

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Michigan Doctors Political Action Committee - Michigan State Medical Society

ADDRESS (number and street)

P.O. Box 769

Check if different than previously reported. (ACC)

East Lansing

MI

48826

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00001180

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

X January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

11

29

2004

through

12

31

2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. James Grant, MD

Signature of Treasurer

Electronically Filed by Dr. James Grant, MD

Date

03

22

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: <sup>M</sup> 1 <sup>D</sup> 23 <sup>Y</sup> 2004 To: <sup>M</sup> 12 <sup>D</sup> 31 <sup>Y</sup> 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004		232190.30
(b) Cash on Hand at Beginning of Reporting Period .....	205677.30	
(c) Total Receipts (from Line 19) .....	9650.00	101672.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	215327.30	333862.30
<hr/>		
7. Total Disbursements (from Line 31) .....	200.00	118735.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	215127.30	215127.30
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: <sup>M</sup>11 <sup>D</sup>23 <sup>Y</sup>2004 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3275.00	50075.00
(ii) Unitemized .....	6375.00	51597.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	9650.00	101672.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9650.00	101672.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9650.00	101672.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9650.00	101672.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	19050.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	17360.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	200.00	82325.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	200.00	118735.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	200.00	118735.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9650.00	101672.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9650.00	101672.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) <b>A. Jeffery Allen</b>		Date of Receipt M / D / Y 12 / 28 / 2004
Mailing Address 4005 Orchard Dr		Transaction ID: SA11A1.9961
City Midland	State MI	Zip Code 48640
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. John Bizon</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 3600 Capital Ave SW #204		Transaction ID: SA11A1.9946
City Battle Creek	State MI	Zip Code 49015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer SELF	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paul Blanchard</b>		Date of Receipt M / D / Y 12 / 16 / 2004
Mailing Address 580 W Mitchell St		Transaction ID: SA11A1.9985
City Petoskey	State MI	Zip Code 49770-2258
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) <b>A. Stephen Fisher</b>		Date of Receipt M / D / Y 12 / 27 / 2004
Mailing Address 1875 Leahy St, Ste 328B		Transaction ID: SA11A1.9963
City Muskegon	State MI	Zip Code 49442-5598
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alice Gale</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 7201 W Saginaw Hwy		Transaction ID: SA11A1.9948
City Lansing	State MI	Zip Code 48917-1127
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles J. Hexta</b>		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1052 Hoffman		Transaction ID: SA11A1.9986
City Petoskey	State MI	Zip Code 49770
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer SELF	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>450.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) <b>A. JEFFREY HDRAK,</b>		Date of Receipt M / D / Y 11 / 23 / 2004
Mailing Address 14555 Levan		Transaction ID: SA11A1.10035
City Livonia	State MI	Zip Code 48154
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. Steven Hudock</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 1141 Ridgeway Drive		Transaction ID: SA11A1.0958
City Rochester	State MI	Zip Code 48307-1724
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Nita Kulkarni</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 181D Overhill		Transaction ID: SA11A1.0949
City Flint	State MI	Zip Code 48503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) <b>A. Robert LORENZ</b>		Date of Receipt M / D / Y 12 / 13 / 2004
Mailing Address 3535 W Thirteen Mile Rd		Transaction ID: SA11A1.9970
City Royal Oak	State MI	Zip Code 48073-6702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. SRINIVAS MUKKAMALA</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 117D Charter Drive		Transaction ID: SA11A1.9950
City Flint	State MI	Zip Code 48532-2714
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. GREG NORMAN</b>		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 6851 Woodbank Dr		Transaction ID: SA11A1.9989
City Bloomfield	State MI	Zip Code 48301-3042
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>450.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) <b>A. PEGGYANN NOWAK</b>		Date of Receipt M / D / Y 12 / 17 / 2004
Mailing Address 5755 Bloomfield Glens		Transaction ID: SA11A1.9971
City	State	Zip Code
West Bloomfield	MI	48322
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GREGORY PARISH</b>		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 4005 Orchard Dr		Transaction ID: SA11A1.9962
City	State	Zip Code
Midland	MI	48670
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Marela SHATTUCK</b>		Date of Receipt M / D / Y 12 / 10 / 2004
Mailing Address 416 Connable Ave		Transaction ID: SA11A1.9968
City	State	Zip Code
Petoskey	MI	49770
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>525.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) <b>A. Jack WAGONER</b>		Date of Receipt M / D / Y 12 / 16 / 2004
Mailing Address 403D Danford Rd		Transaction ID: SA11A1.9953
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stephen Winslan</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 7383 Buccaneer SE		Transaction ID: SA11A1.9957
City Grand Rapids	State MI	Zip Code 49546-9105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID WOODLIFF</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 1005 W Green St		Transaction ID: SA11A1.9944
City Hastings	State MI	Zip Code 49058
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) <b>A. DAVID WOODLIFF</b>		Date of Receipt M / D / Y 12 / 15 / 2004
Mailing Address 1005 W Green St		Transaction ID: SA11A1.9947
City	State	Zip Code
Hastings	MI	49058
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Philip Zazzo</b>		Date of Receipt M / D / Y 11 / 23 / 2004
Mailing Address 7300 Dexter-Ann Arbor Rd		Transaction ID: SA11A1.9979
City	State	Zip Code
Dexter	MI	48130
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	300.00
TOTAL This Period (last page this line number only) .....	▶	3275.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)  
A. Michigan Doctors Political Action Committee - Michigan State Medical Society  
Mailing Address P.O. Box 769

Transaction ID: SB29.9839  
Date of Disbursement  
12 / 15 / 2004

City East Lansing State MI Zip Code 48826

Amount of Each Disbursement this Period  
200.00

Purpose of Disbursement

Candidate Name  
Hammerstrom Leadership Fund

Category/  
Type

Office Sought: House  
Senate  
President

Disbursement For:  
Primary General  
Other (specify) ▼

State: District

SUBTOTAL of Disbursements This Page (optional) .....	▶	200.00
TOTAL This Period (last page this line number only) .....	▶	200.00