

# 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 11 25 2008 through 12 31 2008

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 01 28 2009

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		166546.85
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	79306.58									
(c) Total Receipts (from Line 19) .....	20010.65	66695.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	99317.23	233242.50								
7. Total Disbursements (from Line 31) .....	4425.00	138350.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	94892.23	94892.23								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	6750.00	31675.00
(i) Itemized (use Schedule A) .....	4588.00	26348.00
(ii) Unitemized .....	11338.00	58023.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11338.00	58023.00
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) .....	8000.00	8000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	672.65	672.65
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)) .....	20010.65	66695.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20010.65	66695.65

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	4425.00	133345.00
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	5005.27
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))..	4425.00	138350.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4425.00	138350.27

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	11338.00	58023.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11338.00	58023.00
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) .....	8000.00	8000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-8000.00	-8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<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)  
MD Jeffery L. Allen

Mailing Address 4005 Orchard Dr

City State Zip Code  
Midland MI 48640

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

Name of Employer Jeffrey L Allen, MD Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 17 / 2008**

**Transaction ID: SA11AI.14061**

Amount of Each Receipt this Period **225.00**

**B.**

Full Name (Last, First, Middle Initial)  
MD Siraj N. Alseri

Mailing Address 5301 E Huron River Dr, Dept of Ane  
PO Box 995

City State Zip Code  
Ann Arbor MI 48106

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

Name of Employer Anesthesia Associates PC Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 02 / 2008**

**Transaction ID: SA11AI.14134**

Amount of Each Receipt this Period **150.00**

**C.**

Full Name (Last, First, Middle Initial)  
MD Michael T. Andary

Mailing Address B401 W Fee Hall  
MTA Phy Med Rehab

City State Zip Code  
East Lansing MI 48824

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

Name of Employer Michigan State Univ COM Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 23 / 2008**

**Transaction ID: SA11AI.14059**

Amount of Each Receipt this Period **225.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MD Martin J. Bury		Date of Receipt MM / DD / YYYY 12 / 31 / 2008		
	Mailing Address 145 Michigan Street NE Suite 3100		<b>Transaction ID:</b> SA11AI.14117		
	City Grand Rapids	State MI	Zip Code 49503	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Martin Bury, MD	Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Aggregate Year-to-Date 225.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MD Michael J. Busuito		Date of Receipt MM / DD / YYYY 12 / 17 / 2008		
	Mailing Address 1080 Kirts Blvd Suite 700		<b>Transaction ID:</b> SA11AI.14119		
	City Troy	State MI	Zip Code 48084-4853	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Michael Busuito, MD	Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Aggregate Year-to-Date 225.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MD Srinivasachari Tatad Chakravarthi		Date of Receipt MM / DD / YYYY 12 / 23 / 2008		
	Mailing Address 601 Mulholland Street		<b>Transaction ID:</b> SA11AI.14075		
	City Bay City	State MI	Zip Code 48708-4208	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer C S Tarad, MD	Occupation Physician			
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Aggregate Year-to-Date 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>675.00</b>
<b>TOTAL</b> 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 / 21  
(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)  
MD Pyara S. Chauhan

Mailing Address 2845 Woodcreek Way

City State Zip Code  
Bloomfield Hills MI 48304

FEC ID number of contributing federal political committee. C

Name of Employer Pyara Chauhan, MD      Occupation Physician

Receipt For: 2006  
 Primary    General  
 Other (specify) Convention

Aggregate Year-to-Date 300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 11 / 2008

**Transaction ID:** SA11AI.14140

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
MD Paul J. Chuba

Mailing Address 22101 Moross Rd.

City State Zip Code  
Grosse Pointe MI 48236-2148

FEC ID number of contributing federal political committee. C

Name of Employer Paul Chuba, MD      Occupation Physician

Receipt For: 2006  
 Primary    General  
 Other (specify) Convention

Aggregate Year-to-Date 300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 05 / 2008

**Transaction ID:** SA11AI.14107

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
MD Robert B. Davis

Mailing Address 524 S Park Street

City State Zip Code  
Kalamazoo MI 49007-5179

FEC ID number of contributing federal political committee. C

Name of Employer Robert Davis, MD      Occupation Physician

Receipt For: 2006  
 Primary    General  
 Other (specify) Convention

Aggregate Year-to-Date 300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 04 / 2008

**Transaction ID:** SA11AI.14139

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... 600.00

**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 / 21  
(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)  
MD Wayne A. Fuller

Mailing Address 550 W Western Ave  
Suite B

City State Zip Code  
Muskegon MI 49440-1043

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Anesthesia Assoc PC Physician

Receipt For: 2006  
 Primary    General  
 Other (specify) Convention

Aggregate Year-to-Date 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 8

**Transaction ID:** SA11AI.14071

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
MD Sultana R. Ghuznavi

Mailing Address 25412 Goddard Rd

City State Zip Code  
Taylor MI 48180

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sultana Ghuznavi, MD Physician

Receipt For: 2006  
 Primary    General  
 Other (specify) Convention

Aggregate Year-to-Date 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 8

**Transaction ID:** SA11AI.14138

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
MD Paul R. Graddolph

Mailing Address 43421 Garfield Rd  
Suite 1

City State Zip Code  
Clinton Township MI 48038-1133

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Family Practice Physician-s, PC Physician

Receipt For: 2006  
 Primary    General  
 Other (specify) Convention

Aggregate Year-to-Date 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

**Transaction ID:** SA11AI.14109

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... 675.00

**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 10 / 21  
(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)  
MD David L. Harold

Mailing Address 44555 Woodward  
Suite 401

City State Zip Code  
Pontiac MI 48341

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

Name of Employer Occupation  
David Harold, MD Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.14097

Amount of Each Receipt this Period  
**300.00**

**B.**

Full Name (Last, First, Middle Initial)  
MD Cecelia F. Hissong

Mailing Address 23100 Cherry Hill

City State Zip Code  
Dearborn MI 48124

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

Name of Employer Occupation  
Cecelia Hissong, MD Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

**Transaction ID:** SA11AI.14131

Amount of Each Receipt this Period  
**150.00**

**C.**

Full Name (Last, First, Middle Initial)  
MD William A. Howard

Mailing Address 224 Circle Dr

City State Zip Code  
Traverse City MI 49684

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

Name of Employer Occupation  
William Howard, MD Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.14095

Amount of Each Receipt this Period  
**225.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **675.00**

**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 11 / 21  
(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)  
MD James C. MacKenzie

Mailing Address 1380 Coolidge Highway

City State Zip Code  
Troy MI 48084

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

Name of Employer James MacKenzie, MD Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	8

**Transaction ID:** SA11AI.14113

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
MD Malik E. McKany

Mailing Address 44555 Woodward Ave  
Suite 101

City State Zip Code  
Pontiac MI 48341

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

Name of Employer Malik McKany, MD Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **225.00**

Date of Receipt  

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

**Transaction ID:** SA11AI.14086

Amount of Each Receipt this Period  
**225.00**

**C.** Full Name (Last, First, Middle Initial)  
MD Ali Moiin

Mailing Address 1575 W Big Beaver Rd  
Suite C-12

City State Zip Code  
Troy MI 48084

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

Name of Employer Ali Moiin, MD Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt  

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

**Transaction ID:** SA11AI.14090

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 12 / 21  
(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) MD Srinivas B. Mukkamala		Date of Receipt MM / DD / YYYY 12 / 11 / 2008
Mailing Address 1170 Charter Drive Ste F		<b>Transaction ID:</b> SA11AI.14066
City Flint	State MI	Zip Code 48532-2714
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Srinivas Mukkamala, MD	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Aggregate Year-to-Date 225.00	

**B.**

Full Name (Last, First, Middle Initial) MD Purushottam Naik		Date of Receipt MM / DD / YYYY 12 / 10 / 2008
Mailing Address 2425 Austins Parkway Suite 1		<b>Transaction ID:</b> SA11AI.14106
City Flint	State MI	Zip Code 48507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Purushottam Naik, MD	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Aggregate Year-to-Date 300.00	

**C.**

Full Name (Last, First, Middle Initial) MD Stephanie D. Neider		Date of Receipt MM / DD / YYYY 12 / 04 / 2008
Mailing Address 1293 E Parkdale Ave Suite 2500		<b>Transaction ID:</b> SA11AI.14078
City Manistee	State MI	Zip Code 49660
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Manistee Dermatology PLC	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Aggregate Year-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>525.00</b>
<b>TOTAL</b> 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 / 21  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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 Steven E. Newman

Mailing Address 25811 W 12 Mile Road

City State Zip Code  
Southfield MI 48034

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

Name of Employer Occupation  
Steven Newman, MD Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **375.00**

Date of Receipt  
MM / DD / YYYY  
12 / 23 / 2008

**Transaction ID:** SA11AI.14096

Amount of Each Receipt this Period  
**225.00**

**B.**

Full Name (Last, First, Middle Initial)  
MD Michael D. Olgren

Mailing Address 200 Jefferson SE

City State Zip Code  
Grand Rapids MI 49501

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

Name of Employer Occupation  
Michael Olgren, MD Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2008

**Transaction ID:** SA11AI.14105

Amount of Each Receipt this Period  
**300.00**

**C.**

Full Name (Last, First, Middle Initial)  
MD Donald R. Peven

Mailing Address 44405 Woodward Ave

City State Zip Code  
Pontiac MI 48341-2985

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

Name of Employer Occupation  
Donald Peven, MD Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2008

**Transaction ID:** SA11AI.14102

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 14 / 21  
(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)  
MD David E. Randolph

Mailing Address 8247 Midpark Drive

City State Zip Code  
Jenison MI 49428-8638

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

Name of Employer: David Randolph, MD Occupation: Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt: 12 / 05 / 2008  
**Transaction ID: SA11AI.14121**  
 Amount of Each Receipt this Period: **150.00**

**B.**

Full Name (Last, First, Middle Initial)  
MD Prabhaker N. Reddy

Mailing Address 43331 Commons Dr

City State Zip Code  
Clinton Township MI 48038-1109

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

Name of Employer: Prabhaker Reddy, MD Occupation: Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **225.00**

Date of Receipt: 12 / 29 / 2008  
**Transaction ID: SA11AI.14136**  
 Amount of Each Receipt this Period: **225.00**

**C.**

Full Name (Last, First, Middle Initial)  
MD Nick J. Reina

Mailing Address 2603 Electric Suite 6

City State Zip Code  
Port Huron MI 48060

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

Name of Employer: Nick Reina, MD Occupation: Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) **Convention**

Aggregate Year-to-Date **225.00**

Date of Receipt: 12 / 11 / 2008  
**Transaction ID: SA11AI.14141**  
 Amount of Each Receipt this Period: **225.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **600.00**

**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 15 / 21
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MD Hector Y. Rodriguez		Date of Receipt	
	Mailing Address 15138 Levan Rd		M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.14058
	Livonia	MI	48154-5027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		225.00	
Name of Employer Hector Rodriguez, MD		Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Aggregate Year-to-Date 225.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MD Bruce C. Springer		Date of Receipt	
	Mailing Address 1840 Wealthy St SE MC426		M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.14100
	Grand Rapids	MI	49506-2968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		225.00	
Name of Employer Bruce Springer, MD		Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Aggregate Year-to-Date 225.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MD Joseph J. Weiss		Date of Receipt	
	Mailing Address 18829 Farmington Rd		M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.14092
	Livonia	MI	48152	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		150.00	
Name of Employer Joseph Weiss, MD		Occupation Physician		
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Aggregate Year-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> 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 / 21	
	(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) MD Francis P. Welsh		Date of Receipt	
Mailing Address 1414 W Fair Ave Suite 250		M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 8	
City	State	Zip Code	Transaction ID: SA11AI.14132
Marquette	MI	49855	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		150.00	
Name of Employer Francis Welsh, MD		Occupation Physician	
Receipt For: 2006		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		300.00	
<input checked="" type="checkbox"/> Other (specify) ▼ Convention			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	6750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 21
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bill Huizenga for State Rep		Date of Receipt
	Mailing Address PO Box 254		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Zeeland	MI	49464
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15.14158 Amount of Each Receipt this Period <input type="text" value="2000.00"/> Voided Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dillon Leadership Fund		Date of Receipt
	Mailing Address PO Box 16101		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lansing	MI	48901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15.14159 Amount of Each Receipt this Period <input type="text" value="2500.00"/> Voided Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dillon Leadership Fund		Date of Receipt
	Mailing Address PO Box 16101		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lansing	MI	48901
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA15.14160 Amount of Each Receipt this Period <input type="text" value="2500.00"/> Voided Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7000.00"/>
<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 18 / 21  
(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)  
Friends of Ken Horn

Mailing Address 516 S Main St

City State Zip Code  
Frankenmuth MI 48734

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 8

Transaction ID: SA15.14157

Amount of Each Receipt this Period  
1000.00

Voided Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 21	
	(check only one)			
<input 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 checked="" 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) Capitol National Bank		Date of Receipt
Mailing Address 200 Washington Square North P.O. Box 26068		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
Lansing	MI	48901-2577
FEC ID number of contributing federal political committee.		Transaction ID: SA17.14142
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="672.65"/>
Occupation		Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="672.65"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="672.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="672.65"/>

**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 20 / 21

<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) Bill Rogers for State Rep	Transaction ID: SB23.14151 Date of Disbursement
	Mailing Address 4878 Pine Eagles Ct	<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Bill Rogers for State Rep	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 11/4/08	

B.	Full Name (Last, First, Middle Initial) Citizens Supporting Mike Nofs	Transaction ID: SB23.14144 Date of Disbursement
	Mailing Address PO Box 219	<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Battle Creek State MI Zip Code 49017	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Mike Nofs	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 62 11/4/08	

C.	Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith	Transaction ID: SB23.14152 Date of Disbursement
	Mailing Address 19450 GLOUCESTER	<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Detroit State MI Zip Code 48203	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="250.00"/>
	Candidate Name Committee to Elect Virgil Smith	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 11/4/08	

**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) CTE Matt Lori	Transaction ID: SB23.14147 Date of Disbursement 12 / 22 / 2008
	Mailing Address 14941 Roberts Shore Drive	Amount of Each Disbursement this Period 500.00
	City Constantine State MI Zip Code 49042	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 11/4/08	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dennis Olshove for Senate	Transaction ID: SB23.14150 Date of Disbursement 12 / 22 / 2008
	Mailing Address 29723 ROAN	Amount of Each Disbursement this Period 175.00
	City Warren State MI Zip Code 48093	
	Purpose of Disbursement Contribution Candidate Name Dennis Olshove for Senate	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Huizenga House Fund	Transaction ID: SB23.14145 Date of Disbursement 12 / 22 / 2008
	Mailing Address PO Box 254	Amount of Each Disbursement this Period 2000.00
	City Zeeland State MI Zip Code 49464	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2675.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4425.00</b>