



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1225.00"/>	<input type="text" value="9750.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1225.00"/>	<input type="text" value="9750.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1225.00"/>	<input type="text" value="9750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Wisconsin Medical Society Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y 10 / 15 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1225.00	9750.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	1225.00	9750.00
(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) .....	1225.00	9750.00
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1225.00	9750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1225.00	9750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1225.00	9750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1225.00	9750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1225.00	9750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1225.00	9750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1225.00	9750.00
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 OF 11
	(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"/> 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)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Doctor George Melvin Lange</b>		Date of Receipt
Mailing Address 1200 W Green Tree Rd		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code River Hills WI 53217-3721		<b>Transaction ID : 6526205</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer CSM Westgate Medical Group	Occupation Physician	Earmarked for ACP Services PAC
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Steven K Kulick MD</b>		Date of Receipt
Mailing Address 13206 N Hawthorne Ct		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code Mequon WI 53097-1902		<b>Transaction ID : 6526221</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Waukesha Health Care - Waukesha Memori	Occupation Medical Director, Quality Medical Staf	Earmarked for Harris for Wisconsin
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Eileen Wilson</b>		Date of Receipt
Mailing Address 330 E Lakeside St		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City State Zip Code MADISON WI 53715-2074		<b>Transaction ID : 6526223</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Wisconsin Medical Society	Occupation Donor Relations/Program Coordinator	Earmarked for Pocan for Congress
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="25.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="525.00"/>
<b>TOTAL</b> 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 7 OF 11
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

**A. Dr. Arne T. Lagus**  
Full Name (Last, First, Middle Initial)

Mailing Address 231 Day Rd N

City Saint Croix Falls State WI Zip Code 54024-9133

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

Name of Employer River Valley Medical Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
10 / 15 / 2014  
Transaction ID : 6526225

Amount of Each Receipt this Period  
100.00

Earmarked for Duffy for Congress

**B. Dr. Gurdes S. Bedi**  
Full Name (Last, First, Middle Initial)

Mailing Address 235 State St

City Saint Croix Falls State WI Zip Code 54024-4117

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

Name of Employer St Croix Regional Medical Center-Hospi Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
10 / 15 / 2014  
Transaction ID : 6526227

Amount of Each Receipt this Period  
200.00

Earmarked for Duffy for Congress

**C. Doctor Sridhar V. Vasudevan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5200 Upper Lakeview Ridge Rd

City Belgium State WI Zip Code 53004-9001

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

Name of Employer Froedtert & The Medical College of Wis Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
10 / 15 / 2014  
Transaction ID : 6526229

Amount of Each Receipt this Period  
100.00

Earmarked for Glenn Grothman for Congress

**SUBTOTAL** of Receipts This Page (optional).....▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
<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)  
**Wisconsin Medical Society Political Action Committee**

**A. Dr. Steven Charles Bergin**  
Full Name (Last, First, Middle Initial)

Mailing Address 617 Linwood Ave

City Stevens Point State WI Zip Code 54481-4428

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

Name of Employer Aspirus Stevens Point Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
10 / 08 / 2014  
Transaction ID : 6526231

Amount of Each Receipt this Period  
150.00

Earmarked for Kind for Congress

**B. Mrs. Mrs. Susan Manning JD,RHIA,RH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Nishishin Trail  
1108 Nishishin Trail

City Monona State WI Zip Code 53716-2953

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

Name of Employer Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
10 / 08 / 2014  
Transaction ID : 6526233

Amount of Each Receipt this Period  
50.00

Earmarked for Pocan for Congress

**C. Doctor Yakub Abdulmasih Ellias**  
Full Name (Last, First, Middle Initial)

Mailing Address 1123 Onstad Dr

City Marshfield State WI Zip Code 54449-1732

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

Name of Employer Marshfield Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
10 / 08 / 2014  
Transaction ID : 6526235

Amount of Each Receipt this Period  
100.00

Earmarked for Ribble for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1225.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ACP Services PAC**

Mailing Address 25 Massachusetts Avenue NW

City Washington DC State DC Zip Code 20001-7401

Purpose of Disbursement

011

Candidate Name  
**ACP Services PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : 6472659

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Harris For Wisconsin**

Mailing Address 2425 Sandstone Ct

City Oshkosh State WI Zip Code 54904

Purpose of Disbursement

011

Candidate Name  
**Mark Harris**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WI District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : 6472661

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Candidate Name  
**Mark Pocan**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

Transaction ID : 6472662

Amount of Each Disbursement this Period

25.00

**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)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kind for Congress**

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : 6483543**

Amount of Each Disbursement this Period

150.00
--------

Full Name (Last, First, Middle Initial)

**B. Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mark Pocan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : 6483544**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. Ribble for Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Reid Ribble**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : 6483545**

Amount of Each Disbursement this Period

100.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

300.00
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**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)  
**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Duffy for Congress**

Mailing Address P.O. Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

011

Candidate Name

**Sean Duffy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : 6513789**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Glenn Grothman for Congress**

Mailing Address P.O. Box 1215

City Fond du Lac State WI Zip Code 54936

Purpose of Disbursement

011

Candidate Name

**Glenn Grothman for Congress**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : 6513790**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

400.00

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

1225.00