

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Friends of Wayne State

ADDRESS (number and street) PO Box 44406
Check if different than previously reported. (ACC) Detroit MI 48244

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00452961 3. IS THIS REPORT NEW (N) OR 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)
 January 31 Year-End 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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 / 08 / 2016 in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 through 11 / 28 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Skrzyniarz, Douglas, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Skrzyniarz, Douglas, , ,* [Electronically Filed] Date 12 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Friends of Wayne State

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="506.44"/>	<input type="text" value="506.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7279.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1420.00"/>	<input type="text" value="21250.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="8699.87"/>	<input type="text" value="21757.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5090.28"/>	<input type="text" value="18147.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3609.59"/>	<input type="text" value="3609.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Friends of Wayne State

Report Covering the Period: From: / / To: / /

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).....	1150.00	19450.00
(ii) Unitemized	270.00	1800.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1420.00	21250.83
(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)	1420.00	21250.83
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 Transfers (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)).....▶	1420.00	21250.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1420.00	21250.83

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	4290.28	9747.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4290.28	9747.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	800.00	6900.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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 Activity (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)) ..	5090.28	18147.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5090.28	18147.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1420.00	21250.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1420.00	21250.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4290.28	9747.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4290.28	9747.68

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
Friends of Wayne State

A. Driker, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 W. Fort Street
 Suite 1200
 City Detroit State MI Zip Code 48226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barris, Sott, Denn, Driker PLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 19 / 2016
Transaction ID : SA11AI.4534
 Amount of Each Receipt this Period 100.00
 Memo Item
 Direct Contribution

B. Gruber, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23303 Morningside
 City Southfield State MI Zip Code 48034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Detroit Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2016
Transaction ID : SA11AI.4518
 Amount of Each Receipt this Period 25.00
 Memo Item
 Direct Contribution

C. Gruber, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23303 Morningside
 City Southfield State MI Zip Code 48034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Detroit Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2016
Transaction ID : SA11AI.4528
 Amount of Each Receipt this Period 25.00
 Memo Item
 Direct Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<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)
Friends of Wayne State

A. Haddad, Luay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5575 Sapphire
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 10 / 16 / 2016
Transaction ID : SA11AI.4521
 Amount of Each Receipt this Period 200.00
 Memo Item
 Direct Contribution

B. Haddad, Luay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5575 Sapphire
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 11 / 19 / 2016
Transaction ID : SA11AI.4533
 Amount of Each Receipt this Period 200.00
 Memo Item
 Direct Contribution

C. Rosenberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31800 Nottingham Drive
 City Franklin State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 10 / 02 / 2016
Transaction ID : SA11AI.4517
 Amount of Each Receipt this Period 200.00
 Memo Item
 Direct Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<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)
Friends of Wayne State

A. Rosenberg, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31800 Nottingham Drive
 City Franklin State MI Zip Code 48025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.4527
 Amount of Each Receipt this Period 200.00
 Memo Item
 Direct Contribution

B. Skrzyniarz, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14469 Maisano Drive
 City Sterling Heights State MI Zip Code 48312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) Health Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 01 / 2016
Transaction ID : SA11AI.4525
 Amount of Each Receipt this Period 100.00
 Memo Item
 Direct Contribution

C. Skrzyniarz, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14469 Maisano Drive
 City Sterling Heights State MI Zip Code 48312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wayne State University Occupation (for Individual) Health Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2016
Transaction ID : SA11AI.4526
 Amount of Each Receipt this Period 100.00
 Memo Item
 Direct Contribution

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	1150.00

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial)

A. Nationbuilder

Mailing Address 520 S. Grand Avenue

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Website & Fundraising

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 21 / 2016

FEC Identification Number

Transaction ID : SB21B.4542
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2211 N 1st Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Transaction Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 31 / 2016

FEC Identification Number

Transaction ID : SB21B.4535
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paypal

Mailing Address 2211 N 1st Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Transaction Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 19 / 2016

FEC Identification Number

Transaction ID : SB21B.4536
Amount of Each Disbursement this Period

Memo Item

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

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

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Wayne State

Full Name (Last, First, Middle Initial) A. Skrzyniarz, Douglas, , ,		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 14469 Maisano Drive		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4563 Amount of Each Disbursement this Period 3826.64	
City Sterling Heights	State MI	Zip Code 48312	Category/ Type 003
Purpose of Disbursement Event Expenses, Phone, Internet, Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. US Post Office		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 1401 W Forst Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4546 Amount of Each Disbursement this Period 140.00	
City Detroit	State MI	Zip Code 48233	Category/ Type 003
Purpose of Disbursement Postage		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [REDACTED] Amount of Each Disbursement this Period	
City	State	Zip Code	Category/ Type
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	3966.64
TOTAL This Period (last page this line number only).....▶	4172.24

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)
Friends of Wayne State

A. Engineering Michigan's Future

Full Name (Last, First, Middle Initial)

Mailing Address 2860 Gladstone

City Ann Arbor State MI Zip Code 48104

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB29.4558

Amount of Each Disbursement this Period: 250.00

Memo Item

B. Friends of Kristy Pagan

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 871451

City Canton State MI Zip Code 48187

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : SB29.4553

Amount of Each Disbursement this Period: 250.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 500.00

TOTAL This Period (last page this line number only)..... ▶ 500.00