

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="13433.66"/>	<input type="text" value="13433.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13433.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8077.84"/>	<input type="text" value="8077.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="21511.50"/>	<input type="text" value="21511.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8250.00"/>	<input type="text" value="8250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="13261.50"/>	<input type="text" value="13261.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: / / To: / /

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).....	7125.00	7125.00
(ii) Unitemized	770.00	770.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	7895.00	7895.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7895.00	7895.00
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).....	182.84	182.84
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)).....▶	8077.84	8077.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8077.84	8077.84

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	8250.00	8250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8250.00	8250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8250.00	8250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	7895.00	7895.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7895.00	7895.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	182.84	182.84
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 182.84	- 182.84

**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 15
<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

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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. AVERY, ANITA, Anita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Jefferson SE
 City Grand Rapids State MI Zip Code 49503-4396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 03 / 2020**
Transaction ID : SA11AI.19831
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. BARONE, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14255 Towering Oak Drive
 City Shelby Township State MI Zip Code 48315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 04 / 2020**
Transaction ID : SA11AI.19839
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Berry, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50652 Telluride
 City Canton State MI Zip Code 48187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emergency Phys Occupation (for Individual) NA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 05 / 2020**
Transaction ID : SA11AI.19844
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Chu, Betty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6483 Citation Drive Ste A
 City Clarkston State MI Zip Code 48346
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 04 / 2020
Transaction ID : SA11AI.19840
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. GHOSE, AMIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2799 W Grand Blvd Derm Dept
 City Detroit State MI Zip Code 48202
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 03 / 2020
Transaction ID : SA11AI.19834
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Jones, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18101 Oakwood Dlvd
 City Dearborn State MI Zip Code 48124
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Selfemployed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 03 / 2020
Transaction ID : SA11AI.19830
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Kulkarni, Nita, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1810 Overhill
 City Flint State MI Zip Code 48503
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 03 / 2020
Transaction ID : SA11AI.19832
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Kumar, Ponon, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1221 Pine Grove Ave.
 City Port Huron State MI Zip Code 48060
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Ponan Kumar, MD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 23 / 2020
Transaction ID : SA11AI.19827
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Mukkamala, AppaRao, , , dm
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hurley Plaza
 City Flint State MI Zip Code 48503-5902
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) AppaRao Mukkamala, MD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 29 / 2020
Transaction ID : SA11AI.19828
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Novak, Julie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 W Saginaw
 City East Lansing State MI Zip Code 48823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Michigan State Medical Society Occupation (for Individual) ceo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 05 / 2020**
Transaction ID : SA11AI.19835
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Pasko, MD, Jonathan E., , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 N Macomb St Ste 324
 City Monroe State MI Zip Code 48162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **01 / 03 / 2020**
Transaction ID : SA11AI.19823
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

C. Stone, Kevin, T., Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 Mercy Dr
 City Muskegon State MI Zip Code 49444-1896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Shore Urology PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **01 / 13 / 2020**
Transaction ID : SA11AI.19826
 Amount of Each Receipt this Period 225.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Swagman, William G., , MD,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3333 Evergreen NE
 City Grand Rapids State MI Zip Code 49525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) William Swagman, MD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2020
Transaction ID : SA11AI.19829
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

B. Wise, Phillip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8694 Wallinwood Farms Ave.
 City Jenison State MI Zip Code 48428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Phillip Wise MD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 05 / 2020
Transaction ID : SA11AI.19836
 Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	7125.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. Barrett Brigade Leadership Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2020

Mailing Address PO Box

City Charlotte State MI Zip Code 48813

FEC Identification Number

C []

Transaction ID : SB29.19849
Amount of Each Disbursement this Period

[] 250.00

Memo Item

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Beth Griffin for State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2020

Mailing Address P.O. Box 29

City Paw Paw State MI Zip Code 49079

FEC Identification Number

C []

Transaction ID : SB29.19878
Amount of Each Disbursement this Period

[] 250.00

Memo Item

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Bizon Majority Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2020

Mailing Address 114 Castle Ridge Drive

City BATTLE CREEK State MI Zip Code 49017

FEC Identification Number

C []

Transaction ID : SB29.19851
Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Purpose of Disbursement Contribution

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[] 1500.00

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

[]

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. Building Experience Now PAC

Mailing Address 1731 Blue Grass Road

City Lansing State MI Zip Code 48906

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2020

FEC Identification Number

C
Transaction ID : SB29.19853
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chatfield Majority Fund

Mailing Address 2481 US31 North

City Levering State MI Zip Code 49755

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2020

FEC Identification Number

C
Transaction ID : SB29.19892
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Compete Michigan PAC

Mailing Address 113 W Michigan Ave

City Jackson State MI Zip Code 49201

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2020

FEC Identification Number

C
Transaction ID : SB29.19855
Amount of Each Disbursement this Period
300.00

Memo Item

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

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

1550.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. CTE Peter MacGregor

Mailing Address 8209 Vista Royale Lane

City Rockford State MI Zip Code 49341

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: MI District: 73

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2020

FEC Identification Number

C []

Transaction ID : SB29.19848

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CTE Winnie Brinks for Senate

Mailing Address 2060 OSCEOLA DR. SE

City GRAND RAPIDS State MI Zip Code 49506

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2020

FEC Identification Number

C []

Transaction ID : SB29.19866

Amount of Each Disbursement this Period

[] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Curtis Hertel Jr, for State Senate

Mailing Address PO Box 16028

City Lansing State MI Zip Code 48901

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2020

FEC Identification Number

C []

Transaction ID : SB29.19862

Amount of Each Disbursement this Period

[] 250.00

Memo Item

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

[] 1500.00

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

[]

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. HRCC

Mailing Address PO Box 15035

City
Lansing

State
MI

Zip Code
48901

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2020

FEC Identification Number

C
Transaction ID : SB29.19858
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kim Lasata for State Senate

Mailing Address PO Box 495

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2020

FEC Identification Number

C
Transaction ID : SB29.19860
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Senate Republican Campaign Committee

Mailing Address PO BOX 12023

City
LANSING

State
MI

Zip Code
48901

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2020

FEC Identification Number

C
Transaction ID : SB29.19883
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

2500.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. Stephanie's Changemaker Fund

Mailing Address PO Box 12175

City
Lansing

State
MI

Zip Code
48901

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2020

FEC Identification Number

C

Transaction ID : SB29.19856

Amount of Each Disbursement this Period

250.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

250.00

7300.00