

**FEC  
FORM 3X**

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

RECEIVED

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

2014 APR 15 AM 11:10  
12FE4M5  
FEC MAIL CENTER

Friends of WSUSOM

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 ▲

C00492961

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

MM / DD / YYYY

in the State of

State

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

01 / 01 / 2014

through

03 / 31 / 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

04 / 15 / 2014

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. 12/2004.

14031220062

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Friends of WGSU50M

Report Covering the Period:

From:

01 ' 01 ' 2014

To:

03 ' 31 ' 2014

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <u>2014</u>		<u>1,053.12</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>1,053.12</u>	
(c) Total Receipts (from Line 19).....	<u>11,595.40</u>	<u>11,595.40</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>12,648.52</u>	<u>12,648.52</u>
7. Total Disbursements (from Line 31).....	<u>8,944.76</u>	<u>8,944.76</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>3,703.76</u>	<u>3,703.76</u>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	

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

14031220063

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

*Friends of WSUSOM*

Report Covering the Period: From:

*01 01 2014*

To:

*03 31 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).....

*11,500.00*

*11,500.00*

(ii) Unitemized .....  
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

*11,500.00*

*11,500.00*

(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)..... ▶

*11,500.00*

*11,500.00*

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).....

*95.40*

*95.40*

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))..... ▶

*11,595.40*

*11,595.40*

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

*11,595.40*

*11,595.40*

14031220064

**DETAILED SUMMARY PAGE**  
of Disbursements

14031220065

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 .....			
(ii) Non-Federal Share .....			
(b) Other Federal Operating Expenditures .....	8,444.76	4,444.76	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4,444.76	4,444.76	
22. Transfers to Affiliated/Other Party Committees .....			
28. Contributions to Federal Candidates/Committees and Other Political Committees .....	2,500.00	2,500.00	
24. Independent Expenditures (use Schedule E) .....			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....			
26. Loan Repayments Made .....			
27. Loans Made .....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....			
(b) Political Party Committees .....			
(c) Other Political Committees (such as PACs) .....			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....			
29. Other Disbursements .....	2,000.00	2,000.00	
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....			
(ii) "Levin" Share .....			
(b) Federal Election Activity Paid Entirely With Federal Funds .....			
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8,944.76	8,944.76	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....			

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

11,500.00
0.00
11,500.00
4,444.76
95.40
4,349.36

11,500.00
0.00
11,500.00
4,444.76
95.40
4,349.36

14031220066

**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 1 OF 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**Friends of WSUSOM**

**A. Schenk, Mary Jean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **6639 Belle River Rd.**  
 City: **China** State: **MT** Zip Code: **48054**  
 Name of Employer: **Wayne State University** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **02/01/2014**  
 Amount of Each Receipt this Period: **200.00**

**B. Stanton, Bonita**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **564 Lakeford St.**  
 City: **Goose Pointe** State: **MT** Zip Code: **48230**  
 Name of Employer: **Wayne State U.** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **1,200.00**

Date of Receipt: **02/02/2014**  
 Amount of Each Receipt this Period: **1,200.00**

**c. Rosenberg, David**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **31900 Nottingham Drive**  
 City: **Franklin** State: **MT** Zip Code: **48025**  
 Name of Employer: **Wayne State U.** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **02/10/2014**  
 Amount of Each Receipt this Period: **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1,600.00**  
**TOTAL** This Period (last page this line number only).....

14031220067

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 11

(check only one)

<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
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Friends of WGSU SOM

Full Name (Last, First, Middle Initial)

A. Maclean, Lisa

Mailing Address

131 Kesheval Ave

City

Grosse Pointe

State

MI

Zip Code

48236

FEC ID number of contributing federal political committee.

C

Date of Receipt

02 / 11 / 2014

Amount of Each Receipt this Period

25.00

Name of Employer

Wayne State U.

Occupation

Administrator

Receipt For:

Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Full Name (Last, First, Middle Initial)

B. D'Neil, Brian

Mailing Address

8187 Cotswold Ln.

City

Clarkston

State

MI

Zip Code

48348

FEC ID number of contributing federal political committee.

C

Date of Receipt

02 / 11 / 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 ▼

100.00

Full Name (Last, First, Middle Initial)

c. Pieper, David

Mailing Address

1356 Yorkshire

City

Grosse Pointe

State

MI

Zip Code

48230

FEC ID number of contributing federal political committee.

C

Date of Receipt

02 / 11 / 2014

Amount of Each Receipt this Period

300.00

Name of Employer

Wayne State U.

Occupation

Administrator

Receipt For:

Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

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

425.00

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

14031220068

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **3** OF **11**  
 (check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Lucas, Charles

Mailing Address

19331 Strathcona

City

Detroit

State

MI

Zip Code

48203

FEC ID number of contributing federal political committee.

C

Date of Receipt

02/12/2014

Amount of Each Receipt this Period

200.00

Name of Employer

Detroit Medical Center

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Full Name (Last, First, Middle Initial)

B. Schiavone, John

Mailing Address

5713 Burkoff Dr

City

Troy

State

MI

Zip Code

48064

FEC ID number of contributing federal political committee.

C

Date of Receipt

02/12/2014

Amount of Each Receipt this Period

25.00

Name of Employer

Wayne State U.

Occupation

Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Full Name (Last, First, Middle Initial)

C. Gruber, Scott

Mailing Address

23303 Morningside St.

City

Southfield

State

MI

Zip Code

48034

FEC ID number of contributing federal political committee.

C

Date of Receipt

02/12/2014

Amount of Each Receipt this Period

25.00

Name of Employer

Veterans Administration

Occupation

Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

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

250.00

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

250.00

14031220069



**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 4 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 WSUSOM**

**A. Spiaque, Carolyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**4545 Chelsea Lane**  
 City **Bloomfield Hills** State **MI** Zip Code **48301**  
 Name of Employer ~~Henry Ford~~ **Henry Ford Hospital** Occupation **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2,400.00**

Date of Receipt  
**02 ' 15 ' 2014**  
 Amount of Each Receipt this Period  
**2,400.00**

**B. Meshinian, Marc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**30498 Fox Club Dr.**  
 City **Farmington** State **MI** Zip Code **48331**  
 Name of Employer **Blue Cross Blue Shield** Occupation **Administrator**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **50.00**

Date of Receipt  
**02 ' 17 ' 2014**  
 Amount of Each Receipt this Period  
**50.00**

**c. Markova, Tsveti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**42524 Flis Drive**  
 City **Sterling Heights** State **MI** Zip Code **48314**  
 Name of Employer **Wayne State U.** Occupation **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt  
**02 ' 17 ' 2014**  
 Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **2,550.00**  
**TOTAL** This Period (last page this line number only).....

14031220070

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

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

FOR LINE NUMBER: PAGE **5** OF **11**  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

**Friends of WSUSOM**

**A. Commins-Tzoumakas, Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1170 Fairfax**  
 City: **Birmingham** State: **MI** Zip Code: **48009**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Hall Herder** Occupation: **Attorney**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **1,200.00**

Date of Receipt: **02 ' 24 ' 2014**  
 Amount of Each Receipt this Period: **1,200.00**

**B. Flach, John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **4439 Cranbrook Trail**  
 City: **Orchard Lake** State: **MI** Zip Code: **48323**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Wayne State U.** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **100.00**

Date of Receipt: **02 ' 24 ' 2014**  
 Amount of Each Receipt this Period: **100.00**

**c. Busuito, Diana**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **2556 Amherst Ct.**  
 City: **Tooy** State: **MI** Zip Code: **48098**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Home maker** Occupation: **Home maker**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **02 ' 24 ' 2014**  
 Amount of Each Receipt this Period: **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1,500.00**  
**TOTAL** This Period (last page this line number only)..... ▶ **1,500.00**

14031220071

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 6 OF 11
11a 11b 11c 12
13 14 15 16 17

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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

Date of Receipt

03/01/2014

Amount of Each Receipt this Period

200.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Wayne State U.

Occupation

Physician

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

400.00

Full Name (Last, First, Middle Initial)

B. Sloane, Bonnie

Mailing Address

1027 Harvard Rd

City

Grosse Pointe

State

MI

Zip Code

48230

Date of Receipt

03/04/2014

Amount of Each Receipt this Period

50.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Wayne State U.

Occupation

Researcher

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

50.00

Full Name (Last, First, Middle Initial)

C. Juzych, Mark

Mailing Address

7106 Tennyson Downs Ct.

City

Bloomfield Hills

State

MI

Zip Code

48304

Date of Receipt

03/05/2014

Amount of Each Receipt this Period

600.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Wayne State U.

Occupation

Physician

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

600.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

850.00

14031220072

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

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

FOR LINE NUMBER: PAGE **7** OF **11**

(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)  
**Friends of WSU SOM**

**A. Chuba, Paul**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**842 Three Mile Rd.**  
City **Brosse Pointe** State **MI** Zip Code **48230**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **St. John Providence** Occupation **Physician**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt  
**03 ' 06 ' 2014**  
Amount of Each Receipt this Period  
**500.00**

**B. Parisi, Valerie**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**1401 Old Salem Ct.**  
City **Birmingham** State **MI** Zip Code **48009**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Wayne State U.** Occupation **Physician**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1,200.00**

Date of Receipt  
**03 ' 17 ' 2014**  
Amount of Each Receipt this Period  
**1,200.00**

**C. Mehrgan, Vasilus**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**5428 Teakwood Dr.**  
City **Monroe** State **MI** Zip Code **48161**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer **Pinkus Labs** Occupation **Physician**  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1,200.00**

Date of Receipt  
**03 ' 18 ' 2014**  
Amount of Each Receipt this Period  
**1,200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2,900.00**  
**TOTAL** This Period (last page this line number only).....

14031220073

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 11

(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)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Schiavone, John

Mailing Address

3713 Burkoff Dr.

City

Troy

State

MI

Zip Code

48064

FEC ID number of contributing federal political committee.

C

Date of Receipt

03 ' 20 ' 2014

Amount of Each Receipt this Period

25.00

Name of Employer

Wayne State U.

Occupation

Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Full Name (Last, First, Middle Initial)

B. MacLean, Lisa

Mailing Address

131 Kercheval Ave

City

Grosse Pointe

State

MI

Zip Code

48236

FEC ID number of contributing federal political committee.

C

Date of Receipt

03 ' 20 ' 2014

Amount of Each Receipt this Period

25.00

Name of Employer

Wayne State U.

Occupation

Administrator

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Full Name (Last, First, Middle Initial)

c. O'Neil, Brian

Mailing Address

2197 Cotswold Dr.

City

Clarkston

State

MI

Zip Code

48348

FEC ID number of contributing federal political committee.

C

Date of Receipt

03 ' 20 ' 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 ▼

200.00

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

150.00

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

150.00

14031220074

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

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

FOR LINE NUMBER: PAGE **9** OF **11**

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Friends of WSUSOM**

**A. Gruber, Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **23309 Morningside St.**  
 City: **Southfield** State: **MI** Zip Code: **48034**  
 Name of Employer: **Veterans Administration** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **50.00**

Date of Receipt: **03 ' 20 ' 2014**  
 Amount of Each Receipt this Period: **25.00**

**B. Meshishian, Marc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **30498 Fox Club Dr.**  
 City: **Farmington** State: **MI** Zip Code: **48331**  
 Name of Employer: **Blue Cross Blue Shield** Occupation: **Administrator**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **100.00**

Date of Receipt: **03 ' 20 ' 2014**  
 Amount of Each Receipt this Period: **50.00**

**C. Markova, Tsveti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **42524 Elis Dr.**  
 City: **Sterling Heights** State: **MI** Zip Code: **48314**  
 Name of Employer: **Wayne State U.** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **03 ' 20 ' 2014**  
 Amount of Each Receipt this Period: **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **175.00**  
**TOTAL** This Period (last page this line number only)..... ▶

14031220075

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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 OF 11	
	(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"/> 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 WSUSOM**

**A. Majihoo Amar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**1084 Jefferson Drive**  
 City **Troy** State **MI** Zip Code **48084**  
 Name of Employer **St. John Providence** Occupation **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**  
 FEC ID number of contributing federal political committee. **C**

Date of Receipt  
**03 ' 23 ' 2014**  
 Amount of Each Receipt this Period  
**100.00**

**B. Flack John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**4484 Crankbrook Trail**  
 City **Orchard Lake** State **MI** Zip Code **48323**  
 Name of Employer **Wayne State U.** Occupation **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.00**  
 FEC ID number of contributing federal political committee. **C**

Date of Receipt  
**03 ' 24 ' 2014**  
 Amount of Each Receipt this Period  
**100.00**

**c. Lucas Charles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**19331 Strathcona**  
 City **Detroit** State **MI** Zip Code **48203**  
 Name of Employer **Detroit Medical Center** Occupation **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**  
 FEC ID number of contributing federal political committee. **C**

Date of Receipt  
**03 ' 24 ' 2014**  
 Amount of Each Receipt this Period  
**200.00**

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

14031220076

**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)

<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 WSUSOM**

**A. Full Name (Last, First, Middle Initial)**  
**Mosenberg, David**

**Mailing Address**  
**31900 Nottingham Dr.**

**City** **Franklin** **State** **MI** **Zip Code** **48025**

**FEC ID number of contributing federal political committee.** **C**

**Name of Employer** **Wayne State U.** **Occupation** **Physician**

**Receipt For:**  
 Primary  General  
 Other (specify) ▼

**Aggregate Year-to-Date ▼**  
**400.00**

**Date of Receipt**  
**03 / 24 / 2014**

**Amount of Each Receipt this Period**  
**200.00**

**B. Full Name (Last, First, Middle Initial)**  
**Guthikonda, Musali**

**Mailing Address**  
**6 Highie Ct.**

**City** **Grosse Pointe** **State** **MI** **Zip Code** **48236**

**FEC ID number of contributing federal political committee.** **C**

**Name of Employer** **Detroit Medical Center** **Occupation** **Physician**

**Receipt For:**  
 Primary  General  
 Other (specify) ▼

**Aggregate Year-to-Date ▼**  
**500.00**

**Date of Receipt**  
**03 / 25 / 2014**

**Amount of Each Receipt this Period**  
**500.00**

**C. Full Name (Last, First, Middle Initial)**

**Mailing Address**

**City** **State** **Zip Code**

**FEC ID number of contributing federal political committee.** **C**

**Name of Employer** **Occupation**

**Receipt For:**  
 Primary  General  
 Other (specify) ▼

**Aggregate Year-to-Date ▼**

**Date of Receipt**  
MM / DD / YYYY

**Amount of Each Receipt this Period**

**SUBTOTAL of Receipts This Page (optional)** **700.00**

**TOTAL This Period (last page this line number only)** **11,500.00**

14031220077



**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 <b>2</b> OF <b>2</b>
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
**Friends of WSUSOM**

**A.** Full Name (Last, First, Middle Initial)  
**Apple Store**

Mailing Address  
**2900 W. Big Beaver Rd.**

City  
**TROY** State  
**MI** Zip Code  
**48084**

Purpose of Disbursement  
**Computer-Wifi Equipment**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**09 ' 17 ' 2014**

Amount of Each Disbursement this Period  
**232.09**

Category/Type  
**003**

**B.** Full Name (Last, First, Middle Initial)  
**PayPal**

Mailing Address  
**2211 North First St.**

City  
**San Jose** State  
**CA** Zip Code  
**95131**

Purpose of Disbursement  
**Online Contribution Fees**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**09 ' 31 ' 2014**

Amount of Each Disbursement this Period  
**207.93**

Category/Type  
**003**

**C.** Full Name (Last, First, Middle Initial)  
**[REDACTED]**

Mailing Address  
**[REDACTED]**

City  
**[REDACTED]** State  
**[REDACTED]** Zip Code  
**[REDACTED]**

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
**[REDACTED]**

Amount of Each Disbursement this Period  
**[REDACTED]**

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **440.02**

TOTAL This Period (last page this line number only).....▶ **3035.48**

14031220078

**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 1 OF 2

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Detroit Athletic Club

Mailing Address

241 Madison Ave

City

Detroit

State

MI

Zip Code

48226

Purpose of Disbursement

Fundraising Expense Jan-Feb

Candidate Name

003

Category/  
Type

Date of Disbursement

03 01 2014

Amount of Each Disbursement this Period

600.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Detroit Athletic Club

Mailing Address

241 Madison Ave

City

Detroit

State

MI

Zip Code

48226

Purpose of Disbursement

Fundraising Expense March

Candidate Name

003

Category/  
Type

Date of Disbursement

03 28 2014

Amount of Each Disbursement this Period

300.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Apple Store

Mailing Address

2500 W. Big Beaver Rd.

City

Troy

State

MI

Zip Code

48084

Purpose of Disbursement

Computer Replacement

Candidate Name

003

Category/  
Type

Date of Disbursement

03 24 2014

Amount of Each Disbursement this Period

1,695.46

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

2,595.46

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

14031220079

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**Friends of WSUSOM**

A. Full Name (Last, First, Middle Initial) <b>Benishek for Congress</b>		Date of Disbursement <b>09 / 27 / 2014</b>
Mailing Address <b>PO Box 108</b>		Amount of Each Disbursement this Period <b>2,500.00</b>
City <b>Gladstone</b>	State Zip Code <b>MT 49837</b>	
Purpose of Disbursement <b>Fundraiser</b>	Category/Type <b>000</b>	
Candidate Name <b>Don Benishek</b>		
Office Sought: <input checked="" 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: <b>MT</b> District: <b>1</b>		

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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:		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	<b>2,500.00</b>
TOTAL This Period (last page this line number only).....▶	<b>2,500.00</b>

14031220080

**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 /

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Pschollka Results PAC

Mailing Address

5810 Longhorn Trail

City

Stevensville

State

MI

Zip Code

49127

Purpose of Disbursement

Fundraiser

Candidate Name

011

Category/  
Type

Date of Disbursement

02 / 19 / 2014

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Friends for Roger Kahn for Senate

Mailing Address

PO Box 1627

City

Saginaw

State

MI

Zip Code

48605

Purpose of Disbursement

Fundraiser

Candidate Name

Roger Kahn

Category/  
Type

Date of Disbursement

03 / 03 / 2014

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

Amount of Each Disbursement this Period

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

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

2,000.00

2,000.00

14031220081

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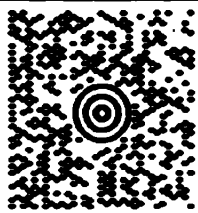
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DATE: 15 APR 2014

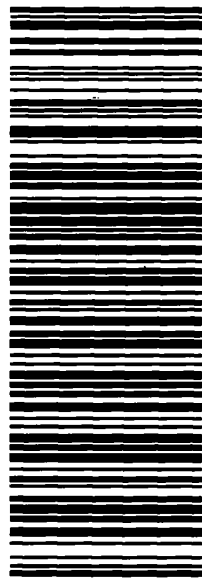
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WASHINGTON DC 20463-0001

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

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*4/15/14*

Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JSP*  
PREPARER

*4/16/14*  
DATE PREPARED

14031220083