

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.

12FE4M5

2019 FEB 2 10:10

FEC MAIL CENTER

Friends of WSUSOM

ADDRESS (number and street)

P.O. Box 4406

Check if different than previously reported. (ACC)

Detroit

MI 48244

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00452961

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 [MM] / [DD] / [YYYY] in the State of [ ]

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

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

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period

11 / 23 / 2019

through

12 / 31 / 2019

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

[Handwritten Signature]

Date

01 / 30 / 2019

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Friends of WSUGOM**

Report Covering the Period:

From:

**11 25 2014**

To:

**12 31 2014**

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <b>2014</b>		<b>1,053.12</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>1,969.99</b>	
(c) Total Receipts (from Line 19).....	<b>1,525.00</b>	<b>23,770.40</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>3,494.99</b>	<b>24,823.52</b>
7. Total Disbursements (from Line 31).....	<b>2,740.05</b>	<b>24,068.58</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>754.94</b>	<b>754.94</b>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>0.00</b>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>0.00</b>	



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

11/01/14 11:00:10 AM

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Friends of WSUGOM**

Report Covering the Period: From:

**11 25 2014**

To:

**12 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).....

**1,529.00**

**23,675.00**

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

**1,529.00**

**23,675.00**

(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).....▶

**1,529.00**

**23,675.00**

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**

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)).....▶

**1,529.00**

**23,770.40**

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

11000110001000

**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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	1,590.05	11,542.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,590.05	11,542.48
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		6,055.50
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	1,150.00	6,470.60
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2,740.05	24,068.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

INDEPENDENT COUNCIL ON AMERICA

**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) .....	1,525.00	23,675.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,525.00	23,675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,590.09	11,542.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	95.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,590.09	11,447.08

- FRONT - COLUMN 1 - FRONT -

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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE <u>1</u> OF <u>5</u>	
	(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

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

Mailing Address  
**41800 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 **2,000.00**

Date of Receipt  
**12 04 2014**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address  
**19331 Stratcona**

City **Detroit** State **MI** Zip Code **48203**

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 **2,000.00**

Date of Receipt  
**12 04 2014**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address  
**4499 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 **1,000.00**

Date of Receipt  
**12 04 2014**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional) **500.00**

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

110004 1 00001 1 00001

**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

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

**A. Majleso Arias**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1094 Jefferson Dr.**  
 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: **9,000.00**  
 FEC ID number of contributing federal political committee: **C**

Date of Receipt: **12/04/2014**  
 Amount of Each Receipt this Period: **100.00**

**B. Sloane, Bonnie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1027 Harvard Rd.**  
 City: **Grosse Pointe** State: **MI** Zip Code: **48230**  
 Name of Employer: **Wayne State U.** Occupation: **Researcher**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **400.00**  
 FEC ID number of contributing federal political committee: **C**

Date of Receipt: **12/04/2014**  
 Amount of Each Receipt this Period: **50.00**

**C. Markova, Tsveti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **42524 Flis 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: **1,000.00**  
 FEC ID number of contributing federal political committee: **C**

Date of Receipt: **12/04/2014**  
 Amount of Each Receipt this Period: **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **250.00**  
**TOTAL** This Period (last page this line number only) ..... **250.00**

11004 10001 10001 10001

**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 **5**  
(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. Full Name (Last, First, Middle Initial)  
**Keshishian, Marc**  
 Mailing Address  
**30498 Fox Club Dr.**  
 City  
**Farmington** State  
**MT** Zip Code  
**48331**  
 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  
**500.00**

Date of Receipt  
**12 04 2014**  
 Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**Pieper, David**  
 Mailing Address  
**1356 Yorkshire**  
 City  
**60992 Pointe Park** State  
**MT** Zip Code  
**48230**  
 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  
**600.00**

Date of Receipt  
**12 10 2014**  
 Amount of Each Receipt this Period  
**300.00**

C. Full Name (Last, First, Middle Initial)  
**Schenk, Mary Jean**  
 Mailing Address  
**6639 Belle River Rd.**  
 City  
**China** State  
**MT** Zip Code  
**48054**  
 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  
**2200.00**

Date of Receipt  
**12 15 2014**  
 Amount of Each Receipt this Period  
**200.00**

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

**550.00**



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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE <u>4</u> OF <u>5</u>	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. <b>MacLean, Lisa</b>		Date of Receipt <b>12 / 16 / 2014</b>
Mailing Address <b>131 Herchaval Rd.</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>Bozette Pointe</b>	State Zip Code <b>MI 48236</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Wayne State U.</b>	Occupation <b>Administrator</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>275.00</b>	

Full Name (Last, First, Middle Initial) B. <b>O'Neil, Brian</b>		Date of Receipt <b>12 / 16 / 2014</b>
Mailing Address <b>8187 Cotswold Lane</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>Clarkston</b>	State Zip Code <b>MI 48348</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Detroit Medical Center</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1,000.00</b>	

Full Name (Last, First, Middle Initial) C. <b>Gruber, Scott</b>		Date of Receipt <b>12 / 16 / 2014</b>
Mailing Address <b>23303 Morningside</b>		Amount of Each Receipt this Period <b>25.00</b>
City <b>Southfield</b>	State Zip Code <b>MI 48034</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Veterans Administration</b>	Occupation <b>Physician</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>225.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

10-00000-1-00000-1-00000

**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 **5**  
(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. Meshian, Marc**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**30499 Fox Club Dr.**  
City **Farmington** State **MI** Zip Code **48331**

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 ▼  
**550.00**

Date of Receipt  
**12 16 2014**

Amount of Each Receipt this Period  
**50.00**

**B. Schiavone, John**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
**3713 Burkoff Dr.**  
City **Troy** State **MI** Zip Code **48064**

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 ▼  
**275.00**

Date of Receipt  
**12 16 2014**

Amount of Each Receipt this Period  
**25.00**

**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

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**TOTAL** This Period (last page this line number only)..... **1,525.00**

1-800-4-A-ACCOUNT

**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 1
	<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. **Skorzniak, Doug**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **14469 Meisano**  
 City: **Gerling Heights MI** State: **MI** Zip Code: **48312**  
 Purpose of Disbursement: **Reimbursement Event Costs - Mileage**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **Mileage**  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement: **12 01 2014**  
 Amount of Each Disbursement this Period: **570.00**  
 Category/Type: **003**

B. **Bank of America**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **P.O. Box 25118**  
 City: **Tampa FL** State: **FL** Zip Code: **33622**  
 Purpose of Disbursement: **Bank Fees**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **Mileage**  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement: **12 31 2014**  
 Amount of Each Disbursement this Period: **331.00**  
 Category/Type: **003**

C. **Things Remembered**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **17460 Hall Rd.**  
 City: **Clinton Twp MI** State: **MI** Zip Code: **48038**  
 Purpose of Disbursement: **Donor Recognition Awards**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) **Mileage**  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Date of Disbursement: **12 09 2014**  
 Amount of Each Disbursement this Period: **389.00**  
 Category/Type: **003**

**SUBTOTAL** of Disbursements This Page (optional)..... **1,289.00**  
**TOTAL** This Period (last page this line number only)..... **1,289.00**

1-800-4-A-COUNT-1-INFO

**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 1

<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)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Friends of Fred Miller

Mailing Address  
P.O. Box 46274

City Mount Clemens MI Zip Code 48046

Purpose of Disbursement

Fundraiser

Candidate Name

Fred Miller, County Commissioner

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

12 / 01 / 2014

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Macomb Leadership PAC

Mailing Address  
52466 Windsor Ct

City Shelby Twp MI Zip Code 48315

Purpose of Disbursement

Fundraiser Ticket

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

12 / 06 / 2014

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

150.00

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

1150.00

**Extremely Urgent**

This envelope is for use with the following services:

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

visit theupsstore.com or call 1-800-PICK-UPS® (1-800-742-5877)

to find a 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 by weight.

**International Shipments**

The UPS Express Envelope may be used only for documents of no commercial value. Certain countries consider electronic media as documents. Visit [ups.com/importexport](http://ups.com/importexport) to verify if your shipment is classified as a document.

To qualify for the Letter rate, the UPS Express Envelope must weigh 8 oz. or less. UPS Express Envelopes weighing more than 8 oz. will be billed by weight.

Note: Express Envelopes are not recommended for shipments of electronic media containing sensitive personal information or breakable items. Do not send cash or cash equivalent.

Apply shipping documents on this side.

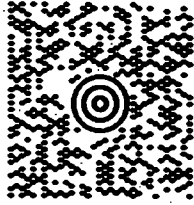
DOUG SKRZYNIARZ  
(586) 873-5926  
14469 MAISAND  
STERLING HEIGHT MI 48312

0.3 LBS LTR 1 OF 1  
SHIP MT: LTR  
DATE: 30 JAN 2015

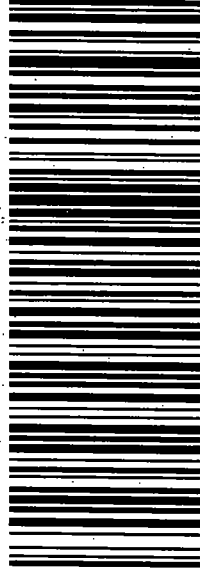
SHIP FEDERAL ELECTION COMMISSION  
TO: 999 E ST NW

WASHINGTON DC 20463-0001

MD 201 9-83



UPS NEXT DAY AIR 1  
TRACKING #: 1Z 451 509 01 5433 1931



BILLING: P/P

18H 13.00H Z2P 450 97.5U 10/2014

SEE NOTICE ON REVERSE regarding UPS Terms, and copies of Statement of Liability. Where allowed by law, proper addresses UPS to act as a shipping agent by export control and customs purposes. It is reported from the U.S. Shipper certifies that the commodities, technology restrictions were reported from the U.S. in accordance with the Export Administration Regulations. Government commodity is law is prohibited.



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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): <u>UPS</u>	Shipping Date <u>1/30/15</u>
	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

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