

**FEC
FORM 3X**

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

RECEIVED

2015 Form Office-Use Only 10-10

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M6 MAIL CENTER**

Friends of WSU 50M

ADDRESS (number and street) **PO Box 4406**

Check if different than previously reported. (ACC) **Detroit MI 48244**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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 **10' 01' 2014** through **11' 24' 2014**

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 **Douglas Skrzyniarz**

Signature of Treasurer *Douglas Skrzyniarz* Date **07' 30' 2015**

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. 02/2003)

Page 2

Write or Type Committee Name

Friends of WSUSOM

Report Covering the Period: From: **10 01 2014** To: **11 24 2014**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		00,059.12
(b) Cash on Hand at Beginning of Reporting Period.....	2,573.48	
(c) Total Receipts (from Line 19).....	1,450.00	22,245.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,023.48	23,298.52
7. Total Disbursements (from Line 31).....	2,059.49	21,329.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1,969.99	1,969.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY 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

COUNTS COLUMN INDEBT

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Friends of WSN 90M

Report Covering the Period:

From:

10 01 2014

To:

11 24 2014

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).....

1,450.00

22,150.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1,450.00

22,150.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii); (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,450.00

22,150.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

95.40

95.40

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,450.00

22,245.40

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

AMOUNT - COLUMN - INCOME

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)	1,450.00	22,190.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,450.00	22,190.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2,053.49	9,952.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	95.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	2,053.49	9,857.03

1-0000 COLUMN B

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 5
 (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 WSUSOM

Full Name (Last, First, Middle Initial)

A. Schenk, Mary Jean

Mailing Address

6639 Belle River Rd.

City

China

State

MI

Zip Code

48054

FEC ID number of contributing federal political committee.

C

Date of Receipt

10/21/2014

Amount of Each Receipt this Period

200.00

Name of Employer

Wayne State U.

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,300.00

Full Name (Last, First, Middle Initial)

B. Sloane, Bonnie

Mailing Address

1027 Harvard Rd.

City

Brosse Pointe

State

MI

Zip Code

48230

FEC ID number of contributing federal political committee.

C

Date of Receipt

10/21/2014

Amount of Each Receipt this Period

50.00

Name of Employer

Wayne State U.

Occupation

Researcher

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

C. Markov, Tsveti

Mailing Address

42524 Elis Dr

City

Sterling Heights

State

MI

Zip Code

48314

FEC ID number of contributing federal political committee.

C

Date of Receipt

10/29/2014

Amount of Each Receipt this Period

100.00

Name of Employer

Wayne State U.

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

SUBTOTAL of Receipts This Page (optional)

350.00

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: PAGE 2 OF 5

(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 W SU SOM

Full Name (Last, First, Middle Initial)

A. Keshishian, Marc

Mailing Address

30498 Fox Club Dr.

City Farmington

State MI Zip Code 48331

Date of Receipt

10 21 2014

Amount of Each Receipt this Period

50.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Cross Blue Shield

Occupation

Physician

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Full Name (Last, First, Middle Initial)

B. Schiavone, John

Mailing Address

3713 Burkoff Dr.

City Troy

State MI Zip Code 48084

Date of Receipt

10 13 2014

Amount of Each Receipt this Period

75.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Wayne State U.

Occupation

Administrator

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Full Name (Last, First, Middle Initial)

C. MacLean, Lisa

Mailing Address

131 Kercheval Ave

City Grosse Pointe

State MI Zip Code 48236

Date of Receipt

10 13 2014

Amount of Each Receipt this Period

75.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Wayne State U.

Occupation

Administrator

Receipt For:

Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

SUBTOTAL of Receipts This Page (optional)

100.00

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 3 OF 5

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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 WSUSOM

Full Name (Last, First, Middle Initial)

A. O'Neil, Brian

Mailing Address

8187 Cotswold Lane

City

Clarkston

State

MI

Zip Code

48348

FEC ID number of contributing federal political committee.

C

Date of Receipt

11/14/2014

Amount of Each Receipt this Period

100.00

Name of Employer

Detroit Medical Center

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Full Name (Last, First, Middle Initial)

B. Hosenberg, David

Mailing Address

31800 Nottingham Dr.

City

Franklin

State

MI

Zip Code

48029

FEC ID number of contributing federal political committee.

C

Date of Receipt

11/14/2014

Amount of Each Receipt this Period

200.00

Name of Employer

Wayne State U.

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,900.00

Full Name (Last, First, Middle Initial)

C. Lucas, Charles

Mailing Address

19331 Stratheona

City

Detroit

State

MI

Zip Code

48203

FEC ID number of contributing federal political committee.

C

Date of Receipt

11/14/2014

Amount of Each Receipt this Period

200.00

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,900.00

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

500.00

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

48029 MI 48029 MI 48029 MI

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 <u>5</u> OF <u>5</u>	
<input 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			

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 WSU 90M

A. Sloane, Bonnie
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1027 Howard Rd.**
 City: **Brosse Pointe** State: **MI** Zip Code: **48230**
 Name of Employer: **Wayne State U.** Occupation: **Researcher**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **350.00**

Date of Receipt: **11/19/2014**
 Amount of Each Receipt this Period: **50.00**

B. Schiavone, John
 Full Name (Last, First, Middle Initial)
 Mailing Address: **7715 Burkoff Dr.**
 City: **Troy** State: **MI** Zip Code: **48084**
 Name of Employer: **Wayne State U.** Occupation: **Administration**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **250.00**

Date of Receipt: **11/19/2014**
 Amount of Each Receipt this Period: **25.00**

c. Maclean, Lisa
 Full Name (Last, First, Middle Initial)
 Mailing Address: **131 Kercheval Ave.**
 City: **Brosse Pointe** State: **MI** Zip Code: **48236**
 Name of Employer: **Wayne State U.** Occupation: **Administrator**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **250.00**

Date of Receipt: **11/19/2014**
 Amount of Each Receipt this Period: **25.00**

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	1,450.00

IDENTIFICATION NUMBER

**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 / OF /

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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 W9USOM

Full Name (Last, First, Middle Initial)

A. Detroit Athletic Club

Mailing Address

241 Madison Ave

Detroit

State

MI

Zip Code

48226

Purpose of Disbursement

Fundraising Event

Candidate Name

003

Category/
Type

Date of Disbursement

10 09 2014

Amount of Each Disbursement this Period

661.20

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address

P.O. Box 15124

Albany

State

NY

Zip Code

12212-5124

Purpose of Disbursement

Phone Charges

Candidate Name

003

Category/
Type

Date of Disbursement

10 02 2014

Amount of Each Disbursement this Period

359.24

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Covenant House Charity

Mailing Address

959 Martin Luther King Blvd

City

Detroit

State

MI

Zip Code

48201

Purpose of Disbursement

Event Sponsor

Candidate Name

003

Category/
Type

Date of Disbursement

10 15 2014

Amount of Each Disbursement this Period

290.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

270.44

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

270.44

Extremely Urgent

This envelope is for use with the following services:

- UPS Next Day Air®
- UPS Worldwide Express®
- UPS 2nd Day Air®

Visit ups.com® or call **1-800-PICK-UPS®** (1-800-742-5877) to schedule a pickup or find a drop off location near you.

Domestic Shipments

- To qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or weighing more than 8 oz. will be billed at the appropriate rate.

International Shipments

- The UPS Express Envelope may be used only for documents. Certain countries consider electronic media a physical item. Visit ups.com/international to verify if your shipment is eligible.

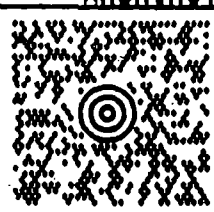
Note: Express Envelopes are not recommended for shipping containing sensitive personal information or breakable items or cash equivalent.

DOUG SKRZYNIARZ
(586) 873-5926
14469 MAISANO
STERLING HEIGHT MI 48312

0 3 LBS LTR 1 OF 1
SHP WT: LTR
DATE: 30 JAN 2015

SHIP FEDERAL ELECTION COMMISSION
TO: 999 E ST NW

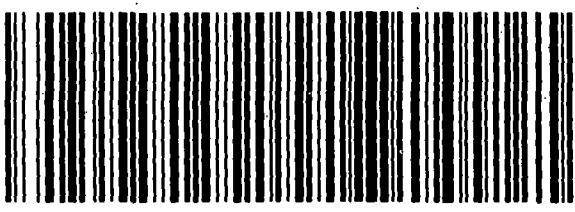
WASHINGTON DC 20463-0001



MD 201 9-83



UPS NEXT DAY AIR 1
TRACKING #: 1Z 451 509 01 5426 8724



BILLING: P/P

18H 13.00N Z2P 450 57.5U 10/2014

SEE NOTICE ON REVERSE regarding UPS terms, and notice of limitation of liability. Where allowed by law, shippers authorize UPS to act as forwarding agent for export control and customs purposes. If shipped from the US, shippers certify that the commodities, technology or software were exported from the US in accordance with the Export Administration Regulations. Diversion contrary to law is prohibited. 600 F 1214

Insert shipping documents under window from the top.

Window Envelope

Use this envelope with shipping documents printed from a laser or inkjet printer on plain paper.

International Shipping Notice - Carriage hereunder may be subject to the rules relating to liability and other terms and conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air.

Serving you for more than 100 years
United Parcel Service.



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
---	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>1/30/15</i>	
Next Business Day Delivery	<input checked="" type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

JAR
 PREPARER

2/2/15
 DATE PREPARED

FORM 1004-10/07