



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-1

Inad Haddad, MD, Treasurer  
Michigan Doctor Political Action Committee  
P.O. Box 769  
East Lansing, MI 48826

DEC 22 1998

Identification Number: C00001180

Reference: Amended Statement of Organization dated 5/15/98

Dear Dr. Haddad:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

-Please clarify your relationship, if any, with Michigan State Medical Society which appears to be your connected organization. For further guidance on the question of connected organizations, please refer to 11 CFR §100.6. If your committee is a separate segregated fund, an amended Statement of Organization should be submitted to indicate the appropriate type of committee on Line 5(e) and to clarify the type of your connected organization on Line 6.

Furthermore, if the Michigan State Medical Society is indeed your connected organization, its full name must be included in the name of your political committee. While committees may use commonly recognized abbreviations on daily communications such as letterhead and committee checks, committee filings (Statement of Organization, disclosure reports and amendments) must reflect the official name of the connected organization, as well as any abbreviation, within its title. 2 U.S.C. §432(e)(5)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days

of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dominick Ciaraldi". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Dominick Ciaraldi  
Reports Analyst  
Reports Analysis Division

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)	2. DATE
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code	4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO

**5. TYPE OF COMMITTEE (Check one)**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
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- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**7. Custodian of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position

**8. Treasurer:** List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position

**9. Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-219-3420

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FEC FORM 1

(revised 4/87)

