MICHIGAN Doctors'
Political Action Committee

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FEC MAIL ROOM
2000 JUL 21 P 2:45

July 14, 2000

Dominick Ciaraldi
Reports Analyst
Reports Analysis Division
Federal Election Commission
Washington, D.C. 20463

Dear Mr. Ciaraldi:

Please find the enclosed **July 15 Quarterly Report** for the Michigan Doctors' Political Action Committee.

If you have any questions, please contact Matthew C. Hedberg, Chief, Political Affairs, at (517) 336-5719 or at mhedberg@msms.org.

Thank you.

Sincerely,

Michael A. Sandler, MD
Secretary-Treasurer, MDPAC

c: Gregory T. Aronin, Director, Government Relations, MSMS
Matthew C. Hedberg, Chief, Political Affairs, MSMS
Kevin A. Kelly, Executive Director, MDPAC
William E. Madigan, Executive Director, MSMS

Copies of MDPAC and AMPAC reports are filed with the Federal Election Commission, Washington, D.C. If your practice is incorporated, *MDPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK.* Contributions to MDPAC are not deductible as charitable contributions for Federal income tax purposes.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Michigan Doctors' Political Action Committee-
Michigan State Medical Society

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 769

CITY, STATE and ZIP CODE
East Lansing, MI 48826

2. FEC IDENTIFICATION NUMBER
C00001180

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period April 1, 2000 through June 30, 2000		
6. (a) Cash on Hand January 1, 19 2000		$ 74,081.98
(b) Cash on Hand at Beginning of Reporting Period	$ 111,655.25	
(c) Total Receipts (from Line 19)	$ 36,888.40	$ 101,213.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 148,543.65	$ 175,295.38
7. Total Disbursements (from Line 30)	$ 16,004.98	$ 42,756.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 132,538.67	$ 132,538.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-0530
Local 202-694-1100

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: Michael A. Sandler, MD

Signature of Treasurer: Michael Sandler

Date: July 14, 2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Michigan Doctors' PAC- Michigan State Medical Society

REPORT COVERING PERIOD FROM April 1, 2000 TO June 30, 2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5,025	15,325	11(a)(i)
ii. Unitemized	31,405	85,430	11(a)(ii)
iii. Total (add i and ii) ➤	36,430	100,755	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	36,430	100,755	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	458.40	458.40	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	36,888.40	100,755	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	36,888.40	100,755	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		426.73	21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤		426.73	21(c)
22. Transfers to Affiliated/Other Party Committees	9,080	31,280	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	-6,924.98	11,049.98	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	16,004.98	42,756.71	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	16,004.98	42,756.71	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	36,888.40	100,755	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	36,888.40	100,755	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-	426.73	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤		426.73	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

FOR LINE NUMBER 11ai

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full): Michigan Doctors' Political Action Committee - Michigan State Medical Society

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard W. Lingenfelter, MD 511 Ardussi Ave Saginaw MI 48602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date > $ 300	4/14/00	300.—
B. Mohamed G. Fakih, MD 5 Dorisan Court Essexville, MI 48732-1600 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date > $ 300	4/24/00	300.—
C. Thomas Berglund, MD 7901 Angling Rd #B201 Portage, MI 49024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date > $ 300	4/27/00	300.—
D. Nancy Villalobos, MD 3338 Evergreen NE Grand Rapids, MI 49525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date > $ 225	4/27/00	225.—
E. Rose Ramirez, MD 933 Three Mile NW #210 Grand Rapids, MI 49544 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date > $ 225	5/8/00	225.—
F. Mark D. Kolins, MD 44201 Bequindre Troy, MI 48098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date > $ 300	5/3/00	300.—
G. Cecil Thomas, MD 27177 Lahser Rd #100 Southfield, MI 48034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date > $ 300	5/8/00	300.—

SUBTOTAL of Receipts This Page (optional) 1950

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11ai

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank Nesi, MD 29201 Telegraph Rd #305 Southfield, MI 48034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 225	6/9/00	225.-
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Suresh Anne, MD 5339 Oakhill Drive Swartz Creek, MI 48473 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 225	6/14/00	225.-
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald B. Mwenk, MD 29753 Hoover Rd Ste A Warren, MI 48093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300	6/7/00	300.-
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rick E. Olson, MD 4203 W 13 Mile Rd Royal Oak, MI 48073 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300	6/5/00	300.-
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan Adelman, MD 29820 Woodland Dr. Southfield, MI 48034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 225	6/14/00	225.-
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark C. Komorowski, MD 610 S. Trumbull Bay City, MI 48708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year to Date > $ 300	5/25/00	300.-

SUBTOTAL of Receipts This Page (optional) ..... 1575.

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 7/a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mary M. Appelt, MD 3393 Evergreen Dr NE Grand Rapids, MI 49525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300	5/30/00	300.—
B. Richard S York, MD 5 Atkinson Dr #201 Ludington, MI 49431 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300	5/25/00	300.—
C. Douglas E. Hoch, MD 1675 Leahy St. Muskegon, MI 49442 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300	5/30/00	300.—
D. B.P. Sinha, MD 4749 Morris Lake Circle. W. Bloomfield, MI 48323-2538 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300	5/18/00	300.00
E. John K. Anderson, MD 5315 Elliott Dr. STE 304 Ypsilanti, MI 48197 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300	5/30/00	300.—
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 1500.—

TOTAL This Period (last page this line number only) ..... 5025.—

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Citizens for Jason Allen P.O. Box 205 Traverse City, MI 49685	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/14/00	200.—
B. Friends of Paul DeWeese 3896 N. Williamston Rd Williamston, MI 48895	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/14/00	300.—
C. Committee to Elect Mary Ann Middaugh 353861 50th Ave Paw Paw, MI 49079	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/14/00	50.—
D. Citizens for Raczkowski P.O. Box 20042. Lansing, MI 48901-2042	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/14/00	300.—
E. Committee to Elect Laura Baird P.O. Box 1183 Okemos, MI 48805	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/00	150.—
F. Bernero for State Representative 6017 Laporte Dr. Lansing, MI 48911	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/00	200.—
G. Dunaskiss for Michigan P.O. Box 433 Lake Orion, MI 48361	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/00	250.—
H. Friends of Ron Jelinek 7605 W Stickles Rd Three Oaks, MI 49128	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/00	150.—
I. Friends of Ruth Johnson 11750 Eagle Rd Davisburg, MI 48350	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/00	125.—

SUBTOTAL of Disbursements This Page (optional) ..... 1,725.—

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full): Michigan Doctors' Political Action Committee - Michigan State Medical Society

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Kilpatrick 2000 Campaign, 4343 Leslie, Detroit, MI 48238	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	200.-
B. People for Lynne Martinez, P.O. Box 10178, Lansing, MI 48901	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	100.-
C. Walter North for State Senate, P.O. Box 240, Stignate, MI 49781	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	100.-
D. Trieste Lipsey Reeves to Lansing, 14050 Rutherford, Detroit, MI 48227	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	125.-
E. Re-Elect Randy Richardville, P.O. Box 2261, Monroe, MI 48161	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	125.-
F. Citizens to Re-Elect Richner, 312 Roosevelt Pl, Grosse Pointe Park, MI 48230	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	150.-
G. Scranton Leadership Committee, 2457 Spring Lake Ln, Brighton, MI 48116-9285	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	150.-
H. Ken Sikkema for Senate, P.O. Box 344, Grandville, MI 49418	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	150.-
I. Team Vear 2000 for MI State House, P.O. Box 136, Jonesville, MI 49250-0136	Ticket Purchase; Disbursement for: Primary / General / Other (specify)	5/12/00	150.-

SUBTOTAL of Disbursements This Page (optional) 1,250

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 8

FOR LINE NUMBER 29

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Supreme Court 2000 P.O. Box 700859 Plymouth, MI 48170	Contribution Disbursement for: Primary General Other (specify)	5/30/00 5/30/00 5/30/00	1,000.— 1,000.— 1,000.—
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Geiger P.O. Box 88 Woodland, MI 48897	Ticket Purchase Disbursement for: Primary General Other (specify)	6/16/00	250.—
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dale Shugars for State Senate 5315 Anything Rd Portage, MI 49002	Ticket Purchase Disbursement for: Primary General Other (specify)	6/16/00	500.—
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Dave Woodward 560 E 13 Mile Rd #202 Madison Heights, MI 48071	Ticket Purchase Disbursement for: Primary General Other (specify)	5/12/00	150.—
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 3900

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 2.2

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont Ave. NW Washington DC 20005	PAC Dues Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/00 6/16/00	2,000.— 1,050.—
B. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/00 6/16/00	4,070.— 1,960.—
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 9,080

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 8
	FOR LINE NUMBER 29

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Michigan National Bank 300 Frandor Ave Lansing, MI 48912	Bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/30/00 5/31/00	16.16 16.64
B. Full Name, Mailing Address and ZIP Code Michigan National Bank 300 Frandor Ave Lansing, MI 48912.	Bank fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/00	17.18
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	49.98
TOTAL This Period (last page this line number only)	

FE/AN047

Federal Election Commission

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