by return mail, if possible. In the meantime, take care - and don't be so serious about football - it's only a game!

Sincerely,

Mrs. R. B. Moore
President

cc: Thames, Epstein, G.Palmer

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Ex. #525

6/30/72

MEMORANDUM

TO: STATE PACS

FROM: J. TOM SAWYER Tom

RE: STATE PAC NEWSLETTER - OREGON

DATE: FEBRUARY 23, 1971

Many state PACs have newsletters or periodicals that go from the state PAC headquarters to the membership. As you know, some are good and some are not so good.

For your information and perusal I am sending you a copy of the OMPAC REPORT. From time to time, I am sure you are asked about various newsletters, and you might want to peruse this particular newsletter noting its format for future possible use. It is not intended, of course, that this is the only acceptable format, but I think you will agree that it is a good one. Surveys, which are conducted quarterly gave the state PAC an excellent two-way communication system and makes the individual member more a part of the PAC concept.

AMPAC is trying to embark on a much better exchange system this year whereby state PACs can learn from other state PACs how to do specific jobs.

JTS/vbs

Distribution: Fla: Thomas Edwards, MD, David Coyner, Ga: Ernest Atkins, MD. James Moffett, NC: Kenneth Cosgrove, MD, Bryant Paris, SC: Donald Kilgore, MD Richard G. Pugh.

OMPAC REPORT

Quarterly Newsletter from Oregon Medical Political Action Committee

Winter Issue - 1971

ANNUAL OMPAC WINTER BOARD MEETING will be held on Saturday, January 30, at the Ramada Inn in Portland from 9:00 A.M. to 4:00 P.M. Following morning business session, Dr. George J. Lawrence, Jr., immediate past-chairman of AMPAC, will keynote the noon luncheon. Afternoon session will be devoted to "Effective Lobbying" and "How You Can Work With The Legislature". Meeting is open to all interested members but reservations are necessary. Please call 224-1874 if you'd like to attend.

1971 BOARD OF DIRECTORS APPROVED BY OMA EXECUTIVE COMMITTEE include the following by Congressional District:

District I
Daniel K. Billmeyer, M.D., Oregon City
Mr. Robert H. Elsner, Portland
Bill B. Ferguson, M.D., Hillsboro
Roger Giles, R.P.T., Newberg
Howard Kaliher, M.D., Tillamook
E. T. Livingstone, M.D., Portland
Mrs. Robert S. Miller, Portland
Bruce A. Peters, M.D., Portland

District II
T. H. Hendricks, M.D., The Dalles
William J. Kubler, M.D., LaGrande
E. A. Moody, M.D., Bend
David E. Reid, D.O., Lebanon
John M. Ross, M.D., Salem
James H. Seacat, M.D., Salem
E. I. Silk, M.D., Pendleton
Mrs. A. M. Tanaka, Ontario
Mrs. Frank G. White, Burns

District III
Mrs. Robert T. Capps, Portland
William A. Fisher, M.D., Portland
Donald F. Kelly, M.D., Portland
Richard A. Lalli, M.D., Portland
Louis O. Machlan, M.D., Portland
George M. Robins, M.D., Portland
William M. Ross, M.D., Portland

District IV
Robert Chiapuzio, M.D., North Bend
James H. Harris, M.D., Roseburg
Robert B. Litin, M.D., Eugene
Andrew C. Lynch, M.D., Medford
Edward H. Murphy, M.D., Eugene
William A. Parshall, M.D., Eugene
Richard M. Stevens, M.D., Eugene

Ex-officio
B. J. Henningsgaard, M.D., Astoria
Max H. Parrott, M.D., Portland

Retiring Board members are: Clem Eischen, R.P.T., Mrs. Glenn Snodgrass, Drs. George McCallum, Clinton McGill, Wm. R. Miller, Clay Racely and George Zupan. 1971 officers will be elected at January 30 meeting.

OMPAC'S BATTING AVERAGE IN 1970 ELECTIONS...86.6%. OMPAC participated in 60 of the 76 state legislative races, supporting 48 Republicans, 18 Democrats. By comparison, COPE endorsed candidates in 65 contests - 56 Democrats, 9 Republicans - and was successful in 63%.

ON THE NATIONAL LEVEL, AMPAC ENJOYED A 75.1% SUCCESS record in congressional elections, while COPE's winning record was 60%.

IMPORTANCE OF ONE VOTE AGAIN NOTED IN NOVEMBER. Some 50+ congressional and gubernatorial candidates won by 52% - or less - of the total vote. Perhaps closest race occurred in Kentucky where Rep. William O. Cowger lost his bid for re-election by 27 votes out of a total of 102,740 cast.

955,459 OREGONIANS REGISTERED TO VOTE in the November elections...521,662 Democrats, 410,693 Republicans and 23,104 Others. 72.4% of registered Republicans went to the polls compared to 69.2% of the Democrats. Overall total of voter participation was 71.3%, about average turnout for non-presidential year. All counties except Benton, Grant, Josephine, Malhuer, Marion, Polk and Washington show Democrat majority.

DEMOCRATS PICKED UP FOUR SEATS IN STATE HOUSE, cutting '69 margin of 38-22 down to 34-26. This presented no problem in organizing the House and Rep. Bob Smith (R-Burns) was re-elected as Speaker. He has reduced the number of standing committees of the House from 13 to 11 for the '71 Legislature. The following committees have been appointed: Elections and Reapportionment; Health, Education and Welfare; Judiciary; Natural Resources; Revenue; Rules; State and Federal Affairs; Transportation and Highways; Urban Affairs; and the Joint Ways and Means Committee.

IN SPITE OF SOME REPUBLICAN UPSETS, the division of the Senate remains 16-14 in favor of the Democrats. As of this writing the vote remains split 15-15 in the contest for Senate presidency. Both sides are offering compromises to break the deadlock, but nothing yet acceptable to either side. Committee appointments cannot be made until a president is elected so work in the Senate remains at a standstill. One of the facts often overlooked in the importance of this "battle" is that the Senate President becomes Governor in the event the current Governor vacates that position before completing his term of office.

FOR THE WOMEN...PRECINCT ACTION COURSE WORKSHOPS have been held recently in Multnomah and Yamhill counties. While it is difficult to get people interested in politics in a non-election year, NOW is the ideal time to begin working within your own political party... before the rush of another election year is upon us. We are enlisting the help of active auxiliary members to help schedule these one-day workshops throughout the state. YOU may do so by contacting the OMPAC office or Mrs. Robert S. Miller (227-7510).

1971 AMA-AMPAC PUBLIC AFFAIRS WORKSHOP will be held at the Washington-Hilton Hotel in Washington, D. C. on March 13-14. Program will emphasize 1971 "Medicredit" legislation and medical political action. The importance of these two subjects and how they are inter-related provide Workshop theme..."Putting It All Together". Official Oregon delegation will be determined jointly by OMPAC and OMA, however Workshop is open to any interested physician and/or wife. While in Washington, Oregonians will meet with members of our Congressional delegation. For further information, contact OMPAC or OMA office.

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE ranked 5th in a list of the top 10 special interest groups contributing campaign funds in 1970 elections, according to year-end reports filed with the clerk of the House. Top spender was COPE, reporting a total of $967,328. COPE's largest contribution ($31,522) went into re-election of Sen. Harrison Williams (D-N.J. who will take over as chairman of Senate Labor Committee, the position formerly held by Sen. Ralph Yarborough (D-Tex.) who was defeated in the primary.

THERE HAS NEVER BEEN A CONGRESS WITHOUT A PHYSICIAN among its members! In the last election ten MDs were candidates for U.S. House and one ran for the Senate. Four were successful... Reps. Durward Hall (R-Mo.), Tim Lee Carter (R-Ky.), and Thomas Morgan (D-Pa.) were re-elected; William Roy (D-Kan.) defeated incumbent Rep. Chester Mize.

OREGON MISSED GAINING FIFTH SEAT IN CONGRESS by 235 people, according to U. S. Census Bureau. Final census count shows Oregon with an 18.2% increase since 1960. National increase of 13.4% was second lowest for any decade in history.

REP. AL ULLMAN IS NOW THIRD RANKING MEMBER of powerful House Ways and Means Committee with the election of Rep. Hale Boggs (D-La.) as House Democratic leader. Ullman, who has been representing Oregon's 2nd Congressional District since 1957, now stands behind chairman Wilbur Mills (D-Ark.), and Rep. John Watts (D-Ky.) in seniority based committee order.

MEDICAL PROFESSION WAS TARGET OF RECENT investigation by a Ralph Nader study group headed by Robert McCleery, M.D., former deputy director of FDA's Bureau of Medicine, with the assistance of two law students and two medical students. Their conclusion, in brief, was that the American Medical profession is doing a poor job of safeguarding the quality of health care delivered by the nation's doctors. Basis of the problem, according to the report, is the failure of doctors to review each other's work and to establish standards for the practice of medicine. Report recommened establishment of a National Board of Medicine which would have jurisdiction over all health care programs involving Federal funds.

WHEN 91ST CONGRESS ADJOURNED ON JANUARY 2, a total of 28,287 bills and resolutions had been introduced...some 2,200 of these being of interest to Medicine. Many of the items left pending at time of adjournment are expected to be re-introduced when 92nd Congress convenes this month. Some sort of expanded health program seems likely to be enacted by this session, although it probably won't be the Federal medical coverage for all as sponsored by Sen. Edward Kennedy (D-Mass.) and others. Controversy on this issue is expected to continue through to '72 elections.

does OMA do this?

CORPORATE CONTRIBUTIONS FOR CURRENT YEAR have been pledged by the Oregon Medical Association, The Doctors' Official Service Bureau, Inc., and the Doctors' Official Telephone Exchange. These funds are used for the administrative and educational expenses of OMPAC only, never for candidate support.

OMPAC'S FINAL MEMBERSHIP TALLY IN 1970 shows slight increase over 1969, although short of all-time high in 1968. Statewide - using OMA component society figures - about 40% of MDs are OMPAC members. Counties showing membership of over 40% include: Columbia, Clackamas, Grant, Hi-Desert, Klamath, Lake, Lane, Linn, Malheur, Mid-Columbia, Southwestern, Tillamook, Umatilla, Wallowa and Washington.

1971 MEMBERSHIPS ARE COMING IN AT A GOOD RATE. If you haven't already mailed your $20 check for annual dues, why not do it today. Just fill out the application at the bottom of this page and send it in with your check. Individual membership dollars collected in 1971 will be used for candidate support in 1972 elections.

FINAL TABULATION OF FALL SURVEY RESULTS appear on page 4 of this Report. We appreciate your taking time to fill out and return questionnaires as the larger the response, the more significant the tabulation. If you have any comments or questions you'd like to have included in future surveys, be sure to jot them down in the space provided.

- - - -

1. How would you rate the performance of Oregon's Congressional Delegation?

	Excellent	Good	Fair	Poor	No Op.
Sen. Mark Hatfield	13%	17%	22%	45%	3%
Sen. Bob Packwood	14%	43%	28%	11%	4%
Rep. Wendell Wyatt	41%	29%	10%	3%	17%
Rep. Al Ullman	5%	28%	29%	10%	28%
Rep. Edith Green	13%	35%	27%	10%	15%
Rep. John Dellenback	11%	38%	20%	6%	25%

2. Response by Cong. Distric
1. 38%
2. 22%
3. 6%
4. 25%
N.A. 9%

3. Do you support compulsory post graduate medical education? YES 53% NO 43% N.A. 4%

4. Do you feel there is adequate opportunity to express your opinions in your county medica society? YES 78% NO 18% N.A. 4% In state association? YES 61% NO 29% N.A. 10%

5. Should usual and customary fee principle be abandoned and replaced by regional uniform fee schedules? YES 27% NO 68% N.A. 5%.

6. Do you feel state welfare recipients receive adequate quality medical care? YES 70% NO 27% N.A. 3%

7. Do you feel non-welfare medically indigent persons receive adequate quality medical care? YES 45% NO 49% N.A. 6%

8. Should state law be amended to permit medical treatment of minors without necessity of parental consent? YES 61% NO 33% N.A. 3% EMERGENCY ONLY 3%

9. Should a blood test to determine rubella immunity be included in female premarital examinations? YES 60% NO 27% N.A. 13%

10. Should current law be changed to permit sale of non-prescriptive contraceptives off self-service shelves? YES 62% NO 35% N.A. 3%

11. Should administration of State Public Health, Mental Health and Welfare Health Care programs be grouped into single state agency for Health Affairs? YES 78% NO 15% N.A. 7%

12. Would you support legislation for compulsory immunization of children prior to school admission? YES 67% NO 32% N.A. 1%

13. Should there be minimum benefit standards for health insurance policies sold in Oregon? YES 89% NO 7% N.A. 4%

[illegible]
[illegible]
[illegible], Oregon 97005

OMPAC
Opinion Survey

WINTER 1971

A quarterly opportunity for the medical community to express its opinion on issues and problems facing medicine. Results published in next issue of OMPAC Report.

1. Are you adequately informed about medical society activities? YES____ NO____

   Your principle sources of medical society information are listed below. Please X those, if any, which you consider ineffective.

   ____ County Society Publications
   ____ State Association Newsletter
   ____ Trustees' Reports
   ____ JAMA
   ____ American Medical News
   ____ Specialty Society Journals
   ____ Northwest Medicine
   ____ Other_____

2. Do you feel there is a physician shortage in Oregon? YES____ NO____

3. Do you believe the basic four-year medical school curriculum could be shortened? YES____ NO____

4. Do you support efforts to develop a training program for "Physicians Assistants" at the University of Oregon Medical School? YES____ NO____

5. Would you hire a "Physicians Assistant" if one were available and suitable to your practice? YES____ NO____

6. If plaintiff attorneys' fees in malpractice litigation were based on fee for service rather than contingency, do you feel the number of malpractice suits would decrease? YES____ NO____

7. Do you feel your county medical society exercises adequate peer review relative to the delivery of quality patient care in your community? YES____ NO____

8. Do you believe your hospital's utilization review system is adequate? YES____ NO____

9. Would you support the creation of multi-county regional health departments in Oregon? YES____ NO____

10. Are you satisfied with the service provided by the Physician Consultation Center for Poison Control? YES____ NO____

11. Do you feel the medical profession in general has disseminated enough information to the public regarding drug abuse? YES____ NO____

12. Would you favor legislation requiring the drug name to appear of the label of drug containers dispensed to patients unless physician requests this information not appear? YES____ NO____

13. Do you feel physicians generally support the private practice concept in other allied health professions, such as physical therapy, speech therapy, laboratory technology, etc.? YES____ NO____

14. Are you a member of OMPAC for 1971? YES____ NO____ If not, do you plan to be? YES____ NO____

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HAVE A QUESTION?

The OMPAC Report would gladly entertain suggestions for inclusion in future opinion surveys. Please write your suggested question below:

_____

_____

_____

_____

_____
Name (if you wish)

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Place 6¢
Stamp
Here

OMPAC Report
P. O. Box 394
Beaverton, Oregon 97005

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

520 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

Ex. #526

7/13/72

July 11, 1972

Mrs. Arnold J. Spanjers
1700 15th Street, Northwest
Winter Haven, Florida 33880

Dear Mrs. Spanjers:

Mr. Tom Sawyer has forwarded to this office a request from Mr. Donald Fraser of the Florida Medical Association that you be sent copies of state PAC newsletters. In compliance with your request, we are pleased to enclose a cross-section sampling of various state PAC brochures, newsletters and informational pamphlets. These may be of some help to you in preparation of your forthcoming newsletter. You may also wish to refer to back issues of ACROSS THE BOARDS, which is an AMPAC publication. If for any reason you wish additional copies of back issues of this publication, please let us know.

If we can provide any additional materials or any other assistance, please do not hesitate to contact us.

Sincerely,

Linda Hudson

Mrs. Linda W. Hudson
Administrative Assistant

SD
Enclosures
cc: Mr. Donald S. Fraser
Mr. J. Tom Sawyer

A copy of our report, filed with the appropriate supervisory officer, is available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D. C. 20402.

8/16/73

Ex. #527

AMERICAN MEDICAL ASSOCIATION

1639 TULLY CIRCLE, N.E. SUITE 116 • ATLANTA, GEORGIA 30329 • PHONE (404) 631-0771 • TWX 810-751-8115

PUBLIC AFFAIRS DIVISION
WHALEN M. STROBHAR, Director

DEPARTMENT OF FIELD SERVICE
RICHARD G. LAYTON, Director

J. TOM SAWYER, Assistant Director

August 15, 1973

Mrs. Sam Renfroe
WA-FMA Representative to FLAMPAC
Route 2 Box 850
Ocala, Florida 32670

Dear Mrs. Renfroe:

This is to let you know that I am forwarding to you under separate cover thirty-five copies each of the following pamphlets:

"AN AMPAC Invitation"
"How the Opinion Maker Makes Opinions in Politics"
"Helping Your Candidate Win"
"Managing the Campaign" (series of three)
"Your Political Responsibility and You" (this has taken the place of "Do it at Leisure")

The other pamphlets, AMPAC's political education series, is now no longer valid and may or may not be updated for distribution. But, if it does become available, I will forward sufficient copies to you.

Concerning your question of AMPAC ribbons, AMPAC pins are forwarded each year to AMPAC-State PAC members who join or renew their membership each year in PAC. These pins are sent directly to members from AMPAC Headquarters in Chicago. At various state medical meetings the local state PAC's upon occassion does have identification badge ribbons printed and distributed to their members of the PAC attending the meeting to wear. However, we do have gummed labels with AMPAC's Seal available for distribution at meetings where PAC identification is helpful. If you would like a roll (500) or a partial roll of these, let me know and I will send them to you. However, this is on a limited basis because of the high cost involved.

The AMPAC exhibit is available through this office as I have two in stock and can forward it to you via parcel post upon request. Its deminsions are 2 inches wide 2 1/2 feet long and 2 feet high and requires a very small table to rest upon. These exhibits are used at medical

meetings which have a small PAC booth for the purpose of advertising PAC and distributing PAC pamphlets and information. Anytime you would like to use one of these, let me know about two weeks in advance. I will either send it to you or bring it myself. I would be most happy to participate in the program.

Please let me know if and when I can be of further assistance to you in your PAC endeavors.

Sincerely,

J. Tom Sawyer
Assistant Director

JTS:vh

CC: Edward Haskell, MD
Mr. Scotty Fraser
Mr. Harold Parham

3 1 0 4 2 3 7 7 7

PAC — 1
WOMEN'S
AUXILIARY

8/11 9:40

Maryann Kuprian

(914) 258-4021

Please return call.

30

Ex. #528

AMERICAN MEDICAL POLITICAL ACTION COMMITTEE

20 North Michigan Avenue, Chicago, Illinois 60611, AREA CODE 312 644-1585

MAR 26 1973

March 22, 1973

Mr. W. Harold Parham
Executive Vice President
Florida Medical Assn., Inc.
Post Office Box 2411
Jacksonville, Florida 32203

Dear Harold:

Tom Sawyer has requested that we write an article on sustaining memberships for FLAMPAC. A copy of the article is attached. You may want to add or delete some parts to better fit your local needs. If you would like to have additional information please do not hesitate to call our office.

We appreciate FLAMPAC's efforts to increase the number of sustaining members and want to offer the resources of our office to help you in any way.

Sincerely,

William L. Watson
Executive Director

WLW:dmp
Attached
CC: Tom Sawyer

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PROPOSED ARTICLE ON SUSTAINING MEMBERSHIP FOR FLAMPAC

Webster's dictionary defines involve as follows -- "to draw in as a participant - to oblige to become associated with". It defines sustain as -- "giving support or relief to - to keep up". It behooves each of us to get involved in FLAMPAC and in turn AMPAC. It costs so little, yet accomplishes so much. But there is one more step you can take to become more involved and that is by becoming a sustaining member of FLAMPAC and AMPAC. As a sustaining member of both groups you are giving additional "support" and helping to "keep up" the medical political action movement.

What does a sustaining membership mean to FLAMPAC and AMPAC. First of all it provides additional dollars for the hard-dollar account in anticipation of 1974 needs. We must maintain our vitality as an organization in off-election years if we are to have the capacity and resources to become involved in Congressional and State races in 1974. Second, it gives the busy physician, who is interested in political action but does not have time to get involved, an opportunity to make an extra contribution to FLAMPAC and AMPAC. Third, a sustaining member demonstrates a real commitment to the PAC movement and provides a nucleus for a vital, on-going program.

The AMPAC Board of Directors has established as one of its membership goals for 1973 an increase in the number of sustaining members to state PACs and AMPAC. Doctor W. J. (Jack) Lewis, Chairman of the AMPAC Board, in his Chairman's message asks that the state PACs conduct an enthusiastic campaign to recruit sustaining members.

In order to keep the sustaining member better informed, the AMPAC Board recently announced that its publication entitled ACROSS THE BOARDS will be sent to all 1973 sustaining members of AMPAC. ACROSS THE BOARDS is published at least once a month and carries items of interest to medical PAC leaders. This in-house organ, currently sent to state PAC Board members, will keep the sustaining member apprised as to developments on the national political scene and on the national PAC scene. Sustaining members have been honored in the past by holding special functions for them in conjunction with AMPAC events. There is every reason to assume that this will be done again if the opportunity presents itself. Sustaining members also receive a distinctive pin which identifies them as a sustaining member of AMPAC.

Although 1972 was a great membership year for FLAMPAC, we found that sustaining memberships did not keep pace with the increase in regular memberships. Therefore, FLAMPAC accepts the challenge of the AMPAC Board to increase the number of sustaining members in 1973. FLAMPAC would like to add the "contribution per member" award to the two membership awards

3107131737

it received from AMPAC for its 1972 membership efforts. The only way this can be accomplished is by increasing the number of sustaining members. We believe that a concerted effort on the part of FLAMPAC will result in an increase of sustaining members in 1973. Remember that your contribution of $100.00 or more is shared equally by FLAMPAC and AMPAC. So you will be a sustaining member of both groups.

Keeping FLAMPAC strong requires good financing and for this we must depend not only on regular memberships but on increasing the number of sustaining members. Future victories in the political arena will not happen automatically as we all know. That is why your 1973 sustaining membership contribution is so important.

81010373

3-27-74
Ex. #529

AMERICAN MEDICAL ASSOCIATION

1639 TULLY CIRCLE, N.E. SUITE 116 • ATLANTA, GEORGIA 30329 • PHONE (404) 631-0771 • TWX 810-751-8115

312 644-1585

PUBLIC AFFAIRS DIVISION
WHALEN M. STROBHAR,
Director

DEPARTMENT OF FIELD SERVICE
RICHARD G. LAYTON,
Director

J. TOM SAWYER,
Assistant Director

March 22,1974

Mr. Scotty Fraser
Florida Medical Association
380 Barnett Bank Building
Tallahassee, Florida 32301

Dear Scotty:

This is concerning the information you requested of me concerning what other states are doing in regards to PAC employees.

In California Al Pross is a full time CMA staffer like yourself and does PAC work on the side. The only time Al gets paid by CALPAC is during election year when Al gets involved in someone's campaign full time.

In Texas, Texpac has a full PAC exct. Texpac receives an educational grant from the T.M.A.

In Pennsylvania the PAMPAC Excts. gets half of his salary from P.M.A. and half from PAMPAC. PAMPAC used to pay it all, but now PAMPAC Exct. assists with Lobbying. PAMPAC salary comes out of hard dollar account.

In Illinois - state set up same as California.

In Virginia - VAMPAC exct. is paid by an educational grant from V.M.A., VAMPAC exct. does do lobbying.

In Ohio - Dave Rader works full time for OSMA. Dave takes care of PAC on the side and does it from his home at night. OMPAC pays him $300.00 per month for PAC work.

In Oregon - OrePAC has a full time PAC employee who is paid from soft dollars. This employee only does PAC work. No lobbying nor work in campaigns.

This info should give you an idea of what goes on.

Sincerely yours,

J. Tom Sawyer
Assistant Director

JTS/bms

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Ex. #530

M E M O R A N D U M

TO: State PAC Chairmen & PAC Staff

FROM: J. Tom Sawyer

DATE: September 18, 1974

SUBJECT: Too Much Politics

I am enclosing an interesting article, which you may wish to use in your PAC newsletter or Medical Association Journal that outlines medicines role in politics since this country was founded.

This should help in answering charges that organized medicine goes too far in putting politics over scientific responsibilities.

JTS/bms
enclos.

3117923731

AN EARLY HISTORY OF AMA POLITICAL ACTIVITY

1.) Three physicians, Benjaman Rush, Josiah Bartlett, and Matthew Thorton, signed the Declaration of Independence.

2.) 30 physicians were delegates to the Continental Congress representing 12 of the 13 states.

3.) David Ramsay, a South Carolina physician, was president pro tempore of one session of the Continental Congress.

4.) Hugh Williamson of North Carolina was later a delegate to the Constitutional Convention.

5.) John Archer, a Maryland physician, was later elected representative to Congress from Maryland in the early 19th century and was the recipient of the first medical degree awarded in colonial America.

6.) During the last half of the 19th century no fewer than 161 physicians were elected to Congress.

7.) By 1900, however, only six physicians served in Congress, along with four former students of medicine.

8.) In 1907, only four congressmen were physicians while 92 then served in the central legislative body of France.

9.) The Committee on National Legislation was established in 1899 and it encouraged assistance from state societies.

10.) The Committee on National Legislation asked states to establish legislative committees in 1900 and to appoint one delegate and one alternate delegate to the State Auxiliary Legislative Committee, which it would call into session to consider urgent political issues.

11.) Both the Committee on National Legislation and the State Auxiliary Legislative Committee received legal status in the bylaws of the revised constitution of 1901.

12.) In 1903, a new committee was proposed which would include official correspondents from almost all counties in the U.S. to be called the National Auxiliary Congressional Committee. By June, 1904, 1,940 names had been submitted.

13.) Two states, Alabama and Massachusetts, failed to submit names for the National Auxiliary Congressional Committee.

14.) In 1904, the Committee on Medical Legislation (consisting of the State Auxiliary Legislative Committee and the Committee on National Legislation) met and adopted the title, "National Legislative Council." The Committee on National Legislation in 1904 consisted of William H. Welch and William L. Rodman and Charles A. L. Reed, Chm.

15.) The Committee on Medical Legislation reported to the House in 1904 that its chairman had issued 30,000 communications and received over 13,000.

16.) The Committee on Medical Legislation then prepared a register of local political leaders from 900 counties including the names of 11,000 political figures and a profile of the counties. It also urged that the National Auxiliary Congressional Committee initiate intimate contact between physicians and these local leaders. This was in 1905.

17.) The Bureau of Medical Legislation was established in the Chicago headquarters on January 1, 1907.

18.) By June of 1908, the Committee on Medical Legislation and the Bureau were responsible for placing before state boards of health and the registrars of principal cities, a model vital statistics bill.

19.) By 1909, the Committee on Medical Legislation had drafted a model Pure Food and Drugs Act which it succeeded in getting passed by Congress.

20.) Meanwhile, interest at the state level ebbed. The National Auxiliary Legislative Committee, which had grown to 2,800 members by 1905, dropped to half that number by the end of 1907.

21.) Attendance at meetings of the National Legislative Council (with 50 members) had dropped to 15 or less.

22.) By 1913, the Bureau completed collecting public health laws, revised the model vital statistics bill, and began preparing a series of model health laws. It also prepared a mailing list of 1,000 names including governors, chief justices, noted members of the American Bar Association, and others and asked them the 10 most important topics for further state legislation.

23.) By 1914 the Bureau established contact with many state legislative reference bureaus and was advising them on health matters.

24.) The war generally halted legislative activity.

25.) Specific example of activity: in September, 1905, the Journal warned Congress that "we shall be compelled to put in sleepless nights to be sure that the measure (Pure Food and Drugs Act) is not passed in emasculated and deformed shape..." The AMA presented a petition, signed by every one of the nation's county medical societies, which was on every senator's desk the morning they were to vote on the bill.

26.) Specific politics: Dr. Reed (Chm. of Committee on Medical Legislation) became a candidate for U.S. Senate from Ohio but lost...medicine was, however, able to persuade the Ohio legislature not to reappoint the opponent of the Pure Food and Drugs Act who had held the seat...the Association also contributed to the defeat of Representative James H. Southard of Ohio and Senator James A. Hemenway of Indiana.

27.) In 1910, the Council on Health and Public Instruction initiated a program to contact the family physician of every member urging letters in support of the "Owens bill" calling for a National Department of Health, also letters from county societies and from members of the National Auxiliary Legislative Committee and urging of all other local groups.

28.) In 1913, the Committee on the National Department of Health became so angry with the alleged lack of support from the Board that they introduced a resolution at the 64th Annual in Minneapolis. The minority report of the Committee contended Board cooperation was deficient and urged the appointment of a special lobbyist in Washington. In reply, the Reference Committee on Legislation and Political Action defended the Trustees and asserted that to hire a lobbyist would be unwise.

RHF/ja

31 1 2 3 3 7 3 7

Ex. #531

FOLLOW-UP COPY

1 2 3 4 5 6 7 8 9 10 11 12

XXXXXXXXXXXXXX

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

XXXXXXXXXXXXXXXXXXXXXXXXX
Philip H. Gilbert, Executive Director

January 12, 1977

Peter B. Lauer
AMPAC Political Education Coordinator
P. O. Box 8449
Chicago, IL 60680

Dear Pete:

My apologies for not corresponding with you sooner, but the transition from one assignment to another and moving at the same time has left little time for anything else.

First, I want to thank you for your December 13, 1976, letter regarding the tax deductible status of FLAMPAC/AMPAC dues. Mr. Wilcox called and explained AMPAC's concern regarding this matter.

Second, we are putting the January 28, 1977, FLAMPAC Workshop in final form and will send you a copy of the agenda in a day or two. Scotty informs me that he has explained your role in the program. In addition to what Scotty mentioned, we would appreciate your assistance in providing Dr. Glotfelty with information on the results of the 1976 elections at the national level. Scotty is going to provide Dr. Glotfelty with similar information regarding State level elections.

The other day I was talking with Dr. Coleman and he asked if AMPAC has developed or plan to develop an information letter to its members if the Federal Election Commission rules against AMPAC regarding the Common Cause complaint. We are contemplating having such a release ready to send out to FLAMPAC members should the need arise.

I look forward to hearing from you and meeting you later this month.

Sincerely yours,

Philip H. Gilbert
Executive Director

PHG/mj

3 1 7 1 0 2 3 1 7 3 3

fil Ex. #532
F Stamper

MEMORANDUM

To: Bill Watson

From: Pete Lauer PBL

Date: April 5, 1976

Subject: FLAMPAC Visit -- 3/30-4/2

Arrived early afternoon of March 30, and was met by Charles Murfin and Kaylee Cutler (FLAMPAC Consultant for Broward and Dade Counties). Following lunch, we went to FLAMPAC headquarters in Jacksonville for a staff meeting.

During the afternoon meeting, we discussed the AMPAC/FLAMPAC responsibilities for this election year. At this time, Charlie has not made final determinations as to support and amounts. After the July 20th filing date, such determinations will be made.

On Wednesday morning, we continued the staff meeting during which I briefed the FLAMPAC consultant on candidate support committees. This will be her primary function in the key counties of Broward (Ft. Lauderdale) and Dade (Miami). Kaylee has started to organize the doctors and wives by precincts and will do the same for the Auxiliary.

During a brainstorming session, Charlie hit on the idea of setting up a candidates' headquarters using volunteers from the medical profession. Instead of one candidate, the headquarters could be used by many of the candidates for mailings, phone banks and other activities requested by the candidate. Upon my return, I have learned of some rather strict guidelines to be followed which did not please Charlie. I recommended to him that he use the headquarters for state rather than federal candidates if the state laws are not so restrictive.

That evening, I flew with Mrs. Cutler to Ft. Lauderdale. On Thursday morning I met with Dr. David Lane, State Senate Minority Leader, in order to offer FLAMPAC assistance in helping to make his decision on a re-election bid a positive one. Aside from some personal problems, he's also getting some rough treatment from his partners. They want him back in full-time practice and therefore have set some pretty restrictive guidelines on him. I feel that Dr. Lane will run again if FLAMPAC can help clear up this problem.

3 1 0 1 2 3 7 3 7

After meeting with Dr. Lane, we drove to Miami to meet with Dr. Rufus Broadaway, the FLAMPAC Chairman. During lunch, I reviewed the Congressional races with him and asked for additional input. He agreed with most of the remarks, but expressed his opinion that state candidates were more important this year in light of the PLI problem. Following lunch, Dr. Broadaway gave us a tour of Cedars Hospital.

Returned to Chicago that evening. I continue to be impressed with the FLAMPAC organization and their efforts to increase doctor involvement. There is an active drive taking place to increase FLAMPAC membership and the results to date indicate that they should break their all-time high.

As a final note, Dr. Broadaway asked me about the AMPAC Board Chairmanship and the possibility of Dr. Von Thron being elected. I commented that this was a Board matter and the AMPAC staff does not get involved in any way.

31102237

3 1 0 4 0 2 9 0 7 7 1

Ex. #533

MEMORANDUM

June 6, 1972

TO: Mrs. Lee Ann Elliott, Assistant Director
American Medical Political Action Committee

FROM: Donald S. Fraser, Jr.

Attached is an information sheet summarizing pertinent provisions of the federal elections' law and related matters that we plan to send to all PAC board members in Florida.

Please have it reviewed for accuracy as to content. Any suggestions would be welcome.

..--/.-..

Attachment

CC: W. Harold Parham

MR. PARHAM:

PLEASE REVIEW, AS DOCTOR VON THRON WANTS THIS TO GO OUT RIGHT AWAY AS SOON AS I HAVE RECEIVED CLEARANCE FROM AMPAC.

SCOTTY

PERTINENT ELECTIONS' INFORMATION BASED UPON
FEDERAL ELECTION ACT OF 1971 AND
RECENT CHANGES IN INTERNAL REVENUE SERVICE CODE

I. REPORTS REQUIRED - FEDERAL (These requirements must be met by any political action committee or candidate support committee which collects or expends more than $1,000 during any calendar year.)

A. Registration - All political action committees or campaign support committees which collect or expend more than $1,000 during any calendar year must register with the U.S. Senate (if a U.S. Senate candidate is supported) and with the U.S. House of Representatives (if a candidate for the House of Representatives is supported).

These registration forms, which can be provided upon request, will contain the basic information insofar as the proposed organization and candidates who will be supported. (A copy is filed with the Secretary of State of the State of Florida.)

It is important to remember that as any changes occur in the registration information, such as an addition of new candidates to be supported, these changes must be forwarded to the appropriate federal office within ten days of such change.

B. Report of Receipts and Expenditures - There is a requirement that once a committee is registered, quarterly reports of expenditures and receipts of funds must be forwarded to the appropriate federal officials. In addition, a special report of receipts and expenditures for campaign funds must be forwarded on the 15th day preceding a primary or general election and also on the 5th day preceding a primary or general elections. (A copy of this report is also forwarded to the Secretary of State of the State of Florida.)

NOTE: The amount of support for non-federal candidates is not shown on this report; however, the names of non-federal candidates supported are included.

II. REPORTS REQUIRED - STATE

There are no separate reports required as of this date by the State of Florida for political action committees or candidate support committees.

III. STATEMENT WHICH MUST BE CLEARLY SHOWN ON ANY CAMPAIGN SOLICITATION MATERIALS

Under the new federal election law, it is required that on any political action committee letters or materials or on any letters of support that come from individual physicians or candidate support committees for a candidate for federal office, the following statement must be clearly stamped on the material or letter:

"A copy of our report, filed with the appropriate supervisory officer, is (or will be) available for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402."

REMEMBER THIS STATEMENT IS REQUIRED EVEN IF THE LETTER OF SUPPORT FOR A CANDIDATE FOR FEDERAL OFFICE IS WRITTEN ON THE DOCTOR'S PRIVATE STATIONERY.

IV. TAX DEDUCTIONS AND TAX CREDITS FOR CAMPAIGN CONTRIBUTIONS

Under the changes in the federal revenue code and the internal revenue code, a person may get either a federal tax deduction or tax credit in the following amounts:

A. A tax deduction of up to $100 on a joint return or $50 on an individual return may be taken for political contributions to candidates or candidate support committees during any calendar year.

B. A tax credit of one-half of the total contribution up to $25 on a joint return or $12.50 on an individual return may be taken on contributions made during any one calendar year to individual candidates or candidate support committees.

NOTE: CONTRIBUTIONS TO FLAMPAC OR OTHER ORGANIZED POLITICAL ACTION COMMITTEES ARE NOT DEDUCTIBLE. THE DEDUCTION OR TAX CREDIT APPLIES ONLY TO CONTRIBUTIONS MADE TO INDIVIDUAL CANDIDATES OR CANDIDATE SUPPORT COMMITTEES.

This limit is based upon all contributions during any one calendar year and is not per candidate. It is important that a receipt be given for such eligible contributions to be included along with appropriate income tax returns.

V. DELIVERY OF FLAMPAC CHECKS

A. Candidates for Congress or the United States Senate:

1. The check is made out to the individual candidate or candidate support committee. (The choice is up to the candidate.)

2. The check is sent to an M.D., preferably PAC district chairman.

3. The check is personally delivered by a PAC member.

4. The member reports back to the PAC office that the check has been delivered and any pertinent comments.

B. State Legislative Candidates:

1. The check is made out to the individual M.D.

2. The check is endorsed by the individual M.D. and delivered personally to the candidate to be reported by the candidate as a contribution from the individual M.D.

3. A report is made to the PAC office that the check was delivered and any pertinent comments.

3 1 0 1 0 2 3 0 7 0 4

MEMORANDUM

TO: State Pac Treasurers

FROM: William L. Watson, Executive Director,
American Medical Political Action Committee

DATE: June 27, 1972

SUBJECT: Requirements Of The Federal Election Campaign Act of 1971 (P.L. 92-225), as it concerns delivering money to candidates

---

Section 302 (b) of the newly enacted Federal Election Campaign Act of 1971 (P.L. 92-225), provides that "Every person who receives a contribution in excess of $10.00 for a political committee shall, on demand of the treasurer, and in any event within 5 days after receipt of such contribution, render to the treasurer a detailed account thereof, including the amount, the name and address (occupation and the principal place of business, if any) of the person making such contribution, and the date on which received".

Our attorneys have pointed out to us that this provision requires that state pac treasurers notify the candidate's treasurer or deliver money sent by AMPAC to state pacs earmarked for a candidate, within 5 days after receipt of the contribution.

This provision necessitates some changes in the system that we have used thus far for appropriating funds to state pacs for specific candidates.

From this time forward, when AMPAC receives a request from a state pac chairman, this request will be referred to the AMPAC Congressional Review Committee at its next meeting. The state pac chairman will immediately be notified as to what action was taken on the request, but money will not be sent to the state pac until it is requested for delivery. If the original incoming letter specifies the date on which the money should be sent, then we will abide by the wishes of the state pac chairman, if the request is approved. The money that AMPAC does not send until requested at a later date will be specifically earmarked and held aside for the delivery request.

It would be very helpful for administrative purposes if we could be given as much notice as possible, as to when checks should be sent from this office, so that the money will reach the state treasurer for delivery when it is needed.

WLW: tms

cc: State Pac Chairmen
State Pac Executives

AMERICAN | MEDICAL | POLITICAL | ACTION | COMMITTEE

Post Office Box 4449 · Chicago, Illinois 60680 · AREA CODE 312 644-1585 · Offices located at 515 North Dearborn

Directory

OCT 7 1975

Ex. #534

Nov. 15

October 3, 1975

Mr. Charles Murfin
Florida Medical Political
Action Committee
P.O. Box 2371
Jacksonville, Florida 32203

Dear Charlie:

In response to your request for a survey of state political action committees activities regarding their maximum tenure of board members, we have researched this subject from the material we have presently in the AMPAC office.

There are 17 states which have maximum tenure for board members. The average maximum tenure among the 17 states is 7 years. Five states have no maximum in their bylaws. There are 28 states for which we have no current constitution and bylaws.

We hope that this information is adequate. If you have need for further information, please do not hesitate to let me know.

Sincerely,

Linda

Linda Hudson
Administrative Assistant

LH:hc

Ex. #535

FOLLOW-UP COPY

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

John Richardson

Comptroller

October 17, 1975

Charles W. Murfin

FLAMPAC

AMPAC Representative

We need at least two (2) hours in the afternoon of Thursday, October 23, 1975 to discuss the FLAMPAC operations with the AMPAC representative, Mrs. Linda Hudson, from Chicago.

.-/dh

9117130755

Ex. #536

From the desk of

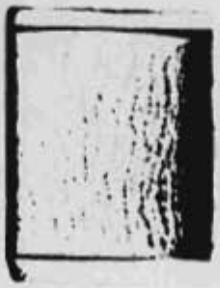
Scotty Fraser
Director, Public Affairs Dept.

(9)

Bob:

Please call me about checking on this problem.

Attachment





FLORIDA MEDICAL ASSOCIATION

[redacted]

3/26/14

Certify —

[redacted]

[redacted]

[redacted]

western union

Telegram

ORA224(1631)(1-034091A025)PD 01/25/74 1530
ICS IPMCCIA EGO
02105 CHICAGO IL 57 01-25 1111A CDT
PMS DONALD S FRASER
KAHLER PLAZA HOTEL
ORLANDO FL

541-3220 Office
JAC 1038 Pickup
WC 5058-3T

SECTION 403 (B) OF U.S. PUBLIC LAW 92-225 PROVIDES:
"NO PROVISION OF STATE LAW SHALL BE CONSTRUED TO PROHIBIT ANY PERSON FROM TAKING ANY ACTION AUTHORIZED BY THIS ACT OR FROM MAKING ANY EXPENDITURE WHICH HE COULD LAWFULLY MAKE UNDER THIS ACT."
IN MY OPINION, THIS SECTION INVALIDATES ANY FLORIDA LAW IMPOSING A DOLLAR LIMIT ON CONTRIBUTIONS TO A CANDIDATE FOR FEDERAL OFFICE AFTER APRIL 7, 1972

JAMES J MCNAMARA
ATTORNEY FOR AMPAC

BF-1201 (R5-68)



THE FLORIDA MEDICAL POLITICAL ACTION COMMITTEE
POST OFFICE BOX 2371
JACKSONVILLE, FLORIDA 32203

March 22, 1974

W. Harold Parham
Executive Vice President
Florida Medical Association
P. O. Box 2411
Jacksonville, Florida 32203

Dear Harold:

At its last Board meeting, the FLAMPAC Board voted to ask the FMA legal counsel to check into the Florida election law with regard to campaign contribution limits. We have been informed by the attorney for AMPAC that the Florida election law with regard to campaign contribution limits on congressional candidates is invalid since the federal election law preempts any state limits on giving to a congressional candidate.

Attached for your information is a section of the federal statutes which speaks to this matter.

I would appreciate it very much if you would have the appropriate counsel review this so that we might be on safe grounds with regard to our activities this summer.

Sincerely yours,

Ed

Edward G. Haskell, Jr., M.D.

Campaign 'Oversights' Admitted By Rep. Gunter

WASHINGTON (UPI) — Rep. Bill Gunter, D-Fla., admitted yesterday there were some "oversights" in his reporting of campaign contributions for the 1972 elections but denied any intent to defraud, deceive or withhold information.

In Tallahassee, state elections chief Dorothy Glisson said the alleged violations probably could not be brought before the state Elections Commission because they occurred before it was authorized by the 1973 legislature.

GUNTER'S COMMENTS referred to reports in the Clearwater Sun that the use of two cars and one apartment were provided to campaign workers for Gunter in his 1972 house race but were not reported as campaign contributions.

The Sun also reported that Gunter received a $5,800 contribution from the Florida Medical Political Action Committee which was improper in light of the campaign financing laws which limit donations by "persons" to $2,000. Gunter denied that this was a violation since the medical committee was a group of persons, not an individual donor.



Rep. Gunter

... no wrong intent

"It was fully disclosed. Doctors generally don't give individually. They contribute to the political action arm and the committee then makes the contributions," he said.

He said he regrets the oversights involving the apartment and the two cars, but added that the law "is toward intent to deceive or withhold information or defraud and that obviously was not the intent of my treasurer, the people who kept the records or myself."

GUNTER SAID it is "almost inevitable that there will be inadvertent errors in any campaign, but they were not intended to withhold information."

He also said that other references to the items in question appear in different places in the campaign reports although they are not specifically designated as "in kind" contributions.

He added that it is important to note "that we're talking about a very small percentage of error. These reports contain hundreds of entries of contributors and expenditures. Only these three items — an apartment and two cars — are pointed up and there's some question about that."

Man Charged With Rape

JACKSONVILLE (AP) — A 19-year-old man was charged with rape yesterday and detectives said he may have raped as many as 15 Jacksonville women in the past year.

Detective Sgt. James Suber said Wendell Keith Slappey was charged in an attack on a housewife early [illegible] Suber said a [illegible]

Shevin Says 'Dirty Tricks' Group Can Face State Charge

was considered to be the weakest rival to Nixon.

Kelly said he hired a girl to run naked in front of Musk[illegible]

1-24-74
Ex. #537

SEP 27 1973

MEMORANDUM

TO: State PAC Chairmen

FROM: W.J."Jack" Lewis, M.D., Chairman, AMPAC

DATE: September 24, 1973

SUBJECT: PAC's and Corporate Contributions

The September, 1973 issue of "The Executive" published by the American Association of Medical Society Executives carries an article entitled "A Little Care" which highlights the problems of contributions to state political action committees and AMPAC from professional corporations. (Copy attached).

This article states that contributions for candidate support made by a corporation are strictly illegal. This is only partially true. Federal law prohibits the use of corporate funds for the support of Federal candidates. Obviously AMPAC cannot accept corporate contributions for its political or hard dollar account.

Some states -- but not all states -- prohibit the use of corporate funds in state and local races. It is important that you be extremely familiar with your own state law to know what is permitted.

AN OUNCE OF PREVENTION

If it is thought that the problem of professional corporations is acute in your state you may want to add the following words to the billing form, whether it is a joint billing or a separate billing: "If you are a professional corporation, it is recommended that state PAC/AMPAC dues be written on a personal check". Some billings use the following phrases: "Send your personal check to: "or "Federal law prohibits acceptance of professional corporation checks" or "For your tax records, it is recommended that state PAC/AMPAC dues be written on a separate check".

SUGGESTED WAYS TO SOLVE THE PROBLEM

If you receive memberships for AMPAC and your state pac on a professional corporation check, and your state law permits corporate contributions to state and local candidates then you may hold these funds in a separate account and use them as political contributions to state candidates.

MORE -

If your state prohibits corporate contributions to state candidates you may want to add these funds to your educational fund. Some state pacs find it necessary to pay for brochures, mailings, or other educational projects from their hard dollar account. These contributions from professional corporations might cover these expenses.

There is one problem that presents itself if either of the above two suggestions are implemented. The individual physician is not a member of AMPAC because AMPAC has not received a hard dollar contribution. Some state pacs make a $10 active membership contribution for each of the physicians who make this type of contribution, from their hard dollar account. Since their hard dollar account is already made up of personal contributions that are not corporate, these funds can be used for AMPAC membership.

WHEN ALL ELSE FAILS

If you have been unsuccessful in preventing receipt of checks from professional corporations and find that you cannot use professional corporation funds for state legislative races or for educational purposes, the amount payable to both the state PAC and AMPAC should be sent back to the contributing corporation with a cover letter asking that this same amount be sent on a personal check. Unfortunately, less than half will respond to this request.

CONCLUSION

To sum up, while it is not legal for corporate contributions to be used in Federal races, there are several alternatives for the use of these funds before the decision is made to return the check to the donor. These alternatives should be carefully considered b[illegible] if they are not applicable to the situation, the money s[illegible]uld be returned.

The content of this memorandum has been approved by AMPAC's Legal Counsel, James McNamara.

WLW:tms

Enclosed

cc: State Medical Association Executives
State PAC Executives

Ex. 4538

FOLLOW-UP COPY

1 2 3 4 5 6 7 8 9 10 11 12

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

November 3, 1976

M E M O R A N D U M

TO: John Thrasher, Esq.

FROM: Judy Klosterman

As you requested on November 2, I enclose the following background information for the Florida Medical Political Action Committee:

1. Copies of all Federal Election Commission reports for 1976
2. Copies of all Secretary of State reports for 1976
3. Organization and Operations for FLAMPAC
4. Letter Agreement between the Florida Medical Association and the Florida Medical Political Action Committee
5. Bylaws of the Florida Medical Political Action Committee
6. List of Board of Directors and Executive Committee of FLAMPAC
7. Copies of all Minutes for 1976 meetings of FLAMPAC
8. "Back the PAC" solicitation. This was the only solicitation for funds known to me which was mailed by FLAMPAC this year.
9. A Manual for Members of Boards of Directors of State Political Action Committees which you may find useful.

FLAMPAC has had no fund-raising event this year.

Last year's FMA dues solicitation which included FLAMPAC/AMPAC is no longer available. These statements were mailed in November or December of 1975 and there are apparently no copies remaining.

3 1 0 1 9 2 3 3 0 1

FOLLOW-UP COPY

AMPAC dues and FLAMPAC dues are jointly received. This money is deposited weekly in the FLAMPAC account with a notation kept in bookkeeping as to the amount designated to FLAMPAC and AMPAC. The individual member amounts are then submitted to Financial Computer Service on a monthly basis. Quarterly, a copy of the computer print-out is sent to AMPAC with a check for funds collected as of that date.

I have requested AMPAC to send me a copy of its Bylaws as I do not have one available in this office.

If you have any further questions regarding this matter, please let me know and I shall be happy to help you.

Jah

Enclosures

8 1 7 1 2 3 1 3 2

3 1 9 4 9 2 3 9 9 5

Ex. #539

W. HAMPTON, M.D. PRESIDENT · GEORGE S. PALMER, M.D. PRESIDENT-ELECT · EUGENE G. FLEX, JR., M.D. VICE-PRESIDENT · FLOYD K. HURT, M.D. SECRETARY-TREASURER
FRANKLIN J. EVANS, M.D. SPEAKER OF HOUSE · SAMUEL M. DAY, M.D. IMMEDIATE PAST PRESIDENT · THAD MOSELEY, M.D. EDITOR

Florida Medical Association, Inc.

POST OFFICE BOX 2411 • TELEPHONE 356-1571 • 735 RIVERSIDE AVENUE • JACKSONVILLE, FLORIDA 32203

W. HAROLD PARHAM, EXECUTIVE DIRECTOR

December 7, 1965

MEMORANDUM

TO: Presidents and Secretaries, Component County Medical Societies

FROM: Floyd K. Hurt, M.D., Secretary-Treasurer

SUBJECT: Suggested Medical Society Billing of Joint AMPAC-FLAMPAC Dues

At a recent meeting in Chicago of State Medical Societies which meeting was attended by representative of attorneys for our Association, the matter of inclusion of a voluntary contribution (non-tax deductible) for a political action committee such as FLAMPAC on the statement of a county or state medical society for annual dues was discussed. Experience over the past several years in other states such as Pennsylvania has shown that the response from physicians more than doubled when this method of billing is used, rather than the inclusion of a separate statement of FLAMPAC dues in the same envelope. It was stated that approximately 30 states will be using a recommended form such as is enclosed or a similar one for 1966, either at the state or county level or both. We enclose the suggested form which you will observe includes in the total to be remitted the AMPAC and FLAMPAC contributions.

In our opinion, no ruling by the United States Treasury or any provision of a Federal or Florida law directly prohibits the adoption of this method of billing in Florida, provided, the exact amount of money billed and received for FLAMPAC is forwarded to the FLAMPAC Secretary-Treasurer with a bill to FLAMPAC for a proportionate part of the Society's or Association's costs of printing, postage and handling of the collection. A reimbursement formula of 1% of FLAMPAC dues collected, which is the formula being used in Ohio, is a simpler alternate method for billing FLAMPAC for such a service in seeking to avoid prejudicing your tax-exempt status.

Another alternative form for reimbursement is to offer the exact cost of a Society's or the Association's cost as a contribution to a political education fund of FLAMPAC. Of course, accurate records of such a contribution should be shown on the Society's or the Association's records.

P.S. This directive supercedes prior information and has the approval of the attorney for the Association.

COUNCIL CHAIRMEN

JESSE W. CASTLEBERRY, M.D. ALLIED PROFESSIONS AND VOCATIONS · JOHN J. CHELEDIN, M.D. JUDICIAL COUNCIL · JOSEPH C. VON THRON, M.D. LEGISLATION AND PUBLIC AGENCIES · JACK A. MACRIS, M.D. MEDICAL ECONOMICS · HUGH A. CARITHERS, M.D. MEDICAL EDUCATION AND HOSPITALS
IRVING E. HALL, JR., M.D. MEDICAL SERVICES · RICHARD C. DEVER, M.D. SCIENTIFIC · DUNCAN F. McEWAN, M.D. SPECIAL ACTIVITIES · EDWARD W. CULLIPHER, M.D. SPECIALTY MEDICINE · MASON ROMAINE III, M.D. VOLUNTARY HEALTH AGENCIES

81040 37317

LAW OFFICES

MARKS, GRAY, YATES, CONROY & GIBBS

SAM R. MARKS
HARRIS T. GRAY
FRANCIS H. CONROY
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FRANCIS B. BULL
LEON W. ALEXANDER
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W. FRANKLIN TERRITT, JR.
JOHN F. TREXELL
BRUCE S. BULLOCK

F. C. HILLYER

AREA CODE 904
TELEPHONE ELGIN 5-8881
CABLE ADDRESS "MARKS"
FIRST BANK & TRUST BUILDING
233 EAST FORSYTH STREET
POST OFFICE BOX 447
JACKSONVILLE, FLORIDA
32201

November 29, 1965

Mr. Harold Parham
Florida Medical Association
P. O. Box 2411
Jacksonville, Florida

Dear Mr. Parham:

Enclosed find copy of letter from Edwin F. Smith as well as the enclosures, suggested form of letter to County Medical Societies and suggested form of billing. We have taken no official action on this suggestion yet, except to phone you to inquire the attitude of the Florida Medical Association. In our opinion, having attended the AMPAC meeting in Chicago, the information there divulged by attorneys and representatives of organizations in Pennsylvania and other states, the Treasury, has not criticized the suggested procedure: Bills by County Societies for both AMPAC and FLAMPAC contributions. You will recall a suggestion came from the Duval County Medical Society that we express an opinion on procedures because of information it had from its tax accountants or possibly from an Internal Revenue Agent.

Although we do not wish to suggest anything that would imperil the exemptions of the State Association or any County Society, we conclude that in the light of the procedures now in practice in other States, a County Society may use the suggested type of billing until some direct criticism is made by the United States Government through its Revenue Agents or otherwise.

If the procedure is criticized, it then should be promptly discontinued; and if component societies as well as your Association should handle any voluntary contributions in the manner suggested at the Chicago meeting - then separate accounting and a charge for administrative expenses should be used. We have re-written the

letter suggested by AMPAC for your use should the Society through its appropriate officers approve. As the billing of dues is no doubt in progress or soon will be, you should give such prompt consideration to our suggestions as you think are needed. Telephone if you need further information. If you wish to revise the letter, do not hesitate to suggest changes.

Very sincerely yours,

MARKS, GRAY, YATES, CONROY & GIBBS

Harry T. Gray

HTG/nc

cc: Edwin F. Smith, Esq.
Field Representative
AMPAC

SLIDE 1

Suggested medical society billing to include joint AMPAC-State PAC dues.

ANNUAL DUES FOR 1983 JANUARY 1, 1983

American Medical Association	45.00
The Utopia Medical Society	75.00
AMPAC and UTPAC	20.00*
Main County Medical Society	20.00
	$160.00

MAKE CHECK PAYABLE TO THE MEDICAL SOCIETY

Walter Williams, M.D.
1234 Main Street
Townville, Utopia

*PAYMENT OF IN SE VOLUNTARY MEMBERSHIP DUES SUBJECT TO MEDICAL POLITICAL ACTION AND THEREFORE IS NOT REQUEST-ED ON FEDERAL INCOME TAX RETURN.

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WITNESS	DIRECT
Dr. John William Gletfelty	
by Miss Prepper	7

- - -

EXHIBITS

NUMBER	FOR IDENTIFICATION
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Petitioner's Exhibit No. 2	26
Petitioner's Exhibit No. 3	28
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Petitioner's Exhibit No. 5	44
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EXHIBITS (continued)

NUMBER	FOR IDENTIFICATION
Petitioner's Exhibit No. 12	71
Petitioner's Exhibit No. 13	73
Petitioner's Exhibit No. 14	80
Petitioner's Exhibit No. 15	81

- - -

UNITED STATES DISTRICT COURT,
FOR THE NORTHERN DISTRICT OF
FLORIDA, TALLAHASSEE DIVISION.

FEDERAL ELECTION COMMISSION,

Petitioner,

-vs-

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE (FLAMPAC), et al.,

Respondents.

TCA 78-0702

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

Deposition of DR. JOHN WILLIAM GLOTFELTY, taken on behalf of the petitioner herein, pursuant to Notice of Taking Deposition, at 801 Riverside Avenue, Jacksonville, Duval County, Florida, on Thursday, May 11, 1978, at 2:00 o'clock p.m., before Juli Coleman, a Notary Public in and for the State of Florida at Large.

- - -

APPEARANCES:

DAVID R. SPIEGAL, Esquire,

-and-

SUSAN PROPPER,

1325 K Street NW
Washington D.C., 20463,

attorneys for petitioner.

JOHN E. MATHEWS, JR., Esquire,

-and-

FLOYD L. MATTHEWS, JR., Esquire,

of the law firm of Mathews, Osborne, Ehrlich, McNatt, Gobelman & Cobb
1500 American Heritage Life Building
Jacksonville, Florida 32202,

-and-

JOHN E. THRASHER, Esquire,

House Counsel
Florida Medical Association
801 Riverside Avenue
Jacksonville, Florida 32202,

attorneys for respondent.

APPEARANCES (continued):

JOHN LEWIS SMITH, III, Esquire,

of the law firm of Baker, Hostetler, Prost & Towers
818 Connecticut Avenue NW
Washington D.C. 20006,

-and-

DONALD WILCOX, Esquire,

536 North State Street
Chicago, Illinois 60610,

attorneys for AMPAC.

ALSO PRESENT:

W. HAROLD PANHAM, M.D.,

Executive Vice President
Florida Medical Association.

ELIZABETH HUBER.

- - -

STIPULATIONS

It was stipulated and agreed by and between counsel for the respective parties, and by the witness, that the reading and signing of the deposition by the witness be waived; that formal notice of filing of the deposition be waived.

- - -

DR. JOHN WILLIAM GLOTFELTY,

having been produced and first duly sworn as a witness on behalf of the petitioner, testified as follows:

DIRECT EXAMINATION

BY MISS PROPPER:

Q Doctor, what is your business address?

A 1247 Lakeland Hills Boulevard, Lakeland, Florida.

Q How long have you been a medical doctor?

A I graduated from medical school in 1953.

Q Have you practiced only in the State of Florida?

A I have not.

Q What other states have you practiced in?

A As private practice?

Q Yes.

A No other states as private practice.

Q Are you a member of the Florida Medical Association?

A Yes, I am.

Q How long have you been a member?

A I believe 1961. I came to Florida August 1961 and application was made. I don't know whether it was that year or the following year the membership was granted.

Q Have you been a member of the medical association of any other states?

A No.

Q Are you a member of the American Medical Association?

A Yes, I am.

Q When did you first join the American Medical Association?

A Probably in the '50s while I was in the government service.

Q You are also a member of the county medical society?

A In the county which I live.

Q Which county is that, please?

A Oak.

Q When did you join that medical society?

A I made application the year I came, from the time I came to Lakeland, Florida, August 1961, but I'm not sure when the membership was granted. There's a lag time.

Q Have you held any offices in the Florida Medical Association?

A Elected office?

Q Yes.

A No.

Q Have you been a member of any committees of the Florida Medical Association?

A Such as?

Q The Committee on National Legislation. I'm really not entirely familiar with the full range of committees, but of that organization.

A I've served in some of the House of Delegates committees, reference committees and things like this, but I can't think of any FMA committee. I've been a house delegate representative from our county.

Many of these things are county related, not state related.

Q I understand.

How long have you been a delegate from the county?

A About 14 years, but some of that time I was an alternate if the regular delegate could not go, that I substituted in, so I don't know the exact year.

Q Are you elected to that position by members of the county society?

A That is correct.

Q Have you ever held any office in the American Medical Association?

A No.

Q Have you held any other office in the local society apart from being a delegate to the AMA?

A Yes.

Q What was that?

A I was president of the county society. I'm guessing probably '72 or '73. I'm not sure of the year. I've been on the Executive Committee in that I was bulletin editor for several years.

Now, I may have been on the Insurance Review Committees, but being on the executive committee for that many years, I really don't remember,

except possibly maybe one insurance review committee.

Q When did you say that you became a member of the executive committee?

A Probably about '65 or '66, because I was bulletin editor for our county, and as such I was a member of the executive committee.

Q What does that mean, "bulletin editor"?

A We have a little medical bulletin that we publish with our minutes and pictures and things like that.

Q Like a newsletter?

A Yes, except it's folded and printed.

Q As a member of the executive committee of the county society, what sort of responsibilities did you have?

A I was bulletin editor.

Q That was it?

A That was it.

Q As a member of the -- or as a delegate to the House of Delegates at the Florida Medical Association, can you describe what sort of responsibilities you had there.

A I represented my county.

Q You are a member of the Florida Medical

Political Action Committee?

A I am.

Q How long have you been a member of that?

A I don't know.

Q Can you approximate?

A No. I think the record would have it, but I truthfully do not remember. I presume it was a year or two after I came.

Q And you are also a member of AMPAC, the American Medical Political Action Committee?

A Committee, no. Well, yes, I guess it would be the committee. In other words, I'm a member of FLAMPAC and AMPAC, but I have no official committee duties or anything like this.

Q How long have you been a member of AMPAC?

A I think I joined AMPAC the same time I joined FLAMPAC.

Q Do you recall whether joining FLAMPAC conferred membership in AMPAC?

A No, it does not.

Q Have you held any office in AMPAC?

A I have not.

Q Have you held any office in FLAMPAC?

A Yes.

Q What was the earlier date on which you held office?

A I'm sorry. I don't know those dates, because we have -- we're divided into congressional districts in Florida, as you are in other states, and for a while I was the district representative from Polk County from our district.

I don't remember those dates. Then I was later vice president and president of FLAMPAC.

Q When you were a district representative, were you selected by the county society to take that position?

A There are several counties in our area. As you know, the federal government and the redistricting are sort of loused up, so you cross county lines. And our district happened to be a very long, narrow district, so that two or three people -- or one or two people have each partial county represented and would nominate a person to this district. Then out of those nominated, one would be selected.

So some years I was a representative, some years I was an alternate representative, and some years I was not a representative, because somebody in another county had the job.

It's a purely local selection type of thing.

Q Who makes the final selection?

A The county medical societies.

Q They get together?

A Well, no, they don't get together. They vote, and we happen to be from a larger county. Sarasota was part of it for a while, Manatee, so it's sort of a mixed up thing as to who really represents, who has the most members, and so forth.

Q As a district representative, what were your responsibilities?

MR. MATTHEWS: I am going to object to this unless we can establish some sort of time frame as being irrelevant and immaterial.

BY MISS PROPPER:

Q Were you a district representative in 1972?

A I'm sorry. As I told you, I do not remember dates. I was not requested to bring these. One year I would be the representative and another year I would be the alternate to him, because I lived in this county and somebody else from Sarasota might be the representative of the district.

It's not a fast, hard rule that that's who

we were.

Q What was the next office that you held?

A I think it was vice president. And again, I don't remember. I think I served two years as vice president.

Q And was that fairly recently, would you say?

A Yes, because I was president last year, and I believe it was the two years prior to that.

Q So we would be talking about 1974, 1975 when you were vice president?

A I believe so.

Q How were you selected to be vice president?

A By the representatives, the district representatives of the FLAMPAC of Florida.

Q What were your responsibilities as vice president?

A Basically to take over in case the president was not there, and then we had to do with membership of physicians in Florida to FLAMPAC.

Q Then you say you were president last year?

A That is correct.

Q You were selected in the same manner?

A Yes.

Q As for vice president?

A Yes.

Q What were your responsibilities as president?

A Mainly to conduct the meetings.

Q Were you a member of any committees? FLAMPAC committees I am referring to.

A As president I don't think. I don't believe so. It was a separate thing, because we would appoint committees, but I don't remember that I was specifically an assigned member in that role.

Q But you did have the power to appoint people to committees?

A Yes.

Q Prior to the time that you were president, were you ever on committees?

A As I said, the vice president in charge of membership, and we did have a membership committee, and actually I would be in charge of it. But I really don't even remember who was on that committee with me.

Q And that is the only one that you can recall?

A I don't remember any other ones.

Q Have you ever been on the Candidate Selection Committee?

A For what?

Q For FLAMPAC.

A I am now as past president.

Q You are chairman of that committee; is that correct?

A Yes.

Q Are you a member of a county selection committee for Polk County?

A Now, you have to be careful here, because, see, we do a lot of things outside of FLAMPAC, and several of the Senators and house members are personal friends of mine.

I've been on candidate selection committees for them, which have nothing whatsoever to do with medicine.

So yes, I have been on candidate selection committees that are totally unrelated to any medical activities.

Q You are referring now to a group of local physicians?

A No, a group of local people. See, you're asking me a bread question now.

Q Well, I was referring to the Polk County Medical Society.

A I may have been on one committee many years ago, on a special committee for them, but not in the recent past.

Q Does Polk County Medical Society have a candidate selection committee?

A They have been asked to set one up by the executive committee. I'm not sure they have ever really done so.

Q By FLAMPAC?

A No, not FLAMPAC. We're local. We're a county society. We have part of Hillsborough County in with us. We cross border lines. It's a very bad situation the government has created for us, but we have representatives who do not answer for us, but we have to vote for them. It's called misrepresentation.

Q Are you a member of any other medically-related PACs?

MR. MATTHEWS: For the record, let me object to the question as being outside the scope of this examination.

MISS PROPPER: Are you instructing the

witness not to answer?

MR. MATTHEWS: Not for the time being. He can answer that question.

THE WITNESS: I am an ophthalmologist. We have a great interest in certain legislators being elected or defeated, but we do not have a formal board or committee or group. As such, I have contributed to that group, but I have not been in on any selection of where that money goes.

BY MISS PROPPER:

Q Does that refer only to state candidates then?

A Yes, Florida.

Q Most recently how did you renew your membership in these organizations apart from the ophthalmology organization that we have discussed?

A My secretary sent a check.

Q To your knowledge, did she receive a bill for these memberships?

A I think our county billed for everything on one statement this year. In the past it frequently has been separated. So I think all of our organization, women's auxiliary that my wife belongs to, our

county medical society, our state medical society, the AMA.

Q FLAMPAC?

A No, that's separate. Sometimes this is a separate thing. Voluntarily is on the bottom. If you wish to join, include this. And I think that she included this this year.

But our county has oscillated whether this is on the bill or not.

Q You are referring now --

A Polk County.

Q You are referring to the presence of FLAMPAC?

A I'm not sure. I'm not sure it was on this year. I haven't gotten the button, so it may not have been.

Q In those years that FLAMPAC was not on the bill from the county society, can you tell me --

A Our county would send out a separate bill.

Q So it would still be the county doing it, but it was two bills?

A The county sent it out, but sometimes some of the people objected to having more things listed that was voluntary, and the women's auxiliary bill

was left off several times, and we would get one for everything one year, one year we'd get one that would have AMPAC, FLAMPAC, one year we'd get one that would have the women's auxiliary on it. The next year we would have three separate bills.

MR. MATTHEWS: I am going to object again to the question as being irrelevant, unless we can put some sort of time period on it. As far as the billing goes, obviously they had some sort of different policy every time.

BY MISS PROPPER:

Q This year, to the best of your knowledge, your secretary sent one check?

A I have no knowledge. I just suddenly realized I'm not sure. And I'm not sure I'm a member this year, because I didn't think to check as to whether -- I don't even know whether it was on the bill this year or not. So theoretically I may not be a member yet.

I'll check when I get back tomorrow.

Q Within the period from 1972 to the present, the period to which my questions refer, have you been able to join the Florida Medical Association and not the American Medical Association?

MR. MATTHEWS: I am going to object to the time period beyond November 22nd, 1977. I don't have any objection to the time period stated up until November 22nd, 1977, which is the date on the subpoena and which were issued by the Federal Election Commission.

MISS PROPFER: I would state for the record that that is not the position of the Commission, that we feel that our questions can rightfully go up through the present time.

But for now that's --

THE WITNESS: Restate the question, please, because I don't think I understood what you're asking.

BY MISS PROPFER:

Q During the period from 1972 on through, for Mr. Matthews' purposes, November 1977, have you been able to join the Florida Medical Association and not the American Medical Association?

A I have no idea. I've no desire to do that. Now, prior to that I did belong to the American Medical Association separately.

MR. MATTHEWS: Just confine your answers to the time period she stated.

BY MISS PROPPER:

Q Have you been able to join the Florida Medical Political Action Committee and not AMPAC during that period?

A I haven't had any desire to do that.

Q However, regardless of how many bills you are receiving, have FLAMPAC and AMPAC memberships been renewed as a single entity?

A Not always.

Q Are you familiar at all with the formal arrangements for dues solicitation? By that I mean --

A Solicitation of what?

Q Soliciation of memberships, of membership contributions.

A For Polk County I am.

Q Can you tell me how Polk County has agreed to do the billings for these various organizations.

A I think I've already answered that. If you'll read back, I believe it's already in the answer.

Q I am not sure. What I'm getting at is whether there is some sort of formal agreement, a written agreement.

A I think I've already answered that. One

year the county will vote on the bill, one year they will send the women's auxiliary and the FLAMPAC-AMPAC separately, one year the women's will be on, and one year the executive committee determines what will be included on the bill, whether it will go as one bill, two bills or three bills, and I don't know what it was this year.

Q Doctor, at the risk of belaboring the point, what I'm -- perhaps you don't understand what I am saying.

A I must not, because I thought I was answering your question. So would you please try and reword it so I can be more intelligent.

Q Sure. What I mean is does Polk County Medical Society have, to your knowledge, any sort of written agreement with the Florida Medical Association, with the American Medical Association?

A I think my answer is very obvious. Our county decides each year how the billing will be done. One year it will not be on the bill, one year it may be on the bill. So obviously there can be no agreement.

Q Does the county society receive any sort of remuneration to help defray the expenses of

billing?

A Not to my knowledge.

Q Has that always been the case?

A I have no knowledge of any payment for it.

Q Doctor, I have here a letter directed to you from Charles Murfin, executive director of FLAMPAC, dated September 10, 1975. I would like this marked for identification as Petitioner's Exhibit No. 1.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 1 for Identification.)

BY MISS PROPPER:

Q The letter concerns a 1 percent collection fee to be paid to the county medical societies, and I am wondering whether you have any knowledge concerning the payment by FLAMPAC to any of the counties.

A I do not. I'm sorry. I don't even remember this.

Q I have a second document here, which is a memorandum to State PAC chairmen, State PAC treasurers, and State PAC executives from William Watson of AMPAC dated October 27th, 1976 regarding AMPAC and State PAC membership contributions solicited jointly (handing document to witness).

I would have this marked for identification as Petitioner's Exhibit No. 2.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 2 for Identification.)

THE WITNESS: That's what I'm trying to see, if anything brings my memory back. I don't remember. I don't remember, but I really don't see the importance of it.

MR. MATTHEWS: Did you hear her question, Doctor?

BY MISS PROPPER:

Q Are you familiar with this or similar communications from AMPAC?

A I don't remember. I don't remember.

Q Do you recall any communications from AMPAC concerning joint billing policies?

A I remember one time that we had sent a corporation check, since we're incorporated, and it was sent back, that it had to be individual checks. That's the only thing I remember, to my office.

Q Do you recall approximately when that might have been?

A I'm sorry. I do not. We've been incorporated about six years, so it would have to be

sometime in that period.

Q And who was it sent back by? by the county?

A Yes. I believe it was our county sent it back. It was a corporate check, and this may have been about this time that corporations could not contribute. It had to be an individual basis.

Q Do you recall whether this was -- did you receive some sort of explanatory letter when you got your --

A I just don't remember. I remember something, the girls coming in and saying we had to redo the check, that it had to be redone, because they could not take corporate funds.

Q "They" being AMPAC?

A FLAMPAC, AMPAC, so that we had to put a personal check in. That's why I'm not sure I paid this year's, because I don't remember her coming in and getting a separate check.

Q To the best of your knowledge, sir, does FLAMPAC seek guidance from AMPAC on billing methods?

A I have never, to my knowledge, received any guidance actually from FLAMPAC or AMPAC either, because we do it on the county basis.

Q I have here the minutes of the FLAMPAC

board of directors meeting held on May 6th, 1977, which has been marked for identification as Petitioner's Exhibit No. 3.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 3 for Identification.)

BY MISS PROPPER:

Q I would note for the record that you were present as president (handing document to witness).

A (Examining document) President, yes.

Q On page 2 of that document, the last paragraph, there is a reference to a special award to be given at the AMA annual meeting for states who could obtain the membership of certain medical association officers as sustaining PAC members.

Do you recall that?

A Yes.

Q Could you tell me --

A Would you enlarge that, please. It's not state office. It's just delegates, and so forth, to the AMA, so you're rather inclusive in your statement.

Q What kind of award was this?

A A piece of paper, I believe, in a picture frame.

Q FLAMPAC did receive this award?

A Yes.

Q Are such awards regularly given by the AMA?

A It was not given by AMA.

MR. MATTHEWS: I am going to object unless he knows in his capacity as an officer of FLAMPAC.

MISS PROPPER: I am asking him in that capacity.

MR. MATTHEWS: I wanted him to be aware of that.

THE WITNESS: I think it was given out by AMPAC, not AMA.

BY MISS PROPPER:

Q Is this a typographical error?

A I think so, because I think AMPAC gave this award, so that probably is an error in the typing. It was just presented at that time, because that's the time we would be there.

Q You are referring now at the time of an AMA meeting?

A That's right. It was at that meeting. In other words, this is when the people would be in one place. Most of the time, I believe, they're mailed.

Q Does AMPAC regularly give such awards?

A As this? I believe this was the first time this has ever been done. To my knowledge, this is the one and only.

Q Are you familiar with the manner in which funds are transferred once they're received by the county society, how they are transferred to the Florida Medical Association?

A I am not, except for the illustration I gave you that one check was sent back to us, that it could not be transferred.

Q I have here what was before it was copied a binder which appears to have been presented to those attending the November 15, 1975 FLAMPAC board of directors meeting. I have had it marked for identification as Petitioner's Exhibit No. 4.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 4 for Identification.)

BY MISS PROFFER:

Q Perhaps I can help you find it. There are minutes of previous meetings. I would like to direct your attention to the minutes of the FLAMPAC executive committee held on September 27, 1975. I would note that you were present at that meeting.

On the second page of the minutes there is

discussion under the words: "The executive committee moved to insure that FLAMPAC funds be kept in a separate bank account from FMA funds."

Do you recall that discussion?

A Where are you now?

Q I am on the third paragraph.

A I was at that meeting. I really don't remember this discussion, but ask me more. Maybe what you're after, maybe I can get to it.

Q Are you familiar with the current practice, whether --

A No, I'm not familiar with the practice prior or separately, but as I recall, this was to make positive that there would no way be any possibility of anybody from the federal or state government ever misinterpreting that the funds were not separate, and this was merely our method of telling the FMA: Please make sure that there's no possibility of misrepresentation, so some day we might have to sit across the table and explain how the funds might be mixed up.

Q Are you aware of any occasion on which funds were?

A I have no knowledge. This was just merely

requesting to them to make darn sure it isn't.

Q Doctor, you are a member of the board of directors of FLAMPAC?

A I am, as immediate past president.

Q How often does the board meet?

A Somewhere between two and four times per year. Usually at the same time as other meetings.

Q For example, what other meetings?

A Wherever all of us may be together, so we don't have to take our time and money -- because all of this comes out of our own pocket.

Q Are the meetings always in person?

A No, we try and save money and have some by phone. We don't have unlimited funds.

Q Who attends the meetings apart from members of the board, or perhaps I should ask you preliminarily: Do outsiders --

A Wait a minute. What do you mean by "outsiders"?

Q Anyone who is not a member of the board.

A Any doctor is free to come.

Q Do staff people from FLAMPAC attend meetings?

A Yes, sometimes their wives have gone.

Q Do you ever have personnel from AMPAC attend meetings?

A There was one in Orlando where we had one that secured the speaker for us.

Q Do you recall who that was?

A A great big, tall fellow. I don't remember his name. I have to look up to him. I can't think of his name.

Q Do you have --

A Pete something. I have to look up to him. I can't think of his last name.

Q If I may attempt to refresh your recollection, would it be Pete Lauer?

A Yes. I get tired of looking up to him. I'm going to buy me high-heeled shoes.

Q Do you have personnel from the American Medical Association attending on occasion?

MR. MATTHEWS: I am going to object unless you can describe what you mean by "personnel."

BY MISS PROPPER:

Q Staff people, officers of the AMA.

A Jerry Annis, our local Polk County doctor, had been a member of the directors, and he has attended some of the members when they came by. He

is our own Polk County person.

Q And the Florida Medical Association?

A Members now? Again you have lost me about what you're asking now.

Q I am asking whether officers of the PMA are staff persons.

A We have a staff person who helps us take notes and things, and they have been there. I don't remember any time that a separate officer has been there unless we've had a question or something.

Q So then it would be by invitation?

A No, it's open to any member. It's announced, and so any doctor or wife who wants to come is welcome to come. And the wives frequently do.

Q What is the function of the board?

A I believe you have a copy of our bylaws there; don't you?

Q Yes, I do.

A It's listed in there better than I can describe it.

Q Are minutes kept of all meetings?

A I presume so, but that's not in my realm, because I'm not the secretary.

Q I am reading now from the bylaws of the Federal Medical Political Action Committee.

MR. MATTHEWS: Do we have a date on that?

MISS PROPPER: It is the copy that we have received in response. This is the first page (handing document to counsel).

BY MISS PROPPER:

Q Preliminarily, Doctor, are these bylaws still in effect, to the best of your knowledge? Have you read the bylaws?

A I haven't read them in a while. I'm sorry. I'm no longer president, and when I was president, I would take a copy with me in case there was any question.

Q So you are familiar with them?

A I have not read them or looked at them since January of '77, so I know what they look like, but you'll have to read any passage if you want my opinion. I'm sorry.

Q I will. To the best of your knowledge, have they been changed recently, recently being since May 5th, 1972?

MR. MATTHEWS: My only objection is to confine it to the time periods that were

previously stated as far as amending any of the bylaws or whether he's aware of any amendments to the bylaws.

MISS PROPPER: Well, you are talking about the period through --

MR. MATTHEWS: November 22nd, 1977.

BY MISS PROPPER:

Q Are you aware of any changes during that period?

A No.

Q Reading to you now from Article V of the bylaws, Section 1, which states the functions of the board of directors. It says that they shall have general supervision and control over the affairs and funds of the committee and shall establish and carry out all policies and activities of the committee.

I am wondering if you could tell me what that would include.

A I think it's quite specific there.

Q Does it include disbursement of contributions to candidates?

A They would not make the disbursement. They might suggest or recommend. The secretary or the treasurer would write the check and make the

disbursement through the district person.

Q It includes recommendations regarding candidate support?

A It might. Wait a minute. What were the last few words?

Q Candidate support.

A I'd say yes.

Q Does the board of directors have the final word on that?

A Yes, to my knowledge.

Q Is that always true?

A I can't answer always.

Q You are also a member of the Executive Committee.

A Yes.

Q How often does that meet?

A We try to meet the same time as the board does to save money and travel.

Q Do you on occasion have telephone conferences?

A Yes.

(Dr. Parham entered the hearing room.)

BY MISS PROPPER:

Q Do you have such outsiders as I have

referred to in our discussion about the board of directors attending executive committee meetings?

A Sometimes the meetings are held together, and anybody is welcome to sit in who is a member of the Florida PAC.

MISS PROPPER: I would just like to note for the record that Dr. Parham has entered the room.

BY MISS PROPPER:

Q Reading again from the bylaws, Article VI regarding the executive committee. It states that executive committee shall consider matters referred to it by the board and shall report its findings and recommendations to the board. It shall be responsible for studying the needs and requirements of FLAMPAC and shall engage in long-range planning and shall also serve as a finance committee.

Does the executive committee have -- does this description include responsibilities for candidate support decisions?

A I believe this includes the budget that was made over the phone answering things like this, the action of the board itself, functions, dinners, telephone conversations, that type of finance.

Q Are you excluding candidate decisions then?

A I think so pretty much at this time. From what you read now. I'm referring to what you said.

Q I am asking you on a more general level.

A No, I can't answer on a more general level. Specifically my knowledge -- when we're discussing anything, it's been for the finances of our functioning group.

Q Is there a primary group of FLAMPAC members apart from the board of directors that is responsible for candidate support decisions?

A Please give me an example.

Q Is there a Candidate Evaluation Committee?

A I answered before. In Polk County we have several.

Q I am talking about FLAMPAC.

A Not to my knowledge.

Q Can you tell me what group of FLAMPAC would serve that function.

A You said a separate group. The board -- that you've already read and explained.

Q And they're the only ones?

A Yes.

Q That is what I am trying to discover.

Are agendas prepared for the board of directors in executive committee meetings?

A Sometimes.

Q Are reports presented at these meetings?

A Sometimes.

Q Have you ever received copies of reports at a meeting or prior to a meeting?

A Yes.

Q At a meeting, or are they sometimes --

A Are we talking about outside the door, inside the door, laying on the table or passed out? Please specify one of the above.

Q I think what you said will suffice.

Have you ever received other sorts of briefing materials?

A By "briefing" what do you mean?

Q Materials relating to subjects of discussion at these meetings.

A I think obviously you presented some earlier today, first and second exhibits.

Q Do you have any idea who would prepare these materials?

A If it's a report from the treasurer, the treasurer would. If it was a membership report, the

vice president would.

Q Does the FLAMPAC staff assist in this at all?

A I'm sure they do whatever we ask them.

Q Have you made any sort of presentations of reports of meetings?

A Quite obvious. You had the minutes and presented them to me. It's redundant. I'm sorry.

Q Are you aware of any written reports which summarize AMPAC and FLAMPAC contributions?

MR. MATTHEWS: I am going to object as being vague and ask you to reword that, if you would, please.

BY MISS PROPPER:

Q Are you aware of any reports which have been submitted to you in connection with a member which has related to candidates, which has --

A Please -- I hear you, but I'm not sure what you're saying. I'm sorry.

Q Let me give you an example. Would you receive materials which evaluated a candidate?

A State or national?

Q Federal office.

A I don't ever remember any for federal.

Q Do you recall any reports which have outlined the kinds of contributions or the specific contributions made by FLAMPAC in the course of a given period of time?

A FLAMPAC we're speaking of?

Q Yes.

A State?

Q Yes -- no.

A Wait a minute now. We're talking about state?

Q We are talking about state contributions or state organization. That's why I said yes.

A You tell me what question you want to ask me.

Q I can only refer to federal candidates.

MR. MATTHEWS: I am going to object unless you specify who you're talking about FLAMPAC is making contributions to. I'm totally lost at what you're driving at now.

BY MISS PROPPER:

Q I am asking if there are any reports in which a listing is made of contributions.

A That have been made?

MR. MATTHEWS: To whom?

THE WITNESS: To whom?

BY MISS PROPPER:

Q To federal counties.

A From where?

Q From FLAMPAC and AMPAC.

A What candidates?

Q Candidates for federal office.

A From Florida or from where?

Q Yes. Whatever contributions the Florida Medical Political Action Committee may have made.

A I said contributions to candidates from Florida, period. Our representatives and our senators. Not you all's.

Q Has the same been done regarding AMPAC contributions?

A I have not seen that.

MR. MATTHEWS: I am going to object to that and request the witness not to answer that.

BY MISS PROPPER:

Q I have here the minutes of the board of directors meeting of FLAMPAC, which occurred on November 15th, 1975. I would like to have this marked for identification as Petitioner's Exhibit No. 5.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 5 for Identification.)

BY MISS PROPPER:

Q I would note, Doctor, that you were present as vice president.

On page 5, item 6, I believe -- it would be the last paragraph on the page there. There is a statement that future meetings of the FLAMPAC board should be scheduled jointly with the Florida Medical Association Committee on National Legislation.

Do you recall that discussion?

A Yes.

Q Has this been done?

A Not to my knowledge. This was done because of the money and travel and trying to have the meetings at the same time and the same place. Since this meeting was at the Host Inn, I believe, at Tampa, and we had rather lousy attendance, and we were trying to save money, conserve energy and combine meetings as much as possible. To my knowledge, it has never been accomplished.

Q Was that decision perhaps based on a number of the FLAMPAC board being members of the national legislation?

A Money and time.

Q Are you familiar with the National Legislation Committee?

A I do not know who is on it.

Q Are you familiar with its --

A I know one theoretically exists, but I'm sorry, I do not know the members of it.

Q Are you aware of any aid that committee might give to FLAMPAC in helping FLAMPAC make candidate choices?

A They might have, but I don't believe we meet together. So potentially it would be nice.

Q You are not aware of any reports perhaps that they might have sent?

A I have never seen one, to my knowledge.

Q Where do candidate recommendations originate?

A I've already answered that. Polk County, Sarasota County, Duval County.

Q What I am referring to is who might make a recommendation to the board.

A I might. Any doctor in that county who feels so inclined. The man that he knows is a good candidate can make a recommendation for support.

Q Are these recommendations always made to the board?

A I can't answer that. They should be, but sometimes they don't go anywhere. They do not have the viable candidates, and they do not go anywhere.

Q Are these recommendations written, or are they oral?

A They're supposed to be written.

Q Does that in fact happen?

A The ones I have seen have been written. But those are ones I have handled, now, not other people.

Q Are you familiar with the process by which a decision is made to support a particular candidate?

A Roughly.

Q Who would be the person to investigate a candidate?

A The county, the group from the county has to request, and then justify this candidate would be deserving of support, and then he would take it to his district or assistant chairman who would be a member of the board where it would be presented.

Q The district representative then?

A Of the congressional district, which is

varied, I believe, during this time from redistricting.

Q How is a dollar amount set?

A I guess one thing is how much money is available and how many candidates there are that may be decided deserve it. You can't give more than you have.

Q Do they vote by majority?

MR. SMITH: Who is "they"?

MISS PROPPER: I am presuming that this doctor is referring to the board making these decisions.

BY MISS PROPPER:

Q Am I correct?

A Not quite. Because, see, there may be three groups supporting three different candidates from the same county all making requests.

Q Right, and the board, you have said --

A The board would then make that decision.

Q And does the board vote by majority?

A Yes.

Q And does the board also make decisions regarding AMPAC contributions?

A Not to my knowledge. Never heard of it.

Q Does the board ever make requests to AMPAC?

A Can you use another word?

Q Could you supply one?

A Suggestions?

Q Does the board make suggestions to AMPAC?

A Yes.

Q Can you tell me who the suggestions are made to?

A I cannot. I have not forwarded any myself.

Q Are you familiar at all with the manner in which these suggestions are communicated to AMPAC?

A Not directly I'm not. I'm sorry.

Q In your knowledge, have such suggestions ever been made to Dr. Von Thron?

MR. SMITH: In what capacity? I object to that question until we get some clarification. Are you talking about Dr. Von Thron in any AMPAC capacity?

MISS PROPPER: Yes, I am.

MR. SMITH: Are you speaking of things that Dr. Glotfelty did or knows of his personal knowledge?

MISS PROPPER: Yes, I am.

THE WITNESS: No.

BY MISS PROPPER:

Q You don't know of any?

A No.

Q Or you don't know?

A I don't know of any that have gone.

Q Does the board upon receiving the --

A Which board?

Q The board of directors, the FLAMPAC board -- upon receiving these recommendations from your various groups, do they make an additional independent evaluation of the candidate based on information other than that --

A No, they may request for information from the county, and frequently they will request the county to resubmit, add information, have conferences, and so forth, with the candidates before any action is taken.

Q Who would conduct these conferences?

A Polk County, Duval County. The doctors in that county would come back with additional information.

Q Would it be the district representative?

A No, the doctors who submitted it. It may

be a district representative.

Q But that would be a coincidence?

A I don't know if it was a coincidence or not. It depends on who he happens to like in that particular state race.

Q I have here a procedural manual of the Florida Medical Political Action Committee dated May of 1972, which has been marked for identification as Petitioner's Exhibit No. 6.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 6 for Identification.)

BY MISS PROPPER:

Q Are you familiar with this manual?

A The year I was vice president I tried to get a copy of this to find out exactly what I was supposed to do, and as I remember, I was sent page 4.

Q That is not much; is it?

A No. Page 4 I remember, because I didn't know what I was supposed to do as vice president.

Q To the best of your knowledge, is this procedural manual still in effect?

A I can't answer. I don't even remember. I'm sorry. I don't remember seeing it. Page 4 I know I received, because I wrote to find out what I

was supposed to do, and it was a membership thing that was not on there when the discussion arose.

Q On page 5 of the manual there is a reference to the executive committee.

A I'll have to read it, because I'm not familiar with it.

Q It would be paragraph 2 under Roman numeral III.

A What about it?

Q Well, I would like to read you the first paragraph: "The executive committee shall be given full authorization to determine all candidate support after due recommendations from the candidate evaluation committee and for the disbursement of funds."

Is this the same executive committee that we have been talking about?

A I presume so. I have not seen page 5, to my knowledge.

Q Are you aware of the executive committee having these reponsibilities?

A The board usually does this, but in the final decision, the board may very well say the

exec committee, if such approval request comes from this county or these are answered, then go ahead and do it, because I presume this one -- what is it -- five members -- would be a little bit easier to get a phone conversation then it would be 30 or 18 people.

Q Are you familiar with the candidate evaluation committee referred to?

A Not that -- no, I'll just say no on that, because most of this function is held in the county level, and there may be two, three, four or five selection committees in a big county if there's a lot of candidates.

I think that is, to my knowledge -- this is a misreferral type of thing, and it's merely a function of the board.

Q The next paragraph states that: "The executive committee is further authorized to make requests of AMPAC for funds and for the disbursement of these funds."

Are you familiar with those responsibilities?

A I've already answered this. I have not done any of it. Somebody has to.

Q When they say "funds" here, to the best

of your knowledge, does this refer to contributions?

A We have no other -- now, by "contributions," again what are you referring to? Because I make contributions entirely separate in PAC, which has nothing to do with this.

Q I understand that. I am referring to contributions by AMPAC or FLAMPAC.

MR. SMITH: You said "by." You mean "to"?

THE WITNESS: To, from or by?

MR. SMITH: You don't mean contributions by FLAMPAC and AMPAC; do you? You mean contributions made to one or the other?

MISS PROPPER: No.

MR. SMITH: You don't?

MISS PROPPER: No. Perhaps I don't understand to what you are referring.

MR. SMITH: Well, the dues are contributions to the PACs. That's what the doctor is saying.

MISS PROPPER: Yes.

MR. SMITH: Now, campaign contributions are totally unrelated to that. That's the only contributions that would be made by a PAC, would be campaign contributions.

MISS PROPPER: Right, that's what I understood. I think we're missing each other.

MR. SMITH: His answer to you was funds can only mean contributions. That's all we have. And in that context, it means money flowing to the PACs.

THE WITNESS: That's what I say, we don't have any other moneys available.

BY MISS PROPPER:

Q I see. I didn't understand.

A And I wanted to separate that from my personal contribution so there's no misunderstanding. The PAC has nothing to do with my personal beliefs.

Q When I asked you whether these funds referred to contributions then, I was asking whether that referred to requests of AMPAC for contributions to candidates.

A Yes.

Q Okay. We're straight.

To the best of your knowledge, once a suggestion has been made to AMPAC regarding the support of a candidate, are you aware of how AMPAC's decision is communicated to FLAMPAC?

A I am not. I'm not sure it even is.

Q The very bottom line on this page 5 of the procedural manual states: "Candidate support requests which develop on an urgent basis may be determined by the president in consultation with the other members of the executive committee and shall be recorded in the minutes of the next meeting of the executive committee."

Are you aware of that practice?

A I can think of once only when the federal deadline was nigh, and we had to do it by phone, and we had only a few days. I believe the check did not arrive in time, so it was no good anyhow for the federal regulations.

We don't govern the mail either. They have to go by mail or pony express.

Q On the bottom of page 6, paragraph 5, there is another reference to the candidate evaluation committee in which it states the following: "The candidate evaluation committee shall take advantage of all resources of the American Medical Association, the American Medical Political Action Committee and the Florida Medical Association."

Are you aware of utilization of such resources?

A No. It sounds good, though. Most of the ones we've got come from chamber of commerce.

Q They provide you with this?

A They provide everybody. We just write in and get a list of who voted how.

Q Again, in the following paragraph there is a reference to the county PAC organizations.

MR. MATTHEWS: Where are you referring to?

THE WITNESS: You lost me now.

BY MISS PROPPER:

Q I am referring to the first full paragraph on page 7.

A Read it, please, or start it.

Q "Individuals or groups making requests for support of candidates" -- the following sentence states: "The committee, before making recommendations" -- the committee, I suppose, being the candidate evaluation committee -- "shall take full advantage, when feasible, of the county PAC organizations and consultation with the appropriate district chairmen and cochairmen."

A I am not sure any counties have a formal PAC organization. As I previously stated, there may be three separate candidates supported or more from any

one county.

Q But those are informal?

A Well, depends on the candidate. You know, three or four people get together and have breakfast or coffee for them, and they're going to support him and get funds.

Q But it is directed toward a particular thing, and it's not candidate -- and it's not a group that would support more than one particular candidate?

A No.

Q On the following page, page 8 of the procedural manual, paragraph 4 on the top of the page refers to executive sessions during which all candidate selection support decisions shall be made. Is this the practice?

A What is a practice?

Q Pardon me?

A Is what a practice?

Q Is it the practice to make all candidate support decisions in executive session?

A No. Maybe.

MR. SMITH: It's kind of important to read what executive session means, since it means

exactly what nonexecutive session means.

THE WITNESS: Invited guests.

BY MISS PROPPER:

Q It states: "During executive sessions, only FLAMPAC board members and specifically invited guests will be in attendance."

It is my understanding, Doctor, that you have stated earlier that during regular meetings anyone could come.

A No. Anyone invited, any doctor, any doctor's wife. We might not want you there. We might object.

Q I have here a document which is entitled "Minutes." It is of the meeting of the FLAMPAC executive committee on December 22nd, 1975, which has been marked for identification as Petitioner's Exhibit No. 7.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 7 for Identification.)

BY MISS PROPPER:

Q I note that you were present, Doctor, as vice president -- and this is a telephone conference, pardon me.

On page 2 there was a motion that $1,000

be appropriated for the campaign of Congressman Lehman. This decision appears to have been postponed.

A Or turned down.

Q Do you recall the discussion?

A No, but it says there it was turned down or tabled.

Q Following that there is a motion which carried that Mr. Murfin contact the American Medical Political Action Committee to determine whether or not Congressman Lehman has requested AMPAC assistance.

A What's wrong with that?

Q I am wondering, Doctor, whether there is any practice of FLAMPAC to contact AMPAC prior to making a decision.

A No. We turned them down, and I think the group wanted to know whether AMPAC merely had supported them, because we didn't at that time.

Q Do you recall why FLAMPAC was interested in knowing whether AMPAC had supported him?

A I do not recall why. The first time I remember actually doing that.

Q I have here minutes for the meeting of the FLAMPAC board of directors which took place on

May 10th, 1974, which has been marked for identification as Petitioner's Exhibit No. 8.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 8 for Identification.)

BY MISS PROPPER:

Q I would note, Doctor, that you were present at that meeting.

On page 2 the first paragraph is in regard to a discussion of budgeting for the 1974 campaigns in which it was suggested that the ratio of one half of FLAMPAC funds be spent for congressional races and one half of FLAMPAC funds be spent for state legislative races. It was noted that this ratio did not include AMPAC funds which would go entirely to congressional candidates.

Can you tell me, Doctor, are AMPAC funds ever considered into the amount of money that FLAMPAC considers to be available?

A No. It's merely telling the people that we divided ours such and such, and that doesn't have any damn thing to do with AMPAC. They go their way; we go ours.

Q I have here the minutes of the FLAMPAC board of directors meeting on October 17th, 1976,

which has been marked for identification as Petitioner's Exhibit No. 9.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 9 for Identification.)

BY MISS PROPPER:

Q I would note that you were again present at this meeting (handing document to witness).

On page 2, the final paragraph or motion on that page, there is a reference to several contributions. Opposite the name of Richard Kelly it says "AMPAC Contribution." Do you recall that discussion?

A No.

Q Do you have any idea of what that might refer to? Is that a suggestion to AMPAC?

A I think it's merely stating that he had received AMPAC funds. I don't even think we knew how much.

Q There is also a reference to C. W. Young, which says $2500 plus AMPAC. Again, is that moneys that were received, do you think?

A I presume that AMPAC --

MR. MATTHEWS: I object to the form of the question.

MR. SMITH: Don't presume.

BY MISS PROPPER:

Q Do you know whether that refers to moneys already received from AMPAC or whether that was a discussion that was made to AMPAC?

A I don't know.

Q On the final page right above the notation that the meeting was adjourned, there is a reference to contributions made on behalf of the Florida Society of Ophthalmology, which were given approval provided that none of the candidates are opposed by FLAMPAC.

Can you tell me what the procedure is here or why was --

A What procedure?

Q Why was FLAMPAC considering contributions made by the Florida Society of Ophthalmology?

MR. MATTHEWS: I am going to object to the question as being outside the scope of this particular investigation being conducted by the Federal Election Commission, unless you can show some sort of relevancy to the subpoena that he's here on today.

MR. THRASHER: You haven't even asked him

if he knows anything about it either.

BY MISS PROPPER:

Q Are you familiar with this discussion?

A Yes.

Q Are these contributions which you refer to contributions from FLAMPAC funds?

A No.

Q They are ophthalmology funds?

A Yes.

Q I am wondering why FLAMPAC would be approving these funds.

MR. MATTHEWS: Same objection as I stated before. It's outside of the scope of this examination and this investigation.

MISS PROPPER: Are you instructing him not to answer?

MR. MATTHEWS: Yes, I am.

BY MISS PROPPER:

Q I have here the minutes of the board of directors meeting which occurred during July 24th and 25th, 1976 at which you were present. It's been marked for identification as Petitioner's Exhibit No. 10 (handing document to witness).

(The instrument last above referred to was marked as Petitioner's Exhibit No. 10 for Identification.)

THE WITNESS: (Examining document) I was not there for hardly any of that meeting.

BY MISS PROPPER:

Q Do you recall approximately what time you arrived?

A I had no coverage of my office, and I drove back and forth, and I had two emergency calls back.

Q You don't recall anything from that meeting?

A No, but being called out. That's a damn good drive from Lakeland.

Q From your general knowledge, Doctor, on page 2, the fourth paragraph refers to basic contribution guidelines to be followed, $500 plus AMPAC's consideration for the Senate, $500 plus AMPAC's consideration for Congress. That's all that we are concerned with here.

Are you aware of that procedure having been followed?

A I wasn't there that time. I'm sorry.

Q Was it ever followed subsequent to that?

A Not to my knowledge. Not to my knowledge.

Q And the final paragraph on page 2 states: "Motion carried unanimously that the Florida Medical Political Action Committee serve as a central depository for the Medical Political Action effort; and that the FLAMPAC board establish a procedure whereby a specialty group interested in a specific contribution to a candidate could request any moneys donated to FLAMPAC over and above the base membership for members of the particular specialty group be utilized in areas deemed necessary by the specialty group."

Has this become a practice?

MR. MATTHEWS: Before you answer the question, can I read the paragraph. I didn't understand it the first time through.

THE WITNESS: I was not there at that time.

BY MISS PROPPER:

Q You are not aware of that ever being put into effect?

A Not for all specialty societies, no.

Q For any specialty societies?

A I believe there's an objection that it's not within the scope.

Q This is directly concerning FLAMPAC funds, Doctor.

A They're not FLAMPAC funds. These funds would not be FLAMPAC funds.

MR. MATTHEWS: I don't see what it's got to do with the scope set forth in the subpoena between the affiliation of FLAMPAC with the Political Action Committee of the American Medical Committee AMPAC.

MISS PROPPER: We are trying to discover what FLAMPAC is constituted of.

BY MISS PROPPER:

Q I have here the minutes of the board of directors meeting held on May 7th, 1976, which has been marked for identification as Petitioner's Exhibit No. 11. I would note that you were present then as vice president (handing document to witness).

(The instrument last above referred to was marked as Petitioner's Exhibit No. 11 for Identification.)

BY MISS PROPPER:

Q On page 2 of the minutes the fourth matter --

A Old business?

Q Right below that there is a reference to out-of-state contributions. There was a report or a mention by Dr. Von Thron that the committee revisit

the idea of making contributions to congressional candidates in other states.

"After much discussion, the FLAMPAC board agreed in principle with making very selective contributions to candidates from other states and that the decision for which candidates and amounts of contributions and the timing of contributions to be left up to the regular candidate support channels, i.e., the candidate selection committee."

Do you recall this discussion?

A No.

MR. MATTHEWS: I am going to object to the question as being outside the scope of this investigation and instruct the witness not to answer the question.

MR. SMITH: I also object.

MISS PROPPER: On what basis are you objecting, Mr. Smith?

MR. SMITH: That it has to do with an investigation that I didn't know existed. If in fact it is the same inquiry that Mr. Spiegal was focusing on this morning, that is an inquiry about one state PAC vis-a-vis another state PAC as distinct from what is the stated scope of

the examination as what is the possible affiliation of AMPAC with the American Medical Association Action Committee.

MISS PROPPER: I would state for the record that the notification letter that is sent to FLAMPAC stated that the investigation related to an affiliation between FLAMPAC, AMPAC and the other state medical political action committees.

MR. THRASHER: I believe the record also reflects that Mr. Spiegal this morning in direct examination of Mr. Von Thron indicated that you all were not investigating any state PACs between the connections made with each other or for any reason. Is that correct?

MISS PROPPER: I don't believe that that's an accurate statement. I would like to read --

MR. THRASHER: Why don't you let Mr. Spiegal answer it?

MISS PROPPER: I am handling this examination.

MR. SPIEGAL: I was going to ask if you were counsel of record.

MR. THRASHER: I am counsel of record.

MR. SMITH: Yes, he is counsel of record.

MR. MATTHEWS: Yes, he is.

MISS PROPPER: I am reading from the October '76 notification letter directed to Dr. Coleman as treasurer of the Florida Medical Political Action Committee, which notified FLAMPAC of the existence of the Commission's investigation.

The first paragraph of that reads: "This letter is to notify you that the Federal Election Commission has received a complaint alleging that AMPAC and certain state medical political action committees named therein are affiliated within the meaning of the Federal Election Campaign Act."

And skipping a little bit: "And further that AMPAC and its various state political action committees have made contributions in violation of the aforementioned limitations."

MR. SMITH: So? That's got nothing to do with this. That's an accurate statement of the 253 investigation. I made no objections to questions pertinent to that. But if you want to look down further, you'll see a reaffirmation of the restrictiveness of the scope in the

last sentence of the next paragraph.

When you try to go to what I believe is beyond the scope -- the Commission in my mind doesn't have a right to review anything beyond what it actually found reason to believe a violation existed in, but you do through predecessor general counsel seem to invoke some such nonexistence right by saying the Commission is also reviewing issue of affiliation between AMPAC and all political action committees of the state medical society.

Now, I've told you on the record that I find that to be an improper expansion of the scope. But since it's under your subpoena, I made that objection of record and not claimed or attempted to have witnesses not respond. But now we're going one more step beyond the scope, and that is to the relationship purportedly alleged, although never properly alleged, that there's some investigation of state vis-a-vis other state political action committees.

MISS PROPPER: Frankly, Mr. Smith, I am not anxious to get into a long discussion at

this point. I understand that Dr. Clotfelty is concerned with time right now. If you're still instructing the witness not to answer, we can move on.

MR. MATTHEWS: I am for the reasons both by myself and Mr. Smith.

DR. PARHAM: Our two men from Tallahassee just came in, and they've got to go back tonight.

BY MISS PROPPER:

Q This is a memorandum dated November 7th, 1977 to the FLAMPAC Executive Committee from yourself regarding candidate selection committees. It's been marked for identification as Petitioner's Exhibit No. 12.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 12 for Identification.)

BY MISS PROPPER:

Q The memorandum makes reference to county candidate selection committees. Could you explain whether there is a difference between such candidate selection committees and county PACs.

A I don't know of any really county PACs. As I mentioned before, our county would end up about

three candidate selection committees composed of different doctors supporting different candidates. And if the county had no -- as mentioned here -- had nothing done, this is what we were asking him to do for advice.

Q For advice on candidate support?

A If they had anybody they wanted us to support.

Q And are you familiar with what the district representative's role might have been?

A I think we've already gone over this. The various ones would give a written request supposedly to him to take on, whether there were three, five or seven.

Q Doctor, are you aware of how candidates are notified of a FLAMPAC support decision?

A Only if they get -- as far as I know, if they receive the check. I don't know the other notification, to my knowledge.

Q And how are they sent a check? Is it delivered personally?

A We try to because of the poor mail delivery, and you have to send a check in the mail and get one late, as I mentioned before.

Q And who would be asked to deliver these checks personally?

A In our area it's whichever doctor or wife or whoever was working with that candidate.

Q It would not be someone who had some official position within FLAMPAC necessarily, apart from being a member?

A It might be by accident, but usually it probably would not be, because many candidates in the state -- there aren't that many people on the board.

Q To your knowledge, is AMPAC's decision to support a particular candidate relayed at the same time if in fact both organizations have decided to support each candidate?

A I have no knowledge at all.

Q Who signs the FLAMPAC checks?

A I believe the treasurer and Harold Parham. I believe two people have to sign them.

Q I have here several letters. This packet has been marked as Petitioner's Exhibit No. 13.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 13 for Identification.)

BY MISS PROPPER:

Q On the top is a letter dated September 15, 1977 to Arthur J. Moseley, M.D. Your signature, or your name is typed in at the bottom. There is no signature present.

Are you familiar with this letter (handing document to witness)?

A (Examining document) I knew it was written, but I've never seen it before. It was sent to Art Moseley as a routine thing, because Art was the doctor who was supporting Andy Ireland, that doctor and a bunch of his friends.

Q Was it sent at your request?

MR. MATTHEWS: Was what sent?

BY MISS PROFFER:

Q Was the letter sent?

A I would have to say yes, but I think it was merely sent to enclose a check to tell him how to do it or what to do with it.

Q Is this the formal way that someone would --

A We've already gone over this. This is what we try to do, is get the doctor or wife or somebody who has been working with the candidate to deliver the check.

Q Does FLAMPAC support candidates in other

ways, other than a direct monetary contribution?

MR. MATTHEWS: What candidates are you talking about?

MISS PROPPER: Federal candidates. All my questions, unless I state otherwise, would refer to federal candidates.

THE WITNESS: As I remember, we've sent one or two a letter of encouragement.

BY MISS PROPPER:

Q Apart from that, Doctor, I am asking whether you might provide some sort of services for a candidate, conduct a poll for him.

A No, not to my knowledge.

Q Are you familiar with workshops that are conducted by FLAMPAC, seminars?

A Some of them.

Q Are you ever involved in setting these up?

A We've tried.

Q They haven't been totally successful? Is that what you're saying?

A No, they have not been terribly successful. Yes, they have not been terribly successful.

Q How often are these workshops conducted?

A They're not really now. We tried last

year. One interfered with the football game, and that was the end of it.

Q In these workshops what sort of topics or skills might be covered?

MR. MATTHEWS: I am going to object to the relevancy of the whole line of questioning and of this particular question unless you can give me some idea what you're talking about.

MISS PROPPER: Well, I think that that will become apparent shortly.

MR. MATTHEWS: I hope so.

THE WITNESS: Restate the question for me, please.

BY MISS PROPPER:

Q What sort of topics or skills are covered in these meetings?

A We've had --

MR. MATTHEWS: If you know, Doctor.

BY MISS PROPPER:

Q If you know.

A We have had state senators, state representatives, legislative process on how the doctors and families and wives might help work in an office and help with an election and this type of thing.

Q Are they generally oriented toward state candidates?

A Yes.

Q The second letter in this packet that I have handed you in Petitioner's Exhibit No. 13 is a letter dated June 17th, 1977 to Donald S. Fraser, who is director of the legislative affairs of the Florida Medical Association.

Again, your name is typed in at the bottom. There's no signature. Are you aware of that letter?

A Yes.

Q Could you tell me, first of all, who Mr. Fraser is.

A He is the, as I stated in the letter -- it's addressed to him, and he's identified there.

Q Is he often involved, or has he been involved more than once in FLAMPAC workshops?

A I was trying to think. I think we only ended up having one, so I'd have to say more than once, because I believe the first one occurred the same time as the football game did. And I don't remember whether Scotty was at the one we had in central Florida or not.

MR. SMITH: Now that we have established

that this is overwhelmingly a state candidate oriented function, why are we dwelling on it? I have been trying to be patient.

DR. PARHAM: I have, too, and we've been here an hour and 30 minutes, and that we're down to stuff that is completely irrelevant to the scope of examination and deals entirely with state functions and state candidates.

MISS PROPPER: I am about to make that relevant.

BY MISS PROPPER:

Q If you would turn to the following letter, the letter is dated July 26th, 1977. It's addressed to Mr. Paul Newman, and it is signed, I believe -- and the name typed in at the bottom is Mr. Peter Lauer, who I believe you referred to earlier as an AMPAC staff person.

A No. You asked me if I knew anybody. I said I knew one person, and I couldn't think of his last name. He was a big, tall person. I do not know his position with AMPAC.

So you're identifying him. Not me. I did not make that identification.

Q Could you tell me who Mr. Newman is.

A I met him once. I don't know his position at all.

Q Is he associated with AMPAC?

A I don't think so. I've heard him talk once.

Q The letter is a request to have Mr. Newman appear at a FLAMPAC workshop in Miami, or seminar. Could you tell me whether AMPAC has had any role in helping you set up these conferences.

A As I mentioned earlier, they have in the past helped us to obtain, give names of good speakers who we might use, congressmen, and so forth. But I have not seen this letter before. It was not directed to me at all.

Q I understand that. Has AMPAC given FLAMPAC any monetary support or aid?

A They have given us nothing that I know of in money. They have helped us -- they know some of the people better than we do who are good speakers.

Q Has FLAMPAC ever jointly sponsored a workshop with AMPAC?

A I can't answer that directly.

Q Is it that you don't recall?

A I don't recall. We've had the workshops,

and they may have helped us provide a speaker.

Q The next document or group of documents is a memorandum dated May 30th, 1977 to a number of people, who I don't feel it's necessary to read out at this point, from yourself. It's been marked as Petitioner's Exhibit No. 14, and it's in regard to a central Florida FLAMPAC workshop on October 29th and 30th, 1977.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 14 for Identification.)

BY MISS PROPPER:

Q The second page I would note that Pete Lauer and Linda Hudson appeared as speakers. Who arranged for the presence of these persons, these speakers?

A I did not.

Q And you don't know who did?

A I do not know.

Q Did you have any role in coordinating this conference?

A I did not. The only role I had with one prior was cancelled.

Q To the best of your knowledge, did AMPAC pay for the expenses of Mr. Lauer and Mrs. Hudson?

A I have no knowledge.

Q The next document is a Florida Medical Association Committee on National Legislation designation, I presume, of key contact physicians by assignment for 1975. It's been marked as Petitioner's Exhibit No. 15.

(The instrument last above referred to was marked as Petitioner's Exhibit No. 15 for Identification.)

BY MISS PROPPER:

Q I would note on the top under "Senators" that you are listed as an alternate key contact physician for Senator Chiles.

Could you tell me what a key contact is.

MR. MATTHEWS: I am going to object. I think we went through this once before. I may be wrong, but it seems like he already discussed it at one time. If he hasn't --

MISS PROPPER: I am quite sure he has not.

MR. MATTHEWS: I'll give him a shot at answering it very briefly.

THE WITNESS: Lawton Chiles is from my district, from my home town. So basically if there is any medical information that he needs, we make ourselves available where he can call us or his staff can call us, and we can give

him an opinion on any bills, legislative advice, period.

BY MISS PROPPER:

Q Could you tell me when you held this position as a key contact.

A Obviously it was here.

Q Any other years, do you recall, besides 1975?

A I truthfully don't remember. I have a son who lives in Washington, and when we're up there to see him, I may stop in and see Lawton or his staff or not, so I don't remember any of the dates. You would have them better than I. You have all the records. I don't have them.

Q How were you chosen as a key contact, or is this merely as a --

A Dr. Jerry Annis and I are both from the same town as Lawton -- Senator Chiles is from.

Q As a key contact do you have any role in the support of Senator Chiles by FLAMPAC?

A I supported Senator Chiles as an individual from day one. It has nothing to do with FLAMPAC. I've had nothing to do with FLAMPAC's support for Chiles, period.

Q You never made a recommendation?

A No, because I did this personally.

Q The next document is the meeting of FLAMPAC board of directors held on September 16th, 1973. It has been marked as Petitioner's Exhibit No. 16 for Identification.

MR. SMITH: He's in the absence column, just to speed things up for you.

BY MISS PROPPER:

Q On the second page --

A I wasn't there.

Q I beg your pardon, Doctor. On page 2 of Exhibit 4, which are the minutes of FLAMPAC board of directors for November 15th, 1975 --

A It's No. 5, I think, yes.

MR. SMITH: It's on both places, to be truthful.

BY MISS PROPPER:

Q On page 2, the second item, it says: "A report was given by each member of the board on his key contacts."

What I was wondering is whether each board member of FLAMPAC is responsible for certain key contacts.

A No.

Q Are these the same key contacts that were referred to in Florida Medical Association?

A It may or may not be the same, because each legislator may have a doctor that he wants to ask information from, and that person would then be a key contact. It may not even be a PAC member. We'd like for them to be, but --

Q So to your knowledge, there is -- what is the connection between the board and the key contacts?

A Sometimes none.

Q Also on page 3 of the November minutes.

MR. MATTHEWS: That is Exhibit 5 you are referring to?

MISS PROPPER: Yes.

BY MISS PROPPER:

Q The fifth item in the left-hand column it's referred to as purchasing AMPAC memberships. The paragraph states: "The executive director recommended that the FLAMPAC board authorize FLAMPAC to purchase AMPAC memberships in the name of individuals as a substitute for funds that could be designated for state campaign contributions only. There were no objections."

Doctor, do you recall that discussion?

A I do not recall that discussion.

Q Do you have any idea to what that might refer?

A It might refer back --

Q To what does it refer?

A My check was sent back because it was not acceptable, and I sent two checks.

MR. SMITH: Medical corperate.

THE WITNESS: That's right.

BY MISS PROPPER:

Q On page 5 of those minutes in the left-hand column you will notice a reference -- the third item down -- to allied group participation in FLAMPAC. Under that there is a motion to direct the executive committee to actively seek soft dollar contributions from allied health groups.

Can you tell me, Doctor, what soft dollar contributions refer to.

A No, I cannot.

Q Do you recall that discussion?

A No.

Q On Exhibit 3, Doctor, on the first page there is a reference to the approval of minutes of

January 28th, 1977 board meeting.

There is a reference to a request of yours that you would like to have the board's permission to appoint up to five at-large members of the FLAMPAC board.

Do you recall this discussion?

A Yes.

Q Have the bylaws in fact been changed to reflect this?

A No.

MISS PROPPER: I have no further questions.

MR. MATTHEWS: No questions.

MR. SMITH: I have no questions.

MR. MATTHEWS: For the record, we will waive it.

MR. SMITH: Do you want the opportunity to read this, Doctor?

MR. MATTHEWS: You have a right to read this. I advise you not to do it.

THE WITNESS: Okay, I won't.

MR. THRASHER: Let the record show that Mr. Gilbert and/or Mr. Palmer are presently outside ready to testify. They have been subpoenaed previously by the Federal Election

Commission. Which one would you like to start with?

MISS PROPPER: We would like to make a statement at this time to the effect that we had asked counsel for FLAMPAC to make documents available for inspection pursuant to the subpoena issued by the Commission. We had also indicated that a suitable time thereafter we wished to take the deposition of certain individuals in a sequential fashion.

It was our further understanding that these depositions would proceed on flexible schedule, which would permit the Commission sufficient time to examine and assimilate the materials produced.

The documents were produced on Monday, May 8th. The production continued through Wednesday, May 10th at 8:00 p.m. The production constituted approximately two file cabinets of documents.

Without any apparent method of presentation, they filed the request and the subpoena. To our knowledge, reinspection by counsel for FLAMPAC and AMPAC of the documents requested

for copying was not begun until 2:00 p.m. on Monday and continued through Wednesday on May 10. The Xeroxing was not complete until Wednesday evening at 8:00.

MR. SMITH: Continued through what?

MISS PROPPER: Through Wednesday evening at 8:00.

MR. SMITH: No, the review --

MISS PROPPER: Wednesday evening at 7:00. I'm through Wednesday morning. We had discussion Wednesday morning about documents.

While the Commission appreciates the time imposition for the witnesses, we will attempt to complete the depositions for the doctors in these two days and the rest as soon as possible.

MR. SPIEGAL: I am sorry if I am speaking out of turn. If Mr. Gilbert and Mr. Palmer, their schedules are not sufficient to accommodate us on Monday, we can do it at their convenience or as soon thereafter as possible. But to reinforce what my colleague, Miss Propper has said, the volume of production has been to say the least quite large, and I certainly do not feel that we have any time stated or implied

that we would take four depositions today.

MR. MATTHEWS: We would like to put on the record that as counsel for FLAMPAC that the subpoenaes -- in fact, the entire schedule for this investigation was set up specifically by the Federal Election Commission. The fact that the depositions were scheduled Thursday and Friday of a week in which they were going to examine the documents on Monday, Tuesday and Wednesday -- well, they set it up. We've bent over backwards to accommodate them. They made it; they can live with it.

We've gone out of our way. The FMA and FLAMPAC are conducting a business. They can't be yanked around, drug in from Tallahassee on a moment's notice and then told they're not needed.

We have had the two witnesses scheduled this afternoon come over from Tallahassee today. They are present, they are ready to take -- or be deposed at this time. Everyone else is ready.

Additionally, before we ever started this morning -- or maybe it was not before we

started, but at some point this morning -- when it was apparent that we were not making a great deal of progress, we objected as to the fact that we were going so slow, and we were assured by counsel for the FEC, Mr. Spiegal, that we would go as late as we had to tonight in order to get all the depositions that were set today taken care of.

It's now five minutes until 4:00 in the afternoon. We're presently ready to proceed, and Mr. Spiegal has made some suggestion that the witnesses will be deposed on Monday, if that's suitable for them.

As counsel, I can state that that's not suitable for them. We will not provide them at any other time, other than today, unless ordered to do so by Judge Stafford.

MR. THRASHER: I would like to add additionally to the record that we began the production of documents, which I personally supervised, on Monday, and there were a total of five members from the Federal Election Commission here and present at that time. To my knowledge, all five of those members have been here since

Monday. We were here the first three days of production and were ready and able to look at every single document that we produced in the most expeditious fashion in which we produced.

Contrary to what Miss Prepper said, we had one file cabinet with four drawers and three boxes of material to look at, and that apparently took them three days and caused their inability to be prepared to take the depositions of these witnesses.

I just reiterate that the witnesses are here. Mr. George Palmer is here and present. Mr. Phil Gilbert is here and present, for the record, and ready to commence their depositions at this time.

DR. PARHAM: Also they had knowledge at 10:00 o'clock this morning before these men left Tallahassee that they were coming. They will not be available on Monday, and I want to go before Judge Stafford myself over this type of harassment, which I will not tolerate. These people are supposed to be working people, you know, not floating around.

MR. THRASHER: Supplement that by the fact

that the FEC has had knowledge Mr. Gilbert and Mr. Palmer would both be available since Monday of this week, if not sooner than that, as is set out in the letter to Mr. Oldaker, which has been submitted for the record.

MR. SMITH: Much more importantly, I concur on Dr. Parham's comments, that it was at 10:00 o'clock this morning they had knowledge of their coming, and this has caused severe inconvenience to Messrs. Gilbert and Palmer in being here today. This is not plucking a couple of people two blocks away in Jacksonville. We mentioned it Monday. We reiterated Tuesday, we reiterated Wednesday, and it started being talked about in our conference call that Mr. Cobb attended on behalf of the Mathews outfit.

I know that my principals are going to feel, as Mr. Parham does, about the proposition of spending another thousand dollars trucking me back and them sending me back and Mr. Wilcox back to attend an unnecessary conference before the judge as to whether or not this should be held at another time. And then, God forbid, that it get ordered, coming back

to do it, when we have a minimum of four hours without inconvenience, and if need be, six hours to get it accomplished now and plenty of forewarning that that was our plan.

MR. SPIEGAL: I must object very strenuously to the attempt -- and I use the word "attempt" advisedly -- but there seems to be an incredible misunderstanding about the scheduling of this.

MR. MATTHEWS: The only misunderstanding has been your misunderstanding. Everybody else understood from the word one.

MR. SPIEGAL: Everybody else from FLAMPAC.

MR. MATTHEWS: And the representative of AMPAC understood.

MR. SPIEGAL: Presumably both of you have a role as counsel to the parties being deposed.

MR. THRASHER: Do you suppose Mr. Oldaker misunderstood, also?

MR. SPIEGAL: I am suggesting that at no time whatsoever has anybody ever indicated to the Commission or has the Commission ever agreed to do the depositions of Messrs. Gilbert and Palmer today.

MR. SMITH: I was in that conference call. I want you to say on that record that in the conference call with you and Bill Oldaker and Jim Cobb and myself you did not accede to the distinct possibility of taking these depositions of the two gentlemen beyond business hours on this day, May 11th, Thursday, in the year of our Lord 1978.

Say that on the record, Mr. Spiegal.

MR. SPIEGAL: I think on the record I can state when we were talking about the witnesses, we were referring to Drs. Von Thron and Glotfelty. I got the distinct impression, and we offered -- and I will certainly not disagree with that -- that as late as those doctors had to be kept here today, in deference of those schedules, we would stay as late as we had to.

I have a letter from counsel, Mr. Cobb, for Florida Medical Political Action Committee, which I might add there is some disagreement over on our part, but it contains the statement that Mr. Gilbert and Mr. Palmer from the FMA staff will be available at a convenient time on either of those dates, referring to May 11th

and 12th, Thursday and Friday.

MR. MATTHEWS: What is the date on that letter?

MR. SPIEGAL: The date is April 27th. Out of a desire to accommodate you gentlemen and to obviate any misunderstandings, we will be willing to stay as late tomorrow as possible to complete these depositions.

MR. MATTHEWS: They're here now, and they're ready to go. What you're talking about is money lost, time lost. We're not running a circus.

Also I would like to add -- I apologize for not having a better copy, but all I have is our file copy of a letter dated April 19, 1973 from Mr. James Cobb in our office to David R. Spiegal, Esquire, Office of General Counsel, Federal Election Commission.

In this letter it's a very short one-paragraph letter, the next-to-the-last sentence in the letter says: Mr. Phil Gilbert and Mr. George Palmer will be available on Thursday, also.

I think the misunderstanding is entirely

in your mind and that we're ready to go.

MR. SMITH: I want it to be clear, though, that these letters are not the full record. Jim Cobb is not here, but I have no problem with the fact his recollection is identical to mine, because I confirmed it yesterday and the day before.

I have a direct recollection about which I'm prepared to testify or file an affidavit as to what happened, and I'm tired of these misunderstandings. I've experienced them in a lot of places other than Florida. And this one will go before a judge.

So make your decision as to whether or not we're going to go forward with that in full knowledge and as to your willingness to go forward tomorrow.

You were also apprised by me of my physical unavailability because of prior commitments after 5:00 o'clock tomorrow, which was one of the prior reasons we had the conference call at my request made to Mr. Oldaker in California two months ago or a month and a half ago.

MR. SPIEGAL: In that very same conference

call you indicated your ability to come back on Monday if need be.

MR. SMITH: If need be. I don't consider this need be. If you exhaust the available time, I'll come back Monday. Otherwise, I will not.

MR. SPIEGAL: I have nothing further to say.

MR. MATTHEWS: We are ready. Do you wish to continue the deposition?

MR. SPIEGAL: We are not ready to continue at this time.

MR. THRASHER: When will you be ready?

MR. MATTHEWS: Don't you understand you're costing people money and time? Doesn't that make any impression on you at all? What are we working? some sort of vacuum?

MR. SPIEGAL: I think a question of money and time is a question of causal relationship to this misunderstanding. I think I can reiterate my offer that we will do our best to reach everybody tomorrow.

But I must admit I'm perplexed why we can't accommodate this within our schedules

tomorrow.

MR. SMITH: What perplexes you? You couldn't get through two witnesses the way you went today. Now you tell me you're going to get through six tomorrow?

MR. SPIEGAL: Let me add, also, that if the conveniences of the witnesses are at issue -- and I must admit I was unaware that they're from Tallahassee -- we'll be happy to accommodate them by going to Tallahassee.

MR. THRASHER: The only way we're going to take those depositions is to take them today or back to Tallahassee with Judge Stafford.

MR. SPIEGAL: I can only repeat what I think is a reluctant attempt to accommodate you, that we can try for tomorrow, because that is the best I can do.

DR. PARHAM: Counselor, were they scheduled today? You take them today, or you don't take them, or we'll see you before the Federal Judge and the Federal Finance Committee, too.

Are they refusing to take them today?

MR. THRASHER: Yes, sir.

DR. PARHAM: You only don't take them, but

you'll come again with a federal marshal if you do.

MR. SMITH: I don't know which is which. I'd just like you both on the record in name so Judge Stafford won't have any doubt about your having been here.

DR. PARHAM: Give them your names.

DR. PALMER: My name is George S. Palmer, Jr. I live at 423 Beard Street, Tallahassee, Florida 32303.

MR. MATTHEWS: Sir.

DR. GILBERT: My name is Phillip Henry Gilbert.

MR. MATTHEWS: Where do you reside?

DR. GILBERT: In Tallahassee, Florida.

MR. MATTHEWS: Thank you, sir.

MR. SMITH: Could we put on the record what time we all expect to be here tomorrow morning so we won't have a misunderstanding about when we expect to be here.

I would suggest 8:00 o'clock.

MR. MATTHEWS: Do you still have a conflict at 5:00?

MR. SMITH: I've got to catch a 6:00

something plane.

MR. THRASHER: We will be ready to commence at 8:00 o'clock.

MR. SPIEGAL: Are we talking about the production of Mr. Gilbert and Mr. Palmer tomorrow?

MR. THRASHER: Absolutely not.

MR. MATHEWS: No, sir.

MR. SMITH: Thompson, Broadaway and Coleman, consistent with your statement that you would go beyond business hours. If you insist on 10:00 o'clock, we'll start at 10:00 o'clock, and we'll stop at 5:00 o'clock, and they will be included in our trip to Judge Stafford.

MR. MATTHEWS: All we want is no misunderstanding.

MR. SPIEGAL: We are very anxious to accommodate you, and I think the suggestion of an 8:00 o'clock starting time is an excellent idea.

MR. SMITH: Please close the record.

(Witness excused)

(And thereupon, at 4:10 o'clock p.m., taking of the above deposition was concluded.)

- - -

CERTIFICATE

STATE OF FLORIDA)
)
COUNTY OF DUVAL)

I, Juli Coleman, a Notary Public in and for the State of Florida at Large, do hereby certify that pursuant to Notice of Taking Deposition in the above-entitled cause, I sat at 801 Riverside Avenue, Jacksonville, Duval County, Florida, at the time stated hereinabove, and was attended by David R. Spiegal, Esq. and Susan Prepper, attorneys for petitioner; John E. Mathews, Jr., Esq., and Floyd L. Matthews, Jr., Esq., of the law firm of Mathews, Osborne, Ehrlich, McNatt, Gobelmann & Cobb, and John E. Thrasher, Esq., House Counsel, Florida Medical Association, attorneys for respondent; John Lewis Smith, III, Esq., of the law firm of Baker, Hostetler, Frost & Towers, and Donald Wilcox, Esq., attorneys for AMPAC; also present, W. Harold Parham, M.D., Executive Vice President, Florida Medical Association, and Elizabeth Huber; and the witness, DR. JOHN WILLIAM GOTFELTY, who was by me first duly cautioned and sworn to testify the whole truth, and carefully examined, thereupon testified as is hereinabove shown, and that the testimony of the said

witness was reduced to typewriting under my personal supervision.

I further certify that pursuant to stipulation by and between counsel for the respective parties, and by the witness, the reading and signing of the deposition by the witness were waived; that the notice of filing of said deposition was waived.

I further certify that I am neither of counsel nor attorney to either of the parties in said cause nor interested in the event of the said cause.

I further certify that I have retained the said deposition for the purpose of sealing up the same and directing the same to the Court for which it was taken, in my own hand, and sending the same to the Clerk of said Court, by United States Mail, there to remain under seal until the same shall be opened.

WITNESS my hand and official seal in the City of Jacksonville, Duval County, Florida, this ____ day of May, A.D., 1978.

Notary Public, State of Florida at Large. My Commission expires December 10, 1978.

FEC
DOCUMENT
SEPARATOR

Petitioners Exhibit No. 1 507
5/11/78 JKC, CSR
mit Glotfelty

FILE COPY

September 10, 1975



John W. Glotfelty, M.D.
1247 Lakeland Hills Boulevard
Lakeland, Florida 33801

Dear Dr. Glotfelty:

In my initial study of Flampac history, procedures, and policies I have noted one recurring problem that I would like to discuss with you, possibly at the September 27 Flampac Executive Committee meeting.

This problem involves the billing and dues collection of Flampac from several county medical societies. I have been unable to find any authorization for a 1% collection fee to be paid to county medical societies. Furthermore, if there was some sort of official authorization, I would strongly suggest that we consider changing this policy. To my knowledge there is no legal requirement to assess Flampac any amount for assistance provided by a county medical society. I believe that Flampac exists and functions solely for the physicians and their organizations such as the county medical societies and the state medical association.

I, therefore, believe that it is completely unnecessary for Flampac to pay any fee for the collection of its dues. Please consider this matter and provide me with your opinion as soon as possible.

Cordially,

Charles W. Murfin
Executive Director
Flampac

.-/lln

AMERICAN | MEDICAL | POLITICAL | ACTION | COMMITTEE

Post Office Box 4449 • Chicago, Illinois 60680 • AREA CODE 312 64[illegible]-1585

Offices located at 535 North Dea

Petitioner's Exhibit # 2
5/11/78 FTC, CS
witness Glatfelty

MEMORANDUM

TO: State PAC Chairmen
State PAC Treasurers
State PAC Executives

FROM: William L. Watson Bill Watson

DATE: October 27, 1976

SUBJECT: AMPAC And State PAC Membership Contributions Solicited Jointly.

Many political action committees are already making plans for their membership solicitation programs for 1977.

Since AMPAC and your state political action committee solicit funds jointly, it is imperative that we work together in the preparation of membership solicitations. We share a joint responsibility to make sure that the appropriate notices required by the Federal Election Campaign Act of 1971 and its Amendments plus the proposed FEC regulations appear on the solicitation.

While the FEC regulations have not been approved by the Congress as yet, the Commission does consider them to be firm guidelines which interpret the law to their satisfaction. Further, these regulations may go into effect if the Congress reconvenes in a post election session and remains in session for three days. If the Congress does not reconvene in a post election session, the regulations will probably be introduced early in the next Congress and will, in all likelihood, be adopted in some form in the early months of 1977. In any event, reprinting of billing forms would be quite expensive.

Attached for your information is Opinion of Counsel on this subject dated September 9, 1976. We urge you to incorporate the notices that he suggests into your billing form along with whatever notices are necessary to comply with your state law.

We have also enclosed a printing form which will give you an idea of the amount of space the suggested notices require.

Since we share a joint responsibility in seeing that the correct notices appear every time funds are solicited, we think it would be mutually advantageous for all PACs participating in a joint solicitation to agree on the billing form and have your approved copy in our files and our approved copy in your files. Please send us your first draft of the billing form as soon as possible.

We look forward to working with you in this connection to make sure that the proper forms are available when they are needed.

cc: state society executives

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Florida Medical Association, Inc.

(904) 356-1571 • BOX 2411 • 735 RIVERSIDE AVENUE • JACKSONVILLE, FLORIDA 32203

W. HAROLD PARHAM, D.H.A., Executive Vice President

DONALD C. JONES, Executive Director

MEMORANDUM

November 2, 1976

TO: Donald C. Jones, Executive Director

FROM: John E. Thrasher, Legal Counsel

SUBJECT: Solicitation of Contributions for AMPAC and FLAMPAC

I have previously discussed with you certain information that the new Federal Elections Law requires when we are engaging in joint membership solicitations for the above two organizations.

One of the statements which I have suggested be placed on an insert for our dues mailing was as follows: "If your practice is incorporated, FLAMPAC and AMPAC voluntary contributions should be written on a personal check." This statement was included primarily because Federal Law does prohibit corporate contributions to all Federal candidates; and it was felt that this would be of some assistance to AMPAC in designating those contributions that were from corporate entities.

There is no specific prohibition in Florida Law against corporate contributions to State candidates. Scotty Fraser has called and suggested that including this sentence in our mailings may discourage certain contributions by corporate entities. Since there is no specific prohibition in Florida against accepting corporate contributions, and the sentence that I had previously suggested was placed in the statement primarily to benefit the AMPAC people, I now feel that we ought to remove that sentence and set up some internal mechanism for identifying those corporate contributions, if any, that are forwarded to AMPAC. Scotty has offered to work with someone who you may designate on your staff to develop a memorandum that would be sent to the local county societies who do direct billings to inform them of the requirements relative to coporate contributions and AMPAC. Please let me know if you have any questions concerning this matter.

7:cpv
cc: Scotty Fraser

FLORIDA MEDICAL POLITICAL ACTION COMMITTEE
POST OFFICE BOX 2371
JACKSONVILLE, FLORIDA 32302

Petitioner's Exhibit #
5/11/78 JLC, CSR
witness Glotfelty

M I N U T E S

FLAMPAC BOARD OF DIRECTORS MEETING
AMERICANA HOTEL - BAL HARBOR
MAY 6, 1977

CALL TO ORDER The May 6, 1977 FLAMPAC Board of Directors meeting was called to order by John W. Glotfelty, M.D., President, at 7:35 a.m.

MEMBERS IN ATTENDANCE John W. Glotfelty, M.D.; William W. Thompson, M.D.; John M. Hamilton, M.D.; Francis C. Coleman, M.D.; Joseph C. Von Thron, M.D.; Rufus K. Broadaway, M.D.; Taylor H. Kirby, Jr., M.D.; Donald O. Alford, M.D.; Thomas S. Edwards, M.D.; John C. Kruse, M.D.; Eugene G. Peek, Jr., M.D.; James G. White, M.D.; Frederick C. Andrews, M.D.; Irving M. Essrig, M.D.; Karl L. Rolls, M.D.; Edward L. Farrar, Jr., M.D.; H. Quillian Jones, Jr., M.D.; Reginald J. Stambaugh, M.D.; Andre S. Capi, M.D.; Jack W. Cleveland, M.D.; Franklin J. Evans, M.D.; Donald G. Nikolaus, M.D.; Harold L. Williamson, M.D.; Margaret C. Skinner, M.D.; and W. Harold Parham, D.H.A., Executive Vice President, FMA.

MEMBERS ABSENT Robert K. Wilson, M.D.; Allyn B. Giffin, M.D.; Arthur J. Moseley, M.D.; Louis C. Murray, M.D.; Fred A. Butler, M.D.; Carl E. Andrews, M.D.; Henry D. Perry, Jr., M.D.; Julian H. Groff, M.D.; Arnold K. Kaplan, M.D.; and Richard M. Fleming, M.D.

OTHERS PRESENT Mrs. James G. White, Legislative Chairman, Women's Auxiliary; Mrs. Carole Elmquist, FLAMPAC Chairman, Women's Auxiliary; Michael H. Lopez, Jr; David R. Arrowsmith, M.D.; C.F. McConnell, M.D.; Philip H. Gilbert; Cathy P. Vaughn, Recorder.

APPROVAL OF MINUTES 77-2-1 MOTION CARRIED UNANIMOUSLY THAT THE MINUTES OF THE JANUARY 28, 1977 FLAMPAC BOARD MEETING AS READ BY DR. JOHN M. HAMILTON BE APPROVED WITH THE FOLLOWING CORRECTIONS:

> PAGE 4 - ADDITIONAL FLAMPAC BOARD MEMBERS - DR. GLOTFELTY ADVISED THE BOARD THAT HE WOULD LIKE TO HAVE THEIR PERMISSION TO APPOINT UP TO FIVE AT-LARGE MEMBERS OF THE FLAMPAC BOARD....

FINANCIAL REPORT Dr. Francis C. Coleman presented the FLAMPAC financial report as of April 30, 1977.

77-2-2 MOTION CARRIED UNANIMOUSLY TO APPROVE THE FLAMPAC FINANCIAL REPORT FOR THE PERIOD ENDING APRIL 30, 1977 AS REPORTED BY DR. COLEMAN.

MEMBERSHIP REPORT

Dr. William W. Thompson, Vice President, presented the FLAMPAC membership report. Following Dr. Thompson's report, Dr. Glotfelty pointed out that the attendance at today's FLAMPAC Board meeting was the highest of all previous Board meetings. He further stated that he hoped this was indicative of increased interest in FLAMPAC. Dr. Glotfelty requested that the FLAMPAC Board relieve Dr. Thompson of the responsibility of FLAMPAC membership in Dade County, and that this responsibility be accepted by himself and Dade County FLAMPAC Board members. Dr. Thompson's report was accepted as information with one correction: Lee County, which was reported as having 35.8% membership be corrected to read 70% membership.

77-2-3 - MOTION CARRIED UNANIMOUSLY TO APPROVE THE MEMBERSHIP REPORT FOR THE PERIOD ENDING APRIL 28, 1977, WITH THE CORRECTION THAT THE 35.8% MEMBERSHIP FIGURE USED FOR LEE COUNTY BE CORRECTED TO READ 70% MEMBERSHIP.

77-2-4 MOTION CARRIED UNANIMOUSLY THAT DR. THOMPSON BE RELIEVED FROM THE RESPONSIBILITY OF MEMBERSHIP IN DADE COUNTY AND THAT THIS RESPONSIBILITY BE ACCEPTED BY THE FLAMPAC PRESIDENT AND DADE COUNTY FLAMPAC BOARD MEMBERS.

PRESIDENT'T REPORT

Dr. Glotfelty introduced Mr. Philip H. Gilbert as Executive Director of FLAMPAC and commended him for the efficient and thorough way in which he was performing his duties. Dr. Glotfelty went on to report that a special award would be given at the AMA Annual Meeting for those states who could report the following individuals as sustaining PAC members: The State Medical Association President; State Medical Association President-Elect; State Medical Association AMA Delegates; and State Medical Association Alternate AMA Delegates. Dr. Glotfelty requested that each member of the PAC Board encourage these individuals to become PAC sustaining members. Dr. Joseph C. Von Thron requested that he be assigned the responsibility for securing the needed sustaining membership from the individuals involved. In closing his remarks, Dr. Glotfelty requested that each FLAMPAC District Board Member and Alternate Board Member continue their efforts to encourage FLAMPAC membership with each county medical society. In addition, Dr. Glotfelty requested the Women's Auxiliary to push FLAMPAC membership.

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77-2-5 MOTION CARRIED UNANIMOUSLY TO ASK DR. VON THRON TO MAKE THE NECESSARY CONTACTS PROCURING SUSTAINING MEMBERSHIPS SO THAT FLAMPAC COULD RECEIVE THE APPROPRIATE AWARD AT THE AMA ANNUAL MEETING.

REPORT OF AUXILIARY FLAMPAC REPRESENTATIVE

Dr. Glotfelty introduced Mrs. Carole Elmquist as the new Women's Auxiliary representative to the PAC Board replacing Mrs. Ramona Updegraff. Mrs. Elmquist stated that she was very pleased with her new appointment to the Board and was ready to assist and work with FLAMPAC in every way possible.

77-2-6 MOTION CARRIED UNANIMOUSLY TO EXPRESS APPRECIATION TO MRS. RAMONA UPDEGRAFF FOR HER EFFORTS ON BEHALF OF FLAMPAC.

WOMEN'S DAY IN THE LEGISLATURE

Mrs. Beebe White reported to the Board on activities during the April 20-21, 1977 Women's Day. Mrs. White reported that speakers discussed such topics as: education, constitutional revision, and voter registration. She stated that the meeting was a success. Mrs. White also reported that she stands ready, willing and able to assist FLAMPAC in any way possible.

STATUS OF COMMON CAUSE COMPLAINT

Mr. Gilbert gave a status report on the FEC Common Cause complaint against AMPAC. Mr. Gilbert reported that the status was essentially the same as reported at the January meeting of the Board with the exception that FEC has broadened their investigation to include all other state PACs in addition to the ten states initially studied. He further reported that AMPAC had requested the investigation quashed, but this request has been refused by the FEC.

LEGISLATIVE OVERVIEW

W. Harold Parham, D.H.A, Executive Director of the FMA, gave a brief overview of legislative activities. Dr. Parham's report was received as information.

ROLE IN GOVERNOR'S RACE

Dr. Glotfelty reported that FLAMPAC was starting to receive requests from individuals planning to run for Governor for financial support. It was pointed out that FLAMPAC has a policy of not endorsing or financially supporting candidates for Governor. This does not prevent interested physicians from developing individual support committees for gubernatorial candidates.

FLAMPAC BILLING

Mrs. Carole Elmquist reported that a letter from Mrs. Ramona Updegraff indicated that she felt direct billing for FLAMPAC would be more effective because in her opinion, it would reach more of the doctors' wives. Dr. Glotfelty pointed out that this had been attempted in Polk County with very little positive results.

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He went on to report that direct billing was going to be tried in Dade and Orange Counties to see if there could be more positive results. Dr. Glotfelty brought up again the problem of Dade County, and stated that after Dr. Davenport's election as FMA president-elect, he would be contacted and a meeting with the Dade County Medical Association Executive Committee set up in order to discuss the FLAMPAC membership problem in Dade County.

EMPLOYEE FOR SOUTH FLORIDA

President Glotfelty stated that he felt consideration should be given to employing a person to work in South Florida either full-time or part-time for FLAMPAC. He stated that this would be discussed at a later date but would like members of the Board to be thinking about this suggestion.

SPEAKER FOR AUXILIARY-FLAMPAC LUNCHEON

The Board was asked for suggestions for a speaker for next year's Auxiliary-FLAMPAC Luncheon. Board members were asked to send their suggestions to Mr. Gilbert.

FLAMPAC REGIONAL WORKSHOPS

Mr. Gilbert presented a suggested draft agenda for each of the three proposed regional workshops. With the Board's approval, plans will be made to conduct these workshops during the months of October and early November. Plans include having three regional workshops to be entitled: Region I - North Florida FLAMPAC Workshop; Region II - Central Florida FLAMPAC Workshop; Region III - South Florida FLAMPAC Workshop.

77-2-7

MOTION CARRIED UNANIMOUSLY TO APPROVE THREE REGIONAL FLAMPAC WORKSHOPS TO BE HELD DURING THE MONTHS OF OCTOBER AND EARLY NOVEMBER AND TO APPROVE THE AGENDA AS OUTLINED BY MR. GILBERT.

IT IS FURTHER RECOMMENDED THAT FMA CONTINUING MEDICAL EDUCATION CREDIT BE REQUESTED.

PROPOSED CHANGE IN FLAMPAC BYLAWS

Dr. Rufus K. Broadaway presented the Board with a suggested change to the FLAMPAC Bylaws, which deals with the composition of the Board of Directors and would, in addition to the present members, provide for up to six at-large members, five of whom would be appointed by the FLAMPAC President with the approval of the FLAMPAC Board and FMA Board of Governors. The sixth at-large member would be appointed directly by the FMA Board of Governors. All six at-large members would serve for a term of one year.

77-2-8

MOTION CARRIED UNANIMOUSLY TO APPROVE THE PROPOSED CHANGES IN THE FLAMPAC BYLAWS AS OUTLINED BY DR. BROADAWAY AND PRESENT THEM TO THE FMA BOARD OF GOVERNORS FOR FINAL APPROVAL.

COUNTY MEDICAL SOCIETY EXECUTIVE REPRESENTATION AT MEETINGS	A suggestion was made by Mr. Michael H. Lopez, Jr., Executive Vice President of the Palm Beach County Medical Society, that the County Medical Society Executives be invited to attend FLAMPAC Board meetings as a way of keeping the County Medical Societies up-to-date concerning FLAMPAC activities. President Glotfelty speaking for the Board, stated that County Medical Society Executives would be invited to all future FLAMPAC Board meetings. He also requested that each FLAMPAC District Board Representative make a point of inviting a CMS executive to future FLAMPAC Board meetings. The Board voted to authorize Dr. Glotfelty to request at the October FMA Board of Governors meeting that one County Medical Society Executive be allowed to serve as a voting member of the FLAMPAC Board.
77-2-9	MOTION CARRIED UNANIMOUSLY TO AUTHORIZE DR. GLOTFELTY TO REQUEST THE FMA BOARD OF GOVERNORS TO ALLOW ONE COUNTY MEDICAL EXECUTIVE TO SERVE AS A VOTING MEMBER ON THE FLAMPAC BOARD.
ADJOURNMENT	There being no further business to come before the FLAMPAC Board of Directors, the meeting was adjourned at 9:00 a.m.

A G E N D A

Meeting of

FLAMPAC Board of Directors

May 6, 1977

Bal Harbour

Americana Hotel

Gaucho Room

7:30 a.m.

1.	Call to Order	John W. Glotfelty, M.D.
2.	Introduction of New Board Members Robert K. Wilson, M.D., Alt.Dist.1 Arthur J. Moseley, M.D., Dist. 8 Edward L. Farrar, Jr., M.D., Alt.Dist. 9	John W. Glotfelty, M.D.
3.	Reading of Minutes FLAMPAC Board January 28, 1977	John M. Hamilton, M.D.
4.	Financial Report January 1, 1977 to April 30, 1977	Francis C. Coleman, M.D.
5.	Membership Report	William W. Thompson, M.D.
6.	President's Report	John W. Glotfelty, M.D.
7.	Role of District Board Members Membership County Medical Societies Candidate Selection Committees	John W. Glotfelty, M.D.
8.	Role of Key Contact Physicians	Donald S. Fraser, Jr.,
9.	Report of Auxiliary FLAMPAC Rep	Mrs. Ramona Updegraff
10.	Report on Woman's Day at the Legislature	Mrs. Beebe White

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11.	FLAMPAC's Role in the Governor's Race	John W. Glotfelty, M.
12.	Proposed Changes in FLAMPAC By-Laws	John W. Glotfelty, M.
13.	FLAMPAC Billing	Mrs. Ramona Updegraff
14.	Executive Director's Report Status of FEC-Common Cause Complaint Proposed Regional Educational Workshops	Philip Gilbert
15.	Brief Overview of the Legislature	Donald S. Fraser, Jr.
16.	Employee for South Florida	John W. Glotfelty, M.
17.	Speaker for Next Year's Auxiliary-FLAMPAC Seminar	John W. Glotfelty, M.
18.	Other Business	
19.	Adjournment	

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