

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Michigan Doctors Political Action Committee - Michigan State Medical Society

ADDRESS (number and street) P.O. Box 769
 Check if different than previously reported. (ACC)
East Lansing MI 48826

2. **FEC IDENTIFICATION NUMBER** C00001180
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 Quarterly 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 (12G)
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 01 01 2011 through 06 30 2011

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 Scot Goldberg

Signature of Treasurer Electronically Filed by Scot Goldberg Date 07 28 2011

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							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		35857.23
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	35857.23									
(c) Total Receipts (from Line 19)	43095.00	43095.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	78952.23	78952.23								
7. Total Disbursements (from Line 31)	23775.00	23775.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55177.23	55177.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	23400.00	23400.00
(ii) Unitemized	19695.00	19695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43095.00	43095.00
(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)	43095.00	43095.00
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)	0.00	0.00
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 Transfer (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))	43095.00	43095.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43095.00	43095.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	23775.00	23775.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	23775.00	23775.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23775.00	23775.00

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)	43095.00	43095.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43095.00	43095.00
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)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
MD Anthony A. Adeleye

Mailing Address 20905 Greenfield Rd
Suite 702

City State Zip Code
Southfield MI 48075-5348

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

Name of Employer Millennium Med Center, P.-C.
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	1	1

Transaction ID: SA11AI.16876

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Doctor Shafi J. Ahmed

Mailing Address G4007 W Court St
Suite B

City State Zip Code
Flint MI 48532

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

Name of Employer Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	1

Transaction ID: SA11AI.16879

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Doctor Robert Lewis Alexander

Mailing Address 20905 Greenfield

City State Zip Code
Southfield MI 48075

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

Name of Employer Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.16883

Amount of Each Receipt this Period
300.00

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: PAGE 7 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Doctor David S. Balle

Mailing Address 18050 Mack Ave

City State Zip Code
Grosse Pointe MI 48230-6121

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

Name of Employer
Grosse Pointe Dermatology Association

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: SA11AI.16891

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Doctor John G. Bizon

Mailing Address 3600 Capital Ave SW #204
Suite 204

City State Zip Code
Battle Creek MI 49015

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

Name of Employer
Brookside ENT Hearing Services

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: SA11AI.16894

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Doctor Cathy O. Blight

Mailing Address One Hurley Plaza
Dept of Pathology

City State Zip Code
Flint MI 48503-5902

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

Name of Employer
Pathology Associates, PC

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11AI.16895

Amount of Each Receipt this Period
500.00

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: PAGE 8 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Doctor Lee A. Bricker

Mailing Address 1000 Oakland Dr

City State Zip Code
Kalamazoo MI 49008

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2011

Transaction ID: SA11AI.16898

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Doctor Edward Christopher Bush

Mailing Address 14241 Pennsylvania Ave.

City State Zip Code
Riverview MI 48193

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: SA11AI.16903

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Doctor Bruce E. Carl

Mailing Address 64580 Van Dyke Suite D

City State Zip Code
Washington MI 48095-2857

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

Name of Employer Garfield Family Practice Associates, P Occupation
Self PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2011

Transaction ID: SA11AI.16908

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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: PAGE 9 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Doctor Michael D. Chafty

Mailing Address 7920 Kirkland Court

City State Zip Code
Portage MI 49024

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Kalamazoo Anesthesiology, PC PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2011
Transaction ID: SA11AI.16910

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Doctor R. Paul Clodfelder

Mailing Address 4854 N. Quail Crest Dr. SE

City State Zip Code
Grand Rapids MI 49546

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 04 / 2011
Transaction ID: SA11AI.16918

Amount of Each Receipt this Period 225.00

C. Full Name (Last, First, Middle Initial)
Doctor Donald P. Condit

Mailing Address 1000 E Paris Ave SE
Suite 115

City State Zip Code
Grand Rapids MI 49546

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2011
Transaction ID: SA11AI.16921

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 825.00

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 / 53
	<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.	Full Name (Last, First, Middle Initial) Barbara Davis		Date of Receipt
	Mailing Address 6575 Sunburst Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 28 / 2011
	City	State	Zip Code
	Portage	MI	49024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16927
Name of Employer Advanced Radiology Services, PC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 225.00

B.	Full Name (Last, First, Middle Initial) Doctor Robert B. Davis		Date of Receipt
	Mailing Address 524 S Park St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 06 / 2011
	City	State	Zip Code
	Kalamazoo	MI	49007-5179
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16929
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 225.00

C.	Full Name (Last, First, Middle Initial) Doctor Dean Donald Downs		Date of Receipt
	Mailing Address 3333 Evergreen Dr NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 22 / 2011
	City	State	Zip Code
	Grand Rapids	MI	49525
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16941
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Doctor Mark D. Dykowski

Mailing Address 35046 Woodward Ave
Suite 100

City State Zip Code
Birmingham MI 48009-0932

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

Name of Employer Generations OB-GYN Centers Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11AI.16944

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Doctor Kenneth Elmassian

Mailing Address 405 W Greenlawn Ave
Suite 106

City State Zip Code
Lansing MI 48910

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.16950

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Doctor Todd Emery

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.16952

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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: PAGE 12 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Doctor Paul O. Farr

Mailing Address 310 Lafayette Street SE
Suite 400

City State Zip Code
Grand Rapids MI 49503

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

Name of Employer Grand River Gastroenterology, PC Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 03 / 2011

Transaction ID: SA11AI.16957

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Doctor Jerome H. Finkel

Mailing Address 133 S Main St
Suite D

City State Zip Code
Mount Clemens MI 48043-2308

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

Name of Employer Internal Medicine Associates of Mt. Cl Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: SA11AI.16958

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Doctor Christopher M. Flynn

Mailing Address 175 College St
PO Box 1695

City State Zip Code
Battle Creek MI 49017

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

Name of Employer Regional Pathology Consultants, PC Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2011

Transaction ID: SA11AI.16959

Amount of Each Receipt this Period
500.00

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: PAGE 13 / 53

(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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Doctor Gregory J. Forzley

Mailing Address 200 Jefferson Ave SE

City State Zip Code
Grand Rapids MI 49503

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.16960

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Doctor James D. Grant

Mailing Address 1719 W Big Beaver Rd

City State Zip Code
Troy MI 48084

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

Name of Employer South Oakland Anesthesiol- ogist Associa Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.16971

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Doctor Howard Hargrave

Mailing Address 3333 Evergreen Drive N.E.

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.16972

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) ▶

825.00

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 14 / 53
	<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.	Full Name (Last, First, Middle Initial) Doctor Gregory S. Hondorp		Date of Receipt
	Mailing Address 2931 Pioneer Club Rd SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 22 / 2011
	City	State	Zip Code
	Grand Rapids	MI	49506
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16981
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Doctor Ronald N. Horowitz		Date of Receipt
	Mailing Address 1215 E Michigan Ave Sparrow Hosp. Box 30480		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2011
	City	State	Zip Code
	Lansing	MI	48912-1811
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16982
Name of Employer Capital Pathology, PC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 225.00

C.	Full Name (Last, First, Middle Initial) Doctor William A. Howard		Date of Receipt
	Mailing Address 224 Circle Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 01 / 28 / 2011
	City	State	Zip Code
	Traverse City	MI	49684
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16983
Name of Employer Milliken Medical		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 225.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Doctor John H Huntington

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525-9756

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.16986

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Doctor Edward G. Jankowski

Mailing Address 20867 Mack Ave Suite 2

City State Zip Code
Grosse Pointe Wood MI 48236-1356

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: SA11AI.16991

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Doctor Daniel G. Judge

Mailing Address 31 N Saint Joseph Ave

City State Zip Code
Niles MI 49120

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

Name of Employer Eden Anesthesia Services, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2011

Transaction ID: SA11AI.16994

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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: PAGE 16 / 53

(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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Doctor William L. Kestenberg

Mailing Address 5777 W Maple Rd
Suite 200

City State Zip Code
West Bloomfield MI 48322-2271

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.17001

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Doctor CASSANDRA M. KLYMAN

Mailing Address 3060 Chickering Lane

City State Zip Code
Bloomfield Hills MI 48302-1408

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.17003

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Doctor David M. Krhovsky

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.17008

Amount of Each Receipt this Period

950.00

SUBTOTAL of Receipts This Page (optional)

1475.00

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:	PAGE 17 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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.	Full Name (Last, First, Middle Initial) Doctor Scott M. Kuhnert		Date of Receipt
	Mailing Address 405 W Greenlawn Ave Suite 106		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 2 / 2 0 1 1
	City	State	Zip Code
	Lansing	MI	48910
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17010
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Doctor Nita M. Kulkarni		Date of Receipt
	Mailing Address 1170 Charter Dr Suite F		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 2 / 2 0 1 1
	City	State	Zip Code
	Flint	MI	48532
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17012
Name of Employer Srinras Mukkamala, MD, PLC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) Doctor Adrian S. Lineberger, III		Date of Receipt
	Mailing Address 3333 Evergreen Dr NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 2 / 2 0 1 1
	City	State	Zip Code
	Grand Rapids	MI	49525-9756
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.17017
Name of Employer Anesthesia Medical Consultants		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 53

(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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Doctor H. Michael Marsh, MD, MBBS

Mailing Address 4201 Saint Antoine
Suite 3J

City State Zip Code
Detroit MI 48201

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.17027

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Doctor James E. McGillicuddy

Mailing Address 901 E. Mount Hope

City State Zip Code
Lansing MI 48910

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

Name of Employer Lansing Herhia Center Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.17030

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Doctor Jeanette M. Meyer

Mailing Address 200 W Michigan Ave
Suite 103

City State Zip Code
Battle Creek MI 49017

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.17032

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) ▶

825.00

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: PAGE 19 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Doctor Daniel B. Michael

Mailing Address 29275 Northwestern Hwy
Suite 100

City State Zip Code
Southfield MI 48034

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.17033

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Doctor James C. Mitchiner

Mailing Address 1265 Barrister Rd

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2011

Transaction ID: SA11AI.17035

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Doctor Harold K. Moores, III

Mailing Address 22499 200th Ave

City State Zip Code
Tustin MI 49688

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11AI.17039

Amount of Each Receipt this Period
225.00

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: PAGE 20 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial) Doctor Donald B. Muenk		Date of Receipt MM / DD / YYYY 02 / 28 / 2011
Mailing Address 29753 Hoover Rd, Ste A Suite A		Transaction ID: SA11AI.17040
City Warren	State MI	Zip Code 48093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Cataract Eye Consultants of Michigan	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Doctor Srinivas B. Mukkamala		Date of Receipt MM / DD / YYYY 01 / 04 / 2011
Mailing Address 1170 Charter Drive Ste F		Transaction ID: SA11AI.17041
City Flint	State MI	Zip Code 48532-2714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Srinivas Mukkamala, MD	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Doctor Kenneth H. Musson		Date of Receipt MM / DD / YYYY 05 / 02 / 2011
Mailing Address 929 Business Park Dr		Transaction ID: SA11AI.17042
City Traverse City	State MI	Zip Code 49686-8683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Grand Traverse Ophthalmology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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: PAGE 21 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial) Doctor Bassam H. Nasr		Date of Receipt MM / DD / YYYY 03 / 11 / 2011
Mailing Address 1231 Pine Grove Avenue Suite 2A		Transaction ID: SA11AI.17044
City Port Huron	State MI	Zip Code 48060-3500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Physician HealthCare Network	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Doctor Steven E. Newman		Date of Receipt MM / DD / YYYY 03 / 11 / 2011
Mailing Address 25811 W 12 Mile Road		Transaction ID: SA11AI.17046
City Southfield	State MI	Zip Code 48034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Detroit Institute of PMR	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Doctor Brian M. Nolan		Date of Receipt MM / DD / YYYY 03 / 15 / 2011
Mailing Address 1 Hurley Plaza 3B West		Transaction ID: SA11AI.17047
City Flint	State MI	Zip Code 48503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Hurley Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 22 / 53
	<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.	Full Name (Last, First, Middle Initial) Doctor Earl M. Norman	Date of Receipt MM / DD / YYYY 06 / 29 / 2011
	Mailing Address 1000 Oakland Dr Dept of Surgery	Transaction ID: SA11AI.17048
	City Kalamazoo State MI Zip Code 49008-1284	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 300.00	

B.	Full Name (Last, First, Middle Initial) Doctor Peggyann Nowak	Date of Receipt MM / DD / YYYY 03 / 11 / 2011
	Mailing Address 6900 Orchard Lake Rd Suite 314	Transaction ID: SA11AI.17049
	City West Bloomfield State MI Zip Code 48322	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Doctor Michael D. Olgren	Date of Receipt MM / DD / YYYY 01 / 04 / 2011
	Mailing Address 200 Jefferson Ave SE PO Box 3578	Transaction ID: SA11AI.17054
	City Grand Rapids State MI Zip Code 49501	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Grand River Emergency Medical Group, P Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
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: PAGE 23 / 53

(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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Doctor Harry T. Pall

Mailing Address 602 Jackson Street

City State Zip Code
Petoskey MI 49770

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

Name of Employer Northern Anesthesia Prividers PC
Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.17062

Amount of Each Receipt this Period

375.00

B.

Full Name (Last, First, Middle Initial)

Doctor Joel L. Pelavin

Mailing Address 29750 Harper Ave

City State Zip Code
Saint Clair Shores MI 48082-2607

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

Name of Employer Self
Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.17067

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Doctor Craig J. Pell

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Self
Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.17068

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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 24 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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.	Full Name (Last, First, Middle Initial) Doctor Venkat K. Rao		Date of Receipt		
	Mailing Address 3500 Calkins Rd Suite B		M M / D D / Y Y Y Y 03 / 10 / 2011		
	City Flint	State MI	Zip Code 48532	Transaction ID: SA11AI.17074	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00		
	Name of Employer Chest and Sleep Medical Consultants		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Doctor James E. Richard		Date of Receipt		
	Mailing Address 2508 S Cedar Street		M M / D D / Y Y Y Y 01 / 04 / 2011		
	City Lansing	State MI	Zip Code 48910	Transaction ID: SA11AI.17078	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00		
	Name of Employer Cap-Lab Pathologists		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Doctor Raymond R. Rudoni		Date of Receipt		
	Mailing Address 401 S Ballenger Hwy		M M / D D / Y Y Y Y 05 / 02 / 2011		
	City Flint	State MI	Zip Code 48532	Transaction ID: SA11AI.17087	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer MI College of Emergency Physicians		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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: PAGE 25 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Doctor Mark C. Rummel

Mailing Address 1815 Henson Ave

City State Zip Code
Kalamazoo MI 49048-1510

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

Name of Employer
Advanced Vascular Surgery, PC

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.17088

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Doctor Aaron W. Sable

Mailing Address 13850 E 12 Mile Rd

City State Zip Code
Warren MI 48088-3730

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

Name of Employer
MI Acad. of Physical Medicine & Rehab.

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Transaction ID: SA11AI.17091

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Doctor Michael A. Sandler

Mailing Address 1 Ford Place
Room 4B

City State Zip Code
Detroit MI 48202

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

Name of Employer
Self

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	1	1

Transaction ID: SA11AI.17094

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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: PAGE 26 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Doctor Caroline G. M. Scott

Mailing Address 2429 Trautner Drive

City State Zip Code
Saginaw MI 48604-9596

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

Name of Employer Occupation
Phoenix Family Physicians Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2011

Transaction ID: SA11AI.17097

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Doctor Raouf R. Seifeldin

Mailing Address 461 W. Huron St

City State Zip Code
Pontiac MI 48341

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2011

Transaction ID: SA11AI.17098

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
Doctor James F. Selwa

Mailing Address 4201 Saint Antoine Suite 8D

City State Zip Code
Detroit MI 48201

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2011

Transaction ID: SA11AI.17100

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

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: PAGE 27 / 53

(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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Doctor George H. Shade, Jr

Mailing Address 4201 Saint Antoine
Suite 2B

City State Zip Code
Detroit MI 48201

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.17101

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

NARINDER SHERMA

Mailing Address 14151 Greenfield

City State Zip Code
Detroit MI 48227

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.17104

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Doctor Richard A. Stark

Mailing Address 900 Peeler St
PO Box 4095

City State Zip Code
Kalamazoo MI 49008-2380

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

Name of Employer Kalamazoo Anesthesiology Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.17115

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

825.00

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: PAGE 28 / 53

(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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Doctor Kevin T. Stone

Mailing Address 1301 Mercy Dr

City State Zip Code
Muskegon MI 49444-1896

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

Name of Employer Occupation
West Shore Urology, PLC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.17117

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Doctor Daniel S. Thomas

Mailing Address 3333 Evergreen Drive NE

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.17124

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Doctor James H. Timmons

Mailing Address 5352 Beckley Rd
Suite C

City State Zip Code
Battle Creek MI 49015

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

Name of Employer Occupation
Radiology Consultants, PLC Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.17125

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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: PAGE 29 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Doctor J. Robert VanTimmeren

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525-9756

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.17135

Amount of Each Receipt this Period
225.00

B.

Full Name (Last, First, Middle Initial)
Doctor John Charles Vassallo

Mailing Address 3399 E Grand River Suite 204

City State Zip Code
Howell MI 48843

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.17138

Amount of Each Receipt this Period
225.00

C.

Full Name (Last, First, Middle Initial)
MD Thomas D. Villalobos

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.17139

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 700.00

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: PAGE 30 / 53
(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Doctor Jeffrey B. Walker

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525-9756

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.17140

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Doctor Donald G. Weston, III

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525-9756

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.17147

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Doctor Gregory C. Zandstra

Mailing Address 3333 Evergreen Dr NE

City State Zip Code
Grand Rapids MI 49525

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2011

Transaction ID: SA11AI.17160

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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:		PAGE 31 / 53	
	(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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Doctor John J. Zappia		Date of Receipt		
	Mailing Address 30055 Northwestern Hwy Suite 101		M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.17161	
	Farmington Hills	MI	48334		
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
	C		225.00		
Name of Employer Michigan Ear Institute PC		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

SUBTOTAL of Receipts This Page (optional)	225.00
TOTAL This Period (last page this line number only)	23400.00

**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)

PAGE 32 / 53

<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Barb Byrum for State Representative	Transaction ID: SB23.16793 Date of Disbursement 03 / 03 / 2011
	Mailing Address 4523 STONE ROAD	Amount of Each Disbursement this Period 100.00
	City Onondaga State MI Zip Code 49264	
	Purpose of Disbursement Political Contribution	011 Category/ Type
	Candidate Name Barb Byrum	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bob Genetski for State Rep	Transaction ID: SB23.16740 Date of Disbursement 02 / 28 / 2011
	Mailing Address P O Box 1242	Amount of Each Disbursement this Period 125.00
	City Holland State MI Zip Code 49422	
	Purpose of Disbursement Political Contribution	011 Category/ Type
	Candidate Name Bob Genetski	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bolger Restore Michigan Fund	Transaction ID: SB23.16865 Date of Disbursement 02 / 28 / 2011
	Mailing Address PO Box 638	Amount of Each Disbursement this Period 1000.00
	City Marshall State MI Zip Code 49068	
	Purpose of Disbursement Donations	012 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1225.00
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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Bruce Caswell for Senate	Transaction ID: SB23.16828 Date of Disbursement
	Mailing Address 8940 E. Bacon Road	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Hillsdale State MI Zip Code 49242	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="250.00"/>
	Candidate Name Bruce Caswell	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chuck Moss for State Representative	Transaction ID: SB23.16741 Date of Disbursement
	Mailing Address 1184 Dorchester	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Birmingham State MI Zip Code 48009	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="500.00"/>
	Candidate Name Chuck Moss	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chuck Moss for State Representative	Transaction ID: SB23.16743 Date of Disbursement
	Mailing Address 1184 Dorchester Dr.	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Birmingham State MI Zip Code 48009	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="500.00"/>
	Candidate Name Chuck Moss	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 34 / 53

<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Cindy Denby for State Representative	Transaction ID: SB23.16847 Date of Disbursement																			
	Mailing Address 9787 Amanda Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	8		2	0	1	1												
	City Fowlerville State MI Zip Code 48836	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>200.00</td></tr></table>	200.00																		
200.00																					
	Candidate Name Cindy Denby for State Representative	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 47	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Citizens for John Gleason	Transaction ID: SB23.16795 Date of Disbursement																			
	Mailing Address 2617 Macomber	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	1												
	City Flint State MI Zip Code 48503	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>350.00</td></tr></table>	350.00																		
350.00																					
	Candidate Name John Gleason	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Citizens for John Gleason	Transaction ID: SB23.16861 Date of Disbursement																			
	Mailing Address 2617 Macomber	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	6		2	0	1	1												
	City Flint State MI Zip Code 48503	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name John Gleason	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1550.00</td></tr></table>	1550.00
1550.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial) Citizens for John Walsh Mailing Address 35041 Pembroke City Livonia State MI Zip Code 48152 Purpose of Disbursement Political Contribution Candidate Name John Walsh Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB23.16856 Date of Disbursement 05 / 09 / 2011
	Amount of Each Disbursement this Period 1500.00 Purpose of Disbursement Political Contribution Candidate Name John Walsh Category/Type 011 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Citizens Supporting Mike Nofs Mailing Address PO Box 219 City Battle Creek State MI Zip Code 49017 Purpose of Disbursement Political Contribution Candidate Name Mike Nofs Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB23.16796 Date of Disbursement 03 / 03 / 2011
	Amount of Each Disbursement this Period 500.00 Purpose of Disbursement Political Contribution Candidate Name Mike Nofs Category/Type 011 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) Committee to Elect Jase Bolger Mailing Address PO Box 638 City Marshall State MI Zip Code 49068 Purpose of Disbursement Political Contribution Candidate Name Jase Bolger Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB23.16818 Date of Disbursement 04 / 01 / 2011
	Amount of Each Disbursement this Period 500.00 Purpose of Disbursement Political Contribution Candidate Name Jase Bolger Category/Type 011 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Committee to Elect Jimmy Womack	Transaction ID: SB23.16860 Date of Disbursement
	Mailing Address 2130 W McNichols Rd	<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City Detroit State MI Zip Code 48221	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="300.00"/>
	Candidate Name James Womack	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Committee to Elect Lesia Liss	Transaction ID: SB23.16742 Date of Disbursement
	Mailing Address 17472 Haverhill	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Warren State MI Zip Code 48092	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="100.00"/>
	Candidate Name Lesia Liss	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Committee to Elect Richard LeBlanc	Transaction ID: SB23.16819 Date of Disbursement
	Mailing Address 36267 Canyon Drive	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Westland State MI Zip Code 48186	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="150.00"/>
	Candidate Name Richard LeBlanc	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith	Transaction ID: SB23.16729
	Mailing Address 19450 GLOUCESTER	Date of Disbursement MM / DD / YYYY 02 / 14 / 2011
	City Detroit State MI Zip Code 48203	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Pol. Contrib. Candidate Name Virgil Smith Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/Type
B.	Full Name (Last, First, Middle Initial) Common Sense Leadership Fund	Transaction ID: SB23.16875
	Mailing Address 19980 Mayfield	Date of Disbursement MM / DD / YYYY 04 / 06 / 2011
	City Livonia State MI Zip Code 48152	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Donations Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	012 Category/Type
C.	Full Name (Last, First, Middle Initial) CTE Anthony G Forlini for State Rep	Transaction ID: SB23.16807
	Mailing Address 38273 Chart	Date of Disbursement MM / DD / YYYY 03 / 16 / 2011
	City Harrison Township State MI Zip Code 48045	Amount of Each Disbursement this Period 150.00
	Purpose of Disbursement Political Contribution Candidate Name Anthony G Forline Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

1050.00

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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
CTE Ben Glardon for State Representative

Mailing Address PO Box 1746

City Owosso State MI Zip Code 48867

Purpose of Disbursement
Pol. Contrib.

Candidate Name
Benjamin P Glardon

Office Sought: House
 Senate
 President

State: MI District: 85

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.16731
Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

150.00

B. Full Name (Last, First, Middle Initial)
CTE Deb Shaughnessy

Mailing Address 956 Chads Way

City Charlotte State MI Zip Code 48813

Purpose of Disbursement
Political Contribution

Candidate Name
Deb L Shaughnessy

Office Sought: House
 Senate
 President

State: MI District: 71

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.16745
Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

150.00

C. Full Name (Last, First, Middle Initial)
CTE Gail Haines

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement
Political Contribution

Candidate Name
Gail Haines

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.16749
Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ►

800.00

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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) CTE Jack Bradenburg	Transaction ID: SB23.16850 Date of Disbursement
	Mailing Address 37596 Huron Pointe Drive	<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City Harrison Township State MI Zip Code 48045	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name Jack Bradenburg	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) CTE Ken Goike	Transaction ID: SB23.16751 Date of Disbursement
	Mailing Address 22420 32 Mile Road	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Ray State MI Zip Code 48096	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="175.00"/>
	Candidate Name Kenneth F Goike	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 33	

C.	Full Name (Last, First, Middle Initial) CTE Kurt Heise	Transaction ID: SB23.16755 Date of Disbursement
	Mailing Address PO Box 702012	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Plymouth State MI Zip Code 48170	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="200.00"/>
	Candidate Name Kurt L Heise	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 20	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1375.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) CTE Maureen Stapleton	Transaction ID: SB23.16830 Date of Disbursement
	Mailing Address 1300 E. Lafayette	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
	City Detroit State MI Zip Code 48207	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="125.00"/>
	Candidate Name Maureen L Stapleton	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CTE Peter Lund State Representative	Transaction ID: SB23.16805 Date of Disbursement
	Mailing Address 6881 Muirfield	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City Shelby Township State MI Zip Code 48316	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="500.00"/>
	Candidate Name Peter Lund	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CTE Peter MacGregor	Transaction ID: SB23.16759 Date of Disbursement
	Mailing Address 8209 Vista Royale Lane	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City Rockford State MI Zip Code 49341	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="300.00"/>
	Candidate Name Peter L MacGregor	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="925.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial) CTE Peter MacGregor <hr/> Mailing Address 8209 Vista Royale Lane <hr/> City Rockford State MI Zip Code 49341 <hr/> Purpose of Disbursement Political Contribution Candidate Name Peter F MacGregor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 73 <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16862 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 1 1
	Amount of Each Disbursement this Period 150.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CTE Steve Bieda <hr/> Mailing Address PO Box 1311 <hr/> City Warren State MI Zip Code 48090 <hr/> Purpose of Disbursement Political Contribution Candidate Name Steven M Bieda <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16797 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CTE Tom Hooker <hr/> Mailing Address PO Box 454 <hr/> City Byron Center State MI Zip Code 49315 <hr/> Purpose of Disbursement Political Contribution Candidate Name Thomas B Hooker <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16820 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 175.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

525.00

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 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Dave Agema for State Rep <hr/> Mailing Address PO Box 855 <hr/> City Jenison State MI Zip Code 49429 <hr/> Purpose of Disbursement Political Contribution Candidate Name Dave Agema Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.16763 Date of Disbursement: M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 150.00
B.	Full Name (Last, First, Middle Initial) Dave Hildenbrand for State Senate <hr/> Mailing Address PO Box 1075 <hr/> City Grand Rapids State MI Zip Code 49501 <hr/> Purpose of Disbursement Political Contribution Candidate Name Dave Hildenbrand Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.16735 Date of Disbursement: M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Dave Robertson for State Senate <hr/> Mailing Address PO Box 181 <hr/> City Grand Blanc State MI Zip Code 48480 <hr/> Purpose of Disbursement Political Contribution Candidate Name Dave Robertson Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.16811 Date of Disbursement: M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1150.00
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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial) Friends of Darwin L. Booher <hr/> Mailing Address PO Box 971 <hr/> City Ewart State MI Zip Code 49631 <hr/> Purpose of Disbursement Political Contribution Candidate Name Darwin L. Booher <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16764 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Kate Segal <hr/> Mailing Address 108 Pinehurst Lane <hr/> City Battle Creek State MI Zip Code 49015 <hr/> Purpose of Disbursement Political Contribution Candidate Name Kate Segal <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16851 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Ken Horn <hr/> Mailing Address 516 S Main St <hr/> City Frankenmuth State MI Zip Code 48734 <hr/> Purpose of Disbursement Political Contribution Candidate Name Ken Horn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 94 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.16852 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 200.00
	Category/ Type 011
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

950.00

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 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
Friends of Lisa Posthumus Lyons

Mailing Address 12020 100th St

City State Zip Code
Alto MI 49302

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Lisa Posthumus Lyons

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 86

Transaction ID: SB23.16776
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Friends of Rashida Tlaib

Mailing Address PO Box 9380

City State Zip Code
Detroit MI 48209

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Rashida Tlaib

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16813
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Friends of Roger Kahn

Mailing Address PO BOX 1627

City State Zip Code
Saginaw MI 49605-1627

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Roger Kahn

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 32

Transaction ID: SB23.16769
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Friends of Sean McCann	Transaction ID: SB23.16835 Date of Disbursement
	Mailing Address PO Box 50811	<input type="text" value="04"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Kalamazoo State MI Zip Code 49008	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="150.00"/>
	Candidate Name Sean A McCann	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 60	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Wayne Schmidt	Transaction ID: SB23.16799 Date of Disbursement
	Mailing Address PO Box 25	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Traverse City State MI Zip Code 49685	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="125.00"/>
	Candidate Name Wayne Schmidt	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Geoff Hansen for Senate	Transaction ID: SB23.16800 Date of Disbursement
	Mailing Address PO Box 167	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hart State MI Zip Code 49420	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="250.00"/>
	Candidate Name Geoff Hansen	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="525.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 46 / 53

<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Geoff Hansen for Senate	Transaction ID: SB23.16863 Date of Disbursement
	Mailing Address PO Box 167	<input type="text" value="06"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Hart State MI Zip Code 49420	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="150.00"/>
	Candidate Name Goeff Hansen	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Glenn Anderson for State Senate	Transaction ID: SB23.16853 Date of Disbursement
	Mailing Address 34300 Parkgrove Drive	<input type="text" value="04"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Westland State MI Zip Code 48185	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="200.00"/>
	Candidate Name Rep. Glenn Anderson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Haveman House Fund	Transaction ID: SB23.16802 Date of Disbursement
	Mailing Address PO Box 457	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Zeeland State MI Zip Code 49464	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="150.00"/>
	Candidate Name Joe Haveman	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
Hoon-Yong Hopgood for State Senate

Mailing Address 10815 Westlake

City State Zip Code
Taylor MI 48180

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Hoon-Young Hopgood

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16781
Date of Disbursement

/

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Howard Walker for State Senate

Mailing Address PO Box 1508

City State Zip Code
Traverse City MI 49686

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Howard Walker

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16785
Date of Disbursement

/

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Joan Bauer For State Rep

Mailing Address 3501 S Martin Luther King Blvd

City State Zip Code
Lansing MI 48910

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Joan E Bauer

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 68

Transaction ID: SB23.16840
Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Joe Hune for State Senate

Mailing Address 4849 Hogback Road

City Fowlerville State MI Zip Code 48836

Purpose of Disbursement
Political Contribution

Candidate Name
Joe Hune

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16770

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John Moolenaar for State Senate

Mailing Address PO Box 2244

City Midland State MI Zip Code 48640

Purpose of Disbursement
Political Contribution

Candidate Name
John Moolenaar

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16772

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John Proos for State Senate

Mailing Address PO Box 271

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Political Contribution

Candidate Name
John Proos

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16815

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

1700.00

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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) Ken Yonker for State Representative	Transaction ID: SB23.16737 Date of Disbursement																			
	Mailing Address 8300 Patterson Ave.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City Caledonia State MI Zip Code 49316	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name Kenneth J Yonker	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 72	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Kevin Cotter for State Representative	Transaction ID: SB23.16858 Date of Disbursement																			
	Mailing Address 2767 Eland Court	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	9		2	0	1	1												
	City Mt. Pleasant State MI Zip Code 48858	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>300.00</td></tr></table>	300.00																		
300.00																					
	Candidate Name Kevin Cotter	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Matt Huuki for State Representative	Transaction ID: SB23.16824 Date of Disbursement																			
	Mailing Address 13895 Rova Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	1	1												
	City Atlantic Mine State MI Zip Code 49905	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Political Contribution	<table border="1"><tr><td>150.00</td></tr></table>	150.00																		
150.00																					
	Candidate Name Matt E Huuki	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>600.00</td></tr></table>	600.00
600.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

Meekhof for Senate

Mailing Address 9128 Oak Creek Lane

City West Olive State MI Zip Code 49460

Purpose of Disbursement Political Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.16859

Date of Disbursement

05 / 09 / 2011

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mike Callton for State Representative

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement Political Contribution

Candidate Name

Mike Callton

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.16814

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Moving Michigan Forward Fund

Mailing Address 4025 Timberland Drive

City Grand Rapids State MI Zip Code 49508

Purpose of Disbursement Donations

Candidate Name

012
Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.16870

Date of Disbursement

04 / 01 / 2011

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) ►

1550.00

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 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
Paul Opsommer for State Representative

Mailing Address 315 E. Main

City State Zip Code
Dewitt MI 48820

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Paul E Opsommer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 93

Transaction ID: SB23.16774
Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Pavlov for Senate

Mailing Address 1577 South Allen Road

City State Zip Code
St Clair MI 48079

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Phillip J Pavlov

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 25

Transaction ID: SB23.16842
Date of Disbursement

04 / 06 / 2011

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
Rebekah Warren for State Representative

Mailing Address 234 Eighth Street

City State Zip Code
Ann Arbor MI 48103

Purpose of Disbursement
Political Contribution

011
Category/
Type

Candidate Name
Rebekah Warren

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.16855
Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional) ▶

950.00

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 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

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.	Full Name (Last, First, Middle Initial) Rick Jones for State Senate	Transaction ID: SB23.16803 Date of Disbursement
	Mailing Address PO Box 115	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Grand Ledge State MI Zip Code 48837	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="250.00"/>
	Candidate Name Rick Jones	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rick Olson - The Voice of the People	Transaction ID: SB23.16868 Date of Disbursement
	Mailing Address 525 Judd Road	<input type="text" value="03"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Saline State MI Zip Code 48176	Amount of Each Disbursement this Period
	Purpose of Disbursement Donations	<input type="text" value="150.00"/>
	Candidate Name	<input type="text" value="012"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Stamas Leadership PAC	Transaction ID: SB23.16872 Date of Disbursement
	Mailing Address 1731 Blue Grass Road	<input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City Lansing State MI Zip Code 48906	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="012"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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 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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

<p>A. Full Name (Last, First, Middle Initial) Tom Casperson for State Rep.</p> <p>Mailing Address PO Box 84</p> <p>City Escanaba State MI Zip Code 49829</p> <p>Purpose of Disbursement Pol. Contrib. 011 Category/ Type</p> <p>Candidate Name Tom Casperson</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.16728 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	1	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	1	1													
250.00																						
<p>B. Full Name (Last, First, Middle Initial) Vincent Gregory for Senate</p> <p>Mailing Address 29501 Red Leaf Drive</p> <p>City Southfield State MI Zip Code 48076</p> <p>Purpose of Disbursement Political Contribution 011 Category/ Type</p> <p>Candidate Name Vincent Gregory</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.16789 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>200.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	1	200.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	1		2	0	1	1													
200.00																						
<p>C. Full Name (Last, First, Middle Initial) Whitmer Leadership Fund</p> <p>Mailing Address 1456 Meadowbrook Lane</p> <p>City Lansing State MI Zip Code 48901</p> <p>Purpose of Disbursement Contribution Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.16867 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	1	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	3		2	0	1	1													
250.00																						

SUBTOTAL of Disbursements This Page (optional) ►

700.00

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

23775.00