

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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Office Use Only

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

ADDRESS (number and street) PO Box 44406 Check if different than previously reported. (ACC) Detroit MI 48244-1046

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 000452961 IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, 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 07 01 2009 through 12 31 2009

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 I. Skrzyniarz Signature of Treasurer [Signature] Date 01 31 2010

10030241092

**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:

07 01 2009

To:

12 31 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009		10,214.58
(b) Cash on Hand at Beginning of Reporting Period.....	12,630.70	
(c) Total Receipts (from Line 19).....	12,030.95	29,855.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	24,661.65	40,070.53
7. Total Disbursements (from Line 31).....	14,151.86	29,610.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10,509.79	10,509.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



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

10030241093

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Friends of WSUSOM

Report Covering the Period: From:

07 01 2009

To:

12 31 2009

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

11,800.00

29,600.00

11,800.00

29,600.00

- (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).....▶

11,800.00

29,600.00

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).....

230.95

255.95

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)).....▶

12,030.95

29,855.95

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

12,030.95

29,855.95

10030241094

DETAILED SUMMARY PAGE
of Disbursements

10030241095

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	9,948.51	17,157.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9,948.51	17,157.39
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	4,000.00
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	3,203.35	8,453.35
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))..	14,151.86	29,610.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14,151.86	29,610.74

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)	11,800.00	29,600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11,800.00	29,600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	99,495.1	17,157.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	230.95	255.95
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9,712.56	16,901.44

10030241096

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE 1 OF 7

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. White, Suzanne
 Full Name (Last, First, Middle Initial)
 Mailing Address: **23701 Wilmarth**
 City: **Farmington** State: **MI** Zip Code: **48335**
 Date of Receipt: **10/29/2009**
 Amount of Each Receipt this Period: **500.00**
 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: **1,500.00**

B. Lucas, Charles
 Full Name (Last, First, Middle Initial)
 Mailing Address: **19331 Strathcona**
 City: **Detroit** State: **MI** Zip Code: **48203-1495**
 Date of Receipt: **10/19/2009**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Retired** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**

C. Norman, Silas
 Full Name (Last, First, Middle Initial)
 Mailing Address: **6851 Woodbank Drive**
 City: **Bloomfield** State: **MI** Zip Code: **48301**
 Date of Receipt: **10/26/2009**
 Amount of Each Receipt this Period: **500.00**
 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: **500.00**

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

10030241097

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 2 OF 7
(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)
Marsh, Harold
Mailing Address
356 Lakeland Ave
City **Grosse Pointe** State **MI** Zip Code **48230**
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 **500.00**

Date of Receipt
10 26 2009
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Hinshaw, Keith
Mailing Address
245 Barclay Cir
City **Rochester** State **MI** Zip Code **48307**
FEC ID number of contributing federal political committee. **C**
Name of Employer **Rochester Gen Surgery** Occupation **Physician**
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **1,500.00**

Date of Receipt
10 28 2009
Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Schenk, Mary Jean
Mailing Address
6639 Belle River Rd.
City **China** State **MI** Zip Code **49054**
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 **1,500.00**

Date of Receipt
10 24 2009
Amount of Each Receipt this Period
500.00

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

2,000.00

10030241098

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE **3** OF **7**
(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)
Majumdar, Adhip

Mailing Address
405 W. Cambourne St.

City **Ferndale** State **MI** Zip Code **48220**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
10 24 2009

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Aitshuler, Nancy

Mailing Address
10 Windward Pl

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

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

Name of Employer Occupation
Home maker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,500.00

Date of Receipt
10 25 2009

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Schwarz, Anne

Mailing Address
2757 Holyoke Ln.

City **Ann Arbor** State **MI** Zip Code **48103**

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

Name of Employer Occupation
Hermanos Career Inst Researcher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 28 2009

Amount of Each Receipt this Period
500.00

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

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

1,550.00

10030241099

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE **4** OF **7**
 (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)
Taylor, Sherry L

Mailing Address
1047 Clear Point Ct.

City **Bloomfield Hills** State **MI** Zip Code **48304**

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

Name of Employer
Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 27 2009

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Tancer, Manuel

Mailing Address
1262 Whittier Rd.

City **Grosse Pointe** State **MI** Zip Code **48230**

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 ▼
2,500.00

Date of Receipt
11 02 2009

Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Smitherman, Herbert

Mailing Address
90 Virginia Park

City **Detroit** State **MI** Zip Code **48202**

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 ▼
1,500.00

Date of Receipt
11 04 2009

Amount of Each Receipt this Period
500.00

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

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

2,000.00

10030241100

**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 7
(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)
Sprague, Carolyn
 Mailing Address
4573 Chelsea Ln.
 City
Bloomfield State
MI Zip Code
48301
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Henry Ford Health Occupation
Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
1,500.00

Date of Receipt
11 / 09 / 2009
 Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Busuito, Michael
 Mailing Address
2556 Amherst Ct.
 City
Troy State
MI Zip Code
48098
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Somerset Plastic Surg Occupation
Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
2,000.00

Date of Receipt
11 / 09 / 2009
 Amount of Each Receipt this Period
1,000.00

C. Full Name (Last, First, Middle Initial)
Flake, Thomas
 Mailing Address
38312 Golfview
 City
Farmington Hills State
MI Zip Code
48331
 FEC ID number of contributing federal political committee.
C
 Name of Employer
Beaumont Hospital Occupation
Surgeon
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 09 / 2009
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ 2,000.00
 TOTAL This Period (last page this line number only).....▶ 2,000.00

10030241101

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 **7**

<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)

A. Flack, John
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4989 Cranbrook 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: **1,500.00**

Date of Receipt: **10/09/2009**
 Amount of Each Receipt this Period: **500.00**

B. Crissman, John
 Full Name (Last, First, Middle Initial)
 Mailing Address: **340 E. Canfield**
 City: **Detroit** State: **MI** Zip Code: **48201**
 Name of Employer: **Wayne State U.** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **750.00**

Date of Receipt: **11/09/2009**
 Amount of Each Receipt this Period: **500.00**

C. Mehregan, Darius
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5428 Teakwood Blvd**
 City: **Monroe** State: **MI** Zip Code: **48161**
 Name of Employer: **Wayne State U.** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,500.00**

Date of Receipt: **11/09/2009**
 Amount of Each Receipt this Period: **500.00**

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

1,500.00

10030241102

**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)
 11a 11b 11c 12
 13 14 15 16 17
 PAGE **7** OF **7**

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Sokol, Robert
 Mailing Address
2291 Danbury West
 City **Bloomfield** State **MI** Zip Code **48322**
 Name of Employer **Wayne State U.** Occupation **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
11 30 2009
 Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Leonard, Robert
 Mailing Address
4 Cameron Place
 City **Grosse Pointe** State **MI** Zip Code **48230**
 Name of Employer **St. John Health** Occupation **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
11 30 2009
 Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cohn, Jonathan
 Mailing Address
1025 Spring St.
 City **Ann Arbor** State **MI** Zip Code **49103**
 Name of Employer **Wayne State U.** Occupation **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
11 30 2009
 Amount of Each Receipt this Period
500.00

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

1,250.00
11,800.00

10030241103

**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
	<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

Full Name (Last, First, Middle Initial) A. Apple Store		Date of Disbursement 07 10 2009
Mailing Address 17360 Hall Rd, Ste 181		Amount of Each Disbursement this Period 2,149.73
City Clinton Township MI	State Zip Code MI 48038	
Purpose of Disbursement Computer Equipment/Software		Category/Type 003
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:		

Full Name (Last, First, Middle Initial) B. Capital grille		Date of Disbursement 09 28 2009
Mailing Address 2900 West Big Beaver Rd.		Amount of Each Disbursement this Period 5,177.8
City Troy MI	State Zip Code MI 48084	
Purpose of Disbursement Executive Committee Mtg		Category/Type 003
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:		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Date of Disbursement 10 13 2009
Mailing Address 116925 Masonic		Amount of Each Disbursement this Period 309.00
City Fraser MI	State Zip Code MI 48026	
Purpose of Disbursement Stamps		Category/Type 003
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).....▶	2,975.51
TOTAL This Period (last page this line number only).....▶	

10030241104

**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 2 OF 2

<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

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NAME OF COMMITTEE (In Full)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Bourbon Steaks Restaurant

Mailing Address

1777 3rd Street

City

Detroit

State

MI

Zip Code

48226

Purpose of Disbursement

Fundraiser

Candidate Name

003

Category/
Type

Date of Disbursement

11 06 2009

Amount of Each Disbursement this Period

3,001.32

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Sampar Consulting

Mailing Address

43504 Vinsetta

City

Sterling Heights

State

MI

Zip Code

48313

Purpose of Disbursement

Fundraising Consultant

Candidate Name

003

Category/
Type

Date of Disbursement

07 02 2009

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. Sampar Consulting

Mailing Address

43504 Vinsetta

City

Sterling Heights

State

MI

Zip Code

48313

Purpose of Disbursement

Fundraising Consultant

Candidate Name

003

Category/
Type

Date of Disbursement

09 07 2009

Amount of Each Disbursement this Period

1,000.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

5,001.32

10030241105

**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 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. Friends of Jim Clyburn

Date of Disbursement: **08 12 2009**

Mailing Address: **P.O. BOX 12567**

City: **Columbia** State: **SC** Zip Code: **29211**

Purpose of Disbursement: **Contribution - Fundraiser** Category/Type: **011**

Amount of Each Disbursement this Period: **500.00**

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

State: **SC** District: **b**

B. Conyers, John for Congress

Date of Disbursement: **07 14 2009**

Mailing Address: **1831 Bay St. SE**

City: **Washington DC** State: **DC** Zip Code: **20003**

Purpose of Disbursement: **Contribution - Fundraiser** Category/Type: **011**

Amount of Each Disbursement this Period: **500.00**

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

State: **MI** District: **14**

C.

Date of Disbursement: [] [] []

Mailing Address: [] [] []

City: [] State: [] Zip Code: []

Purpose of Disbursement: [] Category/Type: []

Candidate Name: []

Amount of Each Disbursement this Period: []

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

State: [] District: []

SUBTOTAL of Disbursements This Page (optional).....▶ **1,000.00**

TOTAL This Period (last page this line number only).....▶ **1,000.00**

10030241106

**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 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input checked="" 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. **Brown, Gary Committee to Elect** Date of Disbursement: **09 09 2009**

Mailing Address: **3430 E. Jefferson Ave, Ste 134**

City: **Detroit** State: **MI** Zip Code: **48207**

Purpose of Disbursement: **Gary Brown / Fundraiser** Amount of Each Disbursement this Period: **150.00**

Candidate Name: **Detroit City Council** Category/Type: **011**

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

State: _____ District: _____

B. **Committee to Elect Harris, Ken** Date of Disbursement: **10 01 2009**

Mailing Address: **65 Cadillac Square, Ste 2200**

City: **Detroit** State: **MI** Zip Code: **48226**

Purpose of Disbursement: **Fundraisers - Detroit Charter Commission** Amount of Each Disbursement this Period: **100.00**

Candidate Name: **Ken Harris** Category/Type: **011**

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

State: _____ District: _____

C. **Committee to Elect Booker, Darwin** Date of Disbursement: **10 01 2009**

Mailing Address: **P.O. Box 971**

City: **East** State: **MI** Zip Code: **49631**

Purpose of Disbursement: **Fundraiser - State House** Amount of Each Disbursement this Period: **200.00**

Candidate Name: **Darwin Booker** Category/Type: **011**

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)..... **550.00**

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

10030241107

**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 2 OF 3

<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 Taib, Hashida

Date of Disbursement

10 01 2009

Mailing Address

P.O. Box 9390

City

Detroit

State

MI

Zip Code

48209

Purpose of Disbursement

Fundraisers - State House

011

Amount of Each Disbursement this Period

150.00

Candidate Name

Hashida Taib

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Committee to Elect Cockrel, Ken

Date of Disbursement

10 01 2009

Mailing Address

23460 Michigan Ave

City

Detroit

State

MI

Zip Code

48124

Purpose of Disbursement

Fundraisers - Detroit City Council

011

Amount of Each Disbursement this Period

100.00

Candidate Name

Ken Cockrel, Jr.

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Committee to Elect Haines, Bayle

Date of Disbursement

12 02 2009

Mailing Address

P.O. Box 301085

City

Waterford

State

MI

Zip Code

48330

Purpose of Disbursement

Fundraisers - State House

011

Amount of Each Disbursement this Period

150.00

Candidate Name

Bayle Haines

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

400.00

10030241108

**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 **3** OF **3**

<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)

A. Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate		Date of Disbursement 11 11 2009
Mailing Address P.O. Box 1627		
City Saginaw	State MI	Zip Code 48605
Purpose of Disbursement Fundraiser - State Senate		Amount of Each Disbursement this Period 1,000.00
Candidate Name Roger Kahn		Category/Type 010
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: _____	

B. Full Name (Last, First, Middle Initial) Cherry for Governor		Date of Disbursement 12 21 2009
Mailing Address P.O. Box 18189		
City Lansing	State MI	Zip Code 48901
Purpose of Disbursement Fundraising Expenses - Governor		Amount of Each Disbursement this Period 1,253.35
Candidate Name John Cherry		Category/Type 003
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		Amount of Each Disbursement this Period
Candidate Name		Category/Type
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).....▶	2,253.35
TOTAL This Period (last page this line number only).....▶	3,203.35

10030241109

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed ex* Shipping Date
2/1/10
 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

[Signature]
 PREPARER

2/2/10
 DATE PREPARED

10030241110