| FEC FORM 3X | AND | ORT OF RE DISBURSE | MENTS | ee | Office Use Only | |
|---|---|--|----------------------------------|----------------------|--|---------------|
| 1. NAME OF COMMITTEE (in fu | | C MAILING LABEL E OR PRINT ₩ | Example:If typing over the lines | , type | | |
| Michigan Doctors F | Political Action Com | mittee - Michigan State N | | | | |
| ADDRESS (number and | street) | Box 769 | | | | |
| Check if differ than previously reported. (ACC | / Fast | Lansing | | MI | |]-[] |
| 2. FEC IDENTIFICAT | ION NUMBER | ♥ CITY | A | STATE | | DDE 🔺 |
| C00001180 | | 3. IS T REF | | NEW N) OR | AMENDED (A) | |
| July 15 Quarterly October Quarterly January 3 | prts: Report(Q1) (Report(Q2) 5 Report(Q3) | Monthly Report Feb 20 Due On: Mar 20 Apr 20 c) 12-Day PRE-Election Report for the: |) (M3) | | Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12G) | |
| July 31 M Report(N Year Only | id-Year on-election (| d) 30-Day Post -Election Report for the: Election | General (300 | Э) П | Runoff (30R) in the State | Special (30S) |
| 5. Covering Period | 11 | 25 2008 | through | 12 3 | 2008 |] |
| I certify that I have exam Type or Print Name of T Signature of Treasurer | 0 | Goldberg | edge and belief it is | true, correct and co | mplete. | 2009 |
| NOTE : Submission of f | i | | nay subject the nere | | | |
| Office Use Only | | | | | FEC FOI (Rev. 12/2 | RM 3X |

| # 29990840288 | SUMMARY PAGE | |
|--|--|--|
| FEC Form 3X (Rev. 02/2003) | | Page 2 |
| Vrite or Type Committee Name Michigan Doctors Political Action Co | ommittee - Michigan State Medical Society | |
| eport Covering the Period: From: | ^{M M} 25 Y Y W Y 2008 | To: |
| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| (a) Cash on Hand January 1 2008 Y Y | | 166546.85 |
| (b) Cash on Hand at Begining 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 |
| Total Disbursements (from Line 31) | | 138350.27 |
| Cash on Hand at Close of | | |
| Reporting Period (subtract Line 7 from Line 6(d)) | 94892.23 | 94892.23 |
| Debts and Obligations owed TO | _ | |
| | 0.00 | |
| Debts and Obligations owed BY | _ | |
| the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| | FEC Form 3X (Rev. 02/2003) /rite or Type Committee Name Michigan Doctors Political Action Committee eport Covering the Period: (a) Cash on Hand January 1 Ž008 (b) Cash on Hand at Begining of Reporting Period (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) //rite or Type Committee Name Michigan Doctors Political Action Committee - Michigan State Medical Society eport Covering the Period: From: Image: State Medical Society (a) Cash on Hand at Begining of Reporting Period (b) Cash on Hand at Begining of Reporting Period (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31) Columina 4425.00 Cash on Hand at Cose of Reporting Period (subtract Line 7 from Line 6(d)) Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) Debts and Obligations owed BY |

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

FE6AN026

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name Michigan Doctors Political Action Committee - Michigan State Medical Society 2^D5 3^D1 ^M 1 1 ^M ^M ^M Μ D D 2008 2008 Report Covering the Period: From: To: **COLUMN A** COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 31675.00 6750.00 (i) Itemized (use Schedule A) 4588.00 26348.00 (ii) Unitemized (iii) TOTAL (add 11338.00 58023.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 11338.00 58023.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 8000.00 8000.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 672.65 672.65 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 20010.65 66695.65 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 20010.65 66695.65 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE OF RECEIPTS

Image# 29990840289

Image# 29990840290

DETAILED SUMMARY PAGE

| FEC Form 3X (Rev. 02/2003) | of Disbursements | Page 4 |
|---|-------------------------------|-----------------------------------|
| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 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 |
| 2. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| Contributions to Federal Candidates/Committees and Other Political Committees | 4425.00 | 133345.00 |
| 4. Independent Expenditure | 0.00 | 0.00 |
| (use Schedule E) 5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) | 0.00 | 0.00 |
| (use Schedule F) | | |
| 6. Loan Repayments Made | 0.00 | 0.00 |
| Loans Made Refunds of Contributions To: | 0.00 | 0.00 |
| (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 |
| 9. Other Disbursements | 0.00 | 5005.27 |
| 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 |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 4425.00 | 138350.27 |
| 2. Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | 4425.00 | 138350.27 |
| , | | |

Image# 29990840291

DETAILED SUMMARY PAGE

| Ū | FEC Form 3X (Rev. 02/2003) | of Disbursements | 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) | 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 |

FE6AN026

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 21 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|-------------------------------|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements may name and add | y not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) Michigan Doctors Political Action Com | nmittee - Mic | higan State Medical Society | , |
| ∠ A. | Full Name (Last, First, Middle Initial) MD Jeffery L. Allen | | | Date of Receipt |
| | Mailing Address 4005 Orchard Dr | | | M M / D D / Y Y Y Y 12 17 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.14061 |
| | Midland | MI | 48640 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 225.00 |
| | Name of Employer Jeffrey L Allen, MD | Occupation Physiciar | | |
| | Receipt For: 2006 | 1 | Year-to-Date 🔻 | _ |
| | PrimaryGeneralXOther (specify)Convention | | 225.00 |] |
| — В. | Full Name (Last, First, Middle Initial) MD Siraj N. Alseri | | | Date of Receipt |
| | Mailing Address 5301 E Huron River Dr PO Box 995 | r, Dept of An | e | M M / D D / Y Y Y Y 12 02 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.14134 |
| | Ann Arbor | MI | 48106 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer Anesthesia Associates PC | Occupation Physiciar | | |
| | Receipt For: 2006 | 1 | Year-to-Date | |
| | Primary General X Other (specify) ▼ Convention | | 300.00 |] |
| – C. | Full Name (Last, First, Middle Initial) MD Michael T. Andary | | | Date of Receipt |
| - | Mailing Address B401 W Fee Hall MTA Phy Med Rehab | | | M M / D D / Y Y Y Y Y 12 23 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.14059 |
| | East Lansing | MI | 48824 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 225.00 |
| | Name of Employer Michigan State Univ COM | Occupation Physiciar | | |
| | Receipt For: 2006 | Aggregate | Year-to-Date 🔻 | _ |
| | Primary General X Other (specify) Convention | 0 0 | 225.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 600.00 |
| | TOTAL This Period (last page this line number | | • | |

| | IEDULE A (FEC Form 3X) MIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 21 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--------------------|--|---|--|
| Any ir or for | formation copied from such Reports and Sta commercial purposes, other than using the r | atements may not be sold or used by any person ame and address of any political committee to s | n for the purpose of soliciting contributions |
| | AME OF COMMITTEE (In Full) ichigan Doctors Political Action Comm | nittee - Michigan State Medical Society | |
| | ll Name (Last, First, Middle Initial) D Martin J. Bury | | Date of Receipt |
| Ma | ailing Address 145 Michigan Street NE Suite 3100 | | M M / D D / Y Y Y Y 12 31 2008 |
| Cit | ty | State Zip Code | Transaction ID: SA11AI.14117 |
| FE | rand Rapids C ID number of contributing deral political committee. | MI 49503 | Amount of Each Receipt this Period 225.00 |
| Na Ma | ame of Employer artin Bury, MD | Occupation Physician | |
| | eceipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate Year-to-Date ▼ 225.00 | |
| B. <u>M</u> | II Name (Last, First, Middle Initial) D Michael J. Busuito ailing Address 1080 Kirts Blvd | | Date of Receipt |
| | Suite 700 | | 12 17 2008 |
| Cit Tr | ty OV | State Zip Code MI 48084-4853 | Transaction ID: SA11AI.14119 Amount of Each Receipt this Period |
| FE | EC ID number of contributing deral political committee. | C | 225.00 |
| Na Mi | ame of Employer chael Busuito, MD | Occupation Physician | _ |
| | exceipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate Year-to-Date ▼ 225.00 | |
| C. <u>M</u> | II Name (Last, First, Middle Initial) D Srinivasachari Tatad Chakravarthi ailing Address 601 Mulholland Street | | Date of Receipt |
| | | | 12 23 2008 |
| Cit <u>B</u> a | ay City | State Zip Code MI 48708-4208 | Transaction ID: SA11AI.14075 Amount of Each Receipt this Period |
| | C ID number of contributing deral political committee. | C | 225.00 |
| | me of Employer S Tarad, MD | Occupation Physician | |
| | eceipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate Year-to-Date ▼ 225.00 | |
| SUB | TOTAL of Receipts This Page (optional) | • | 675.00 |
| тот | AL This Period (last page this line number o | nly) | |

| Ş | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 8 / 21 |
|---------|---|-----------------------------|--|--|
| ľ | TEMIZED RECEIPTS | | for each category of the | (check only one) |
| • | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and Si or for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any persol dress of any political committee to | on for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) | | | |
| | Michigan Doctors Political Action Com | mittee - Mic | chigan State Medical Society | |
| A. | Full Name (Last, First, Middle Initial) MD Pyara S. Chauhan | | | Date of Receipt |
| | Mailing Address 2845 Woodcreek Way | | | 1 2 / D D / Y Y Y Y 1 2 0 0 8 |
| | City | State | Zip Code | Transaction ID: SA11AI.14140 |
| | Bloomfield Hills | MI | 48304 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 300.00 |
| | Name of Employer Pyara Chauhan, MD | Occupatio Physicia | | _ |
| | Receipt For: 2006 | | e Year-to-Date 🔻 | |
| | Primary General | Ayyreyall | | |
| | X Other (specify) ▼ Convention | 0 0 | 300.00 | |
| - В. | Full Name (Last, First, Middle Initial) MD Paul J. Chuba | | | Date of Receipt |
| | Mailing Address 22101 Moross Rd. | | | M M / D D / Y Y Y Y 12 05 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.14107 |
| | Grosse Pointe | MI | 48236-2148 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer Paul Chuba, MD | Occupatio Physicia | | |
| | Receipt For: 2006 | | e Year-to-Date 🔻 | — |
| | Primary General | riggrogati | | 1 |
| | X Other (specify) Convention | 0 0 | 300.00 | |
| - c. | Full Name (Last, First, Middle Initial) MD Robert B. Davis | | | Date of Receipt |
| | Mailing Address 524 S Park Street | | | M M / D D / Y Y Y Y 12 04 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.14139 |
| | Kalamazoo | MI | 49007-5179 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer Robert Davis, MD | Occupation Physicia | | |
| | Receipt For: 2006 | Aggregate | e Year-to-Date 🔻 | |
| | Primary General X Other (specify) Convention | 0 0 | 300.00 |] |
| Γ | | | | 600.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | |
| | 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) |
|----|---|---|--|
| ſ | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any perso | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | | mittee - Michigan State Medical Society | |
| A. | Full Name (Last, First, Middle Initial) MD Wayne A. Fuller | | Date of Receipt |
| | Mailing Address 550 W Western Ave Suite B | | M M / D D / Y Y Y Y 12 18 2008 |
| | City | State Zip Code | Transaction ID: SA11AI.14071 |
| | Muskegon FEC ID number of contributing federal political committee. | MI 49440-1043 | Amount of Each Receipt this Period |
| | Name of Employer Anesthesia Assoc PC | Occupation Physician | |
| | Receipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate Year-to-Date ▼ 225.00 | |
| В. | Full Name (Last, First, Middle Initial) MD Sultana R. Ghuznavi Mailing Address 25412 Goddard Rd | | Date of Receipt |
| | | | 12 12 2008 |
| | City Taylor | State Zip Code MI 48180 | Transaction ID: SA11AI.14138 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 225.00 |
| | Name of Employer Sultana Ghuznavi, MD | Occupation Physician | |
| | Receipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate Year-to-Date ▼ 225.00 |] |
| С. | Full Name (Last, First, Middle Initial) MD Paul R. Gradolph | | Date of Receipt |
| | Mailing Address 43421 Garfield Rd Suite 1 | | 1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 8 |
| | City Clinton Township | State Zip Code | Transaction ID: SA11AI.14109 |
| | FEC ID number of contributing federal political committee. | MI 48038-1133 | Amount of Each Receipt this Period |
| | Name of Employer Family Practice Physician- s. PC | Occupation Physician | |
| | Receipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate Year-to-Date ▼ 225.00 | |
| | SUBTOTAL of Receipts This Page (optional) | • | 675.00 |
| | TOTAL This Period (last page this line number | only) | |

| JLE A (FEC Form 3X) D RECEIPTS on copied from such Reports and 3 rrcial purposes, other than using th F COMMITTEE (In Full) In Doctors Political Action Cor a (Last, First, Middle Initial) L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention a F. Hissong ddress 23100 Cherry Hill n | Statements may not be so e name and address of ar | ate Medical Society ate Medical Society Code 11 300.00 | FOR LINE NUMBER: PAGE 10 / 21 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. 12 04 2008 Transaction ID: SA11AI.14097 Amount of Each Receipt 300.00 12 02 2008 Transaction ID: SA11AI.14097 Transaction ID: SA11AI.14097 Transaction ID: SA11AI.14097 Date of Receipt 02 2008 Transaction ID: SA11AI.14131 |
|---|--|---|--|
| on copied from such Reports and i rrcial purposes, other than using th F COMMITTEE (In Full) In Doctors Political Action Cor (Last, First, Middle Initial) L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | Statements may not be so e name and address of ar mmittee - Michigan St State Zip C MI 4834 C Occupation Physician Aggregate Year-to-D | th category of the ad Summary Page old or used by any person ny political committee to ate Medical Society Code 11 Date V 300.00 | X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. 12 0 4 2008 M M / 0 4 2008 300.00 Transaction ID: SA11Al.14097 Amount of Each Receipt this Period 300.00 Date of Receipt 300.00 300.00 300.00 |
| on copied from such Reports and i rrcial purposes, other than using th F COMMITTEE (In Full) In Doctors Political Action Cor (Last, First, Middle Initial) L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | Statements may not be so e name and address of ar mmittee - Michigan St State Zip C MI 4834 C Occupation Physician Aggregate Year-to-D | old or used by any person ny political committee to ate Medical Society | 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. 12 0 12 12 0 12 12 0 12 12 0 12 12 0 12 13 14 15 16 17 Date of Receipt 12 0 0 1 2 0 8 12 12 0 12 <td< td=""></td<> |
| rcial purposes, other than using th F COMMITTEE (In Full) In Doctors Political Action Cor a (Last, First, Middle Initial) L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary ☐ General er (specify) ▼ vention a F. Hissong ddress 23100 Cherry Hill | e name and address of ar mmittee - Michigan St State Zip C MI 4834 C Occupation Physician Aggregate Year-to-D | ate Medical Society ate Medical Society Code 11 300.00 | Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11AI.14097 Amount of Each Receipt this Period 300.00 Date of Receipt M M / D D / Y Y Y Y 300.00 Date of Receipt M M / D D / Y Y Y Y 300.00 Date of Receipt M M / D D / Y Y Y Y 300.00 Date of Receipt M M / D D / Y Y Y Y 300.00 |
| rcial purposes, other than using th F COMMITTEE (In Full) In Doctors Political Action Cor a (Last, First, Middle Initial) L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary ☐ General er (specify) ▼ vention a F. Hissong ddress 23100 Cherry Hill | e name and address of ar mmittee - Michigan St State Zip C MI 4834 C Occupation Physician Aggregate Year-to-D | ate Medical Society ate Medical Society Code 11 300.00 | Date of Receipt M M / D / Y |
| n Doctors Political Action Cor e (Last, First, Middle Initial) L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary ☐ General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | State Zip C MI 4834 C Occupation Physician Aggregate Year-to-D | Code 11 Date ▼ 300.00 | M M / D 0 Y |
| e (Last, First, Middle Initial) L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | State Zip C MI 4834 C Occupation Physician Aggregate Year-to-D | Code 11 Date ▼ 300.00 | M M / D 0 Y |
| L. Harold ddress 44555 Woodward Suite 401 umber of contributing litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | MI 4834 | 11 Date ▼ 300.00 | M M / D 0 Y |
| Suite 401 Suite 400 Suite | MI 4834 | 11 Date ▼ 300.00 | 1 2 0 4 2 0 0 8 Transaction ID: SA11AI.14097 Amount of Each Receipt this Period 300.00 |
| litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | MI 4834 | 11 Date ▼ 300.00 | Amount of Each Receipt this Period 300.00 Date of Receipt M M / D D / Y Y Y Y 1 2 0 0 8 |
| litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | C Occupation Physician Aggregate Year-to-D State Zip C | Date ▼ 300.00 | Amount of Each Receipt this Period 300.00 Date of Receipt M M / D D / Y Y Y Y 1 2 0 0 8 |
| litical committee. Employer rold, MD or: 2006 hary General er (specify) ▼ vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | Occupation Physician Aggregate Year-to-D State Zip C | 300.00 | 300.00 Date of Receipt 12 02 Y Y Y Y Y |
| or: 2006 hary General er (specify) vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | Physician Aggregate Year-to-D State Zip C | 300.00 | M M / D D / Y Y Y Y 12 02 2008 |
| or: 2006 hary General er (specify) vention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | Aggregate Year-to-D | 300.00 | M M / D D / Y Y Y Y 12 02 2008 |
| hary General er (specify) ▼ vvention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | State Zip C | 300.00 | M M / D D / Y Y Y Y 12 02 2008 |
| er (specify) ▼ vvention e (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | | | M M / D D / Y Y Y Y 12 02 2008 |
| vention (Last, First, Middle Initial) a F. Hissong ddress 23100 Cherry Hill | | | M M / D D / Y Y Y Y 12 02 2008 |
| a F. Hissong ddress 23100 Cherry Hill | | ode | M M / D D / Y Y Y Y 12 02 2008 |
| | | òde | 12 02 2008 |
| <u>n</u> | | ode | Transaction ID: SA11AI.14131 |
| n | MI 4812 | | |
| | | 24 | Amount of Each Receipt this Period |
| umber of contributing litical committee. | C | | 150.00 |
| Employer issong, MD | Occupation Physician | | |
| or: 2006 | Aggregate Year-to-D | Date 🔻 | |
| nary General | | | 1 |
| er (specify) ▼ vention | 0 0 0 0 0 | 300.00 | |
| e (Last, First, Middle Initial) n A. Howard | | | Date of Receipt |
| ddress 224 Circle Dr | | | M M / D D / Y Y Y Y 12 04 2008 |
| | State Zip C | ode | Transaction ID: SA11AI.14095 |
| e City | MI 4968 | 34 | Amount of Each Receipt this Period |
| umber of contributing litical committee. | C | | 225.00 |
| Employer oward, MD | Occupation Physician | | |
| or: 2006 | - · · | Date 🔻 | |
| nary General | | | 1 |
| | 0 0 0 0 | 225.00 | |
| er (specify) ▼ vention | - | | 675.00 |
| | e City Imber of contributing itical committee. Employer oward, MD or: 2006 hary General er (specify) ♥ | State Zip C MI 4968 Imber of contributing itical committee. C Employer oward, MD Occupation Physician or: 2006 General ary General er (specify) ▼ | State Zip Code MI 49684 Imber of contributing itical committee. C C Occupation Physician Occupation Physician Aggregate Year-to-Date or: 2006 arry General er (specify) 225.00 |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 11 / 21 (check only one) |
|--------|--|----------------------------|---|---|
| ľ | TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 |
| A C | Any information copied from such Reports and Sta or for commercial purposes, other than using the r | atements ma name and ad | y not be sold or used by any perso dress of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| Z | Michigan Doctors Political Action Comr | | ingan State Medical Society | |
| ۹. | Full Name (Last, First, Middle Initial) MD James C. MacKenzie | | | Date of Receipt |
| | Mailing Address 1380 Coolidge Highway | / | | 1 2 0 5 2 0 0 8 |
| | City | State | Zip Code | Transaction ID: SA11AI.14113 |
| | Troy FEC ID number of contributing federal political committee. | C | 48084 | Amount of Each Receipt this Period 300.00 |
| | Name of Employer James MacKenzie, MD | Occupatio Physicia | | |
| | Receipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate | e Year-to-Date V 300.00 |] |
| | Full Name (Last, First, Middle Initial) MD Malik E. McKany | | | Date of Receipt |
| | Mailing Address 44555 Woodward Ave Suite 101 | | | 1 2 0 4 Y Y Y Y Y 1 2 0 0 4 2 0 0 8 |
| | City Pontiac | State MI | Zip Code 48341 | Transaction ID: SA11AI.14086 |
| | FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period |
| | Name of Employer Malik McKany, MD | Occupatio Physicia | | |
| | Receipt For: 2006 Primary General | | e Year-to-Date ▼ 225.00 | 1 |
| | X Other (specify) ▼ Convention | 0 0 | | |
| | Full Name (Last, First, Middle Initial) MD Ali Moiin | | | Date of Receipt |
| | Mailing Address 1575 W Big Beaver Rd Suite C-12 | | | M M / D D / Y Y Y Y Y 12 02 2008 |
| | City Troy | State MI | Zip Code 48084 | Transaction ID: SA11AI.14090 |
| | FEC ID number of contributing federal political committee. | C | 48084 | Amount of Each Receipt this Period 300.00 |
| | Name of Employer Ali Moiin, MD | Occupatio Physicia | | _ |
| | Receipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate | e Year-to-Date V 300.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | | 825.00 |
| | TOTAL This Period (last page this line number o | only) | | |

| | SCHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 12/21 |
|----|--|---------------------|--|--|
| | · · · | | Use separate schedule(s) for each category of the | (check only one) |
| | ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | | | | 13 14 15 16 17 |
| [| Any information copied from such Reports and St | atements ma | ly not be sold or used by any perso | on for the purpose of soliciting contributions |
| | or for commercial purposes, other than using the | name and ad | dress of any political committee to | solicit contributions from such committee. |
| ľ | NAME OF COMMITTEE (In Full) | | | |
| | Michigan Doctors Political Action Com | mittee - Mic | chigan State Medical Society | |
| | / | | | |
| | Full Name (Last, First, Middle Initial) | | | |
| Α. | MD Srinivas B. Mukkamala | | | Date of Receipt |
| | Mailing Address 1170 Charter Drive | | | 12 11 2008 |
| | Ste F | 0 | 7. 0.1 | |
| | City | State | Zip Code | Transaction ID: SA11AI.14066 |
| | <u>Flint</u> | MI | 48532-2714 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 225.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | n | |
| | Srinivas Mukkamala, MD | Occupation Physicia | | |
| | Receipt For: 2006 | | | -1 |
| | Primary General | Aggregate | e Year-to-Date 🔻 | |
| | X Other (specify) | | 225.00 | |
| | Convention | 0 0 | 0 0 0 0 0 0 0 | - |
| - | Full Name (Last, First, Middle Initial) | | | |
| В. | MD Purushottam Naik | | | Date of Receipt |
| 2. | Mailing Address 2425 Austins Parkway | | | |
| | Suite 1 | | | 12 10 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.14106 |
| | Flint | MI | 48507 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 150.00 |
| | | | | |
| | Name of Employer Purushottam Naik, MD | Occupatio | | |
| | | Physicia | n | |
| | Receipt For: 2006 | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 300.00 | 1 |
| | X Other (specify) ▼ Convention | 0 0 | | |
| - | | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | Data of Descipt |
| C. | MD Stephanie D. Neider | | | Date of Receipt |
| | Mailing Address 1293 E Parkdale Ave | | | 12 04 Y Y Y 12 04 |
| | Suite 2500 | State | Zip Code | Transaction ID: SA11AI.14078 |
| | Manistee | MI | 49660 | |
| | | IVII | 49000 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | С | | 150.00 |
| | federal political committee. | | | |
| | Name of Employer | Occupatio | n | 7 |
| | Manistee Dermatology PLC | Physicia | | |
| | Receipt For: 2006 | | e Year-to-Date 🔻 | 1 |
| | Primary General | | | 1 |
| | X Other (specify) | | 300.00 | |
| | Convention | | | 1 |
| ſ | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | | 525.00 |
| - | | | | |
| | TOTAL This Daried (last page this line sumber | anlu) | • | |
| l | TOTAL This Period (last page this line number of | y) | | |

| 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) X 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. X1 11a 11b 11c 12 13 14 15 16 17 NAME OF COMMITTEE (in Full) Michigan Doctors Political Action Committee - Michigan State Medical Society Date of Receipt Full Name (Last, First, Middle Initial) Mo Steven E. Newman Date of Receipt Mailing Address 25811 W 12 Mile Road City State City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. Occupation Physician Aggregate Year-to-Date ▼ Name of Employer Or (respecify) ▼ General Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 200 Jefferson SE City State Zip Code Date of Receipt Mailing Address 200 Jefferson SE City State Zip Code Transaction ID: SA11AL14105 |
|---|
| In LINIZED FIEOCLIPTS Detailed Summary Page X 11a 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. 13 14 11b 11c 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Michigan Doctors Political Action Committee - Michigan State Medical Society Name of Receipt Date of Receipt Full Name (Last, First, Middle Initial) MD Steven E. Newman Date of Receipt Mailing Address 25811 W 12 Mile Road Transaction ID: SA11AL 14096 City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. Occupation Physician Name of Employer Occupation Physician Aggregate Year-to-Date X Other (specify) ♥ General 375.00 B. Mailing Address 200 Jefferson SE Date of Receipt |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting 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) Mailing Address 25811 W 12 Mile Road City State Southfield MI 48034 FEC ID number of contributing federal political committee. Receipt For: 2006 Name of Employer Occupation Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mgregate Year-to-Date ▼ B. Mailing Address 200 Jefferson SE |
| 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. Multiput fully Mailing Address 25811 W 12 Mile Road City State Southfield MI 4. Mil 4. Mil Southfield MI 48034 FEC ID number of contributing federal political committee. City State Steven Newman, MD Occupation Physician Aggregate Year-to-Date X Other (specify) ▼ Convention 375.00 |
| A. Michigan Doctors Political Action Committee - Michigan State Medical Society A. Mu 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 Amount of Each Receipt this Period Name of Employer Steven Newman, MD Occupation Physician Aggregate Year-to-Date ▼ 225.00 B. Mu Mailing Address 200 Jefferson SE Date of Receipt 1 2 Date of Receipt 1 2 0 4 |
| A. Michigan Doctors Political Action Committee - Michigan State Medical Society A. Mu 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 Amount of Each Receipt this Period Name of Employer Steven Newman, MD Occupation Physician Aggregate Year-to-Date ▼ 225.00 B. Mu Mailing Address 200 Jefferson SE Date of Receipt 1 2 Date of Receipt 1 2 0 4 |
| A. Full Name (Last, First, Middle Initial) MD Steven E. Newman Date of Receipt Mailing Address 25811 W 12 Mile Road Image: Date of Receipt City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. C Name of Employer Steven Newman, MD Occupation Physician Receipt For: 2006 Convention Y Other (specify) General X Other (specify) Full Name (Last, First, Middle Initial) MD Michael D. Olgren Mailing Address 200 Jefferson SE |
| A. MD Steven E. Newman Date of Receipt Mailing Address 25811 W 12 Mile Road Image: Code City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. C 225.00 Name of Employer Steven Newman, MD Occupation Physician 225.00 Receipt For: 2006 Aggregate Year-to-Date ▼ Primary General 375.00 X Other (specify) ▼ Other (specify) ▼ MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE |
| Mailing Address 25811 W 12 Mile Road City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Steven Newman, MD Occupation Physician Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) ▼ Steven Newman, MD Aggregate Year-to-Date ▼ Date of Receipt MD Michael D. Olgren MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE MI 4 |
| City State Zip Code Southfield MI 48034 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Steven Newman, MD Occupation Physician Aggregate Year-to-Date ▼ 225.00 Name of Except For: 2006 Aggregate Year-to-Date ▼ Date of Receipt X Other (specify) ▼ 375.00 Date of Receipt B. MD Michael D. Olgren Mailing Address 200 Jefferson SE MI |
| Southfield MI 48034 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 225.00 Name of Employer Steven Newman, MD Occupation Physician 225.00 Receipt For: 2006 Aggregate Year-to-Date ▼ 2006 X Other (specify) ▼ General 375.00 375.00 B. Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Mailing Address 200 Jefferson SE M 1 0 1 2 0.8 |
| FEC ID number of contributing federal political committee. C 225.00 Name of Employer Steven Newman, MD Occupation Physician 225.00 Receipt For: 2006 Aggregate Year-to-Date ▼ 0 Y Other (specify) ▼ Aggregate Year-to-Date ▼ 0 Structure Structure 375.00 Date of Receipt MD Michael D. Olgren Mailing Address 200 Jefferson SE Date of Receipt |
| federal political committee. 223.00 Name of Employer Steven Newman, MD Occupation Physician Receipt For: 2006 Primary General X Other (specify) Convention 375.00 B. Full Name (Last, First, Middle Initial) MD Michael D. Olgren Mailing Address 200 Jefferson SE |
| rederal political committee. Image: Committee. Name of Employer Steven Newman, MD Occupation Physician Receipt For: 2006 Primary General X Other (specify) Convention 375.00 B. Full Name (Last, First, Middle Initial) MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE Image: Committee Section Sec |
| Steven Newman, MD Physician Receipt For: 2006 Y Y Y General X Other (specify) Convention 375.00 B. Full Name (Last, First, Middle Initial) MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE |
| Prysician Receipt For: 2006 Primary General X Other (specify) Convention 375.00 B. Full Name (Last, First, Middle Initial) Date of Receipt MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE M M |
| Primary General X Other (specify) Convention 375.00 B. Full Name (Last, First, Middle Initial) MD Michael D. Olgren Mailing Address 200 Jefferson SE |
| X Other (specify) ▼ Sector Full Name (Last, First, Middle Initial) MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE |
| ■ Convention B. Full Name (Last, First, Middle Initial) MD Michael D. Olgren Mailing Address 200 Jefferson SE Date of Receipt ■ ■ 0 4 2 0 0 8 |
| B. MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE 12 0 4 200 8 |
| B. MD Michael D. Olgren Date of Receipt Mailing Address 200 Jefferson SE 12 04 2008 |
| 12 04 2008 |
| |
| City State Zip Code I Transaction ID: SA11AI.14105 |
| |
| Grand Rapids MI 49501 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. |
| |
| Name of Employer Occupation Michael Olgren, MD Devolution |
| Physician |
| Receipt For: 2006 Aggregate Year-to-Date ▼ Primary General |
| X Other (specify) ▼ 300.00 |
| Convention 7 |
| Full Name (Last, First, Middle Initial) |
| C. MD Donald R. Peven Date of Receipt |
| Mailing Address 44405 Woodward Ave |
| City State Zip Code Transaction ID: SA11AI.14102 |
| Pontiac MI 48341-2985 Amount of Each Receipt this Period |
| FEC ID number of contributing 300.00 |
| federal political committee. |
| Name of Employer Occupation Donald Peven, MD Dhysician |
| Donald Peven, MD Physician |
| Receipt For: 2006 Aggregate Year-to-Date ▼ |
| Primary General 300.00 |
| X Other (specify) ▼ Convention |
| |
| SUBTOTAL of Receipts This Page (optional) |
| |
| TOTAL This Period (last page this line number only) |

| C | CHEDIII E A (EEC Form 2V) | | FOR LINE NUMBER: PAGE 14/21 |
|---|--|---|---|
| | | Use separate schedule(s) for each category of the | (check only one) |
| I | TEMIZED RECEIPTS | Detailed Summary Page | X 11a 11b 11c 12 |
| ļ | Any information copied from such Reports and | Statements may not be sold or used by any perso e name and address of any political committee to | 13 14 15 16 1 n for the purpose of soliciting contributions solicit contributions from such committee |
| Γ | NAME OF COMMITTEE (In Full) | | |
| | | mmittee - Michigan State Medical Society | |
| | Full Name (Last, First, Middle Initial) MD David E. Randolph | | Date of Receipt |
| | Mailing Address 8247 Midpark Drive | | 12 / D D / Y Y Y Y 12 05 2008 |
| | City | State Zip Code | Transaction ID: SA11AI.14121 |
| | Jenison | MI 49428-8638 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer David Randolph, MD | Occupation Physician | - |
| | Receipt For: 2006 | Aggregate Year-to-Date ▼ | |
| | Primary General X Other (specify) ▼ Convention | 300.00 | |
| _ | Full Name (Last, First, Middle Initial) MD Prabhaker N. Reddy | | Date of Receipt |
| | Mailing Address 43331 Commons Dr | | M M / D D / Y Y Y Y 12 29 2008 |
| | City | State Zip Code | Transaction ID: SA11AI.14136 |
| | Clinton Township | MI 48038-1109 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 225.00 |
| | Name of Employer Prabhaker Reddy, MD | Occupation Physician | |
| | Receipt For: 2006 | Aggregate Year-to-Date 🔻 | |
| | Primary General X Other (specify) ▼ Convention | 225.00 | |
| _ | Full Name (Last, First, Middle Initial) MD Nick J. Reina | | Date of Receipt |
| | Mailing Address 2603 Electric Suite 6 | | M M / D D / Y Y Y Y 12 11 2008 |
| | City | State Zip Code | Transaction ID: SA11AI.14141 |
| | Port Huron | MI 48060 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 225.00 |
| | Name of Employer Nick Reina, MD | Occupation Physician | |
| | Receipt For: 2006 | Aggregate Year-to-Date V | |
| | PrimaryGeneralXOther (specify)Convention | 225.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | 600.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15/21 (check only one) 11a X 11a |
|---------|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | itatements may not be sold or used by any perso | 13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | mittee - Michigan State Medical Society | |
| ۷ A. | Full Name (Last, First, Middle Initial) MD Hector Y. Rodriguez | | Date of Receipt |
| | Mailing Address 15138 Levan Rd | | 12 17 Y Y Y Y 12 17 2008 |
| | City | State Zip Code | Transaction ID: SA11AI.14058 |
| | Livonia | MI 48154-5027 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 225.00 |
| | Name of Employer Hector Radriguez, MD | Occupation Physician | |
| | Receipt For: 2006 | Aggregate Year-to-Date ▼ | |
| | Primary General X Other (specify) ▼ Convention | 225.00 | |
| – В. | Full Name (Last, First, Middle Initial) MD Bruce C. Springer | | Date of Receipt |
| | Mailing Address 1840 Wealthy St SE MC426 | | 12 ^{//} 05 [/] 2008 |
| | City Grand Rapids | State Zip Code MI 49506-2968 | Transaction ID: SA11AI.14100 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 225.00 |
| | Name of Employer Bruce Springer, MD | Occupation Physician | _ |
| | Receipt For: 2006 | Aggregate Year-to-Date | |
| | Primary General X Other (specify) ▼ Convention | 225.00 | |
| – C. | Full Name (Last, First, Middle Initial) MD Joseph J. Weiss | 1 | Date of Receipt |
| | Mailing Address 18829 Farmington Rd | | M M / D D / Y Y Y Y 12 02 2008 |
| | City | State Zip Code | Transaction ID: SA11AI.14092 |
| | Livonia | MI 48152 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 150.00 |
| | Name of Employer Joseph Weiss, MD | Occupation Physician | |
| | Receipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate Year-to-Date ▼ 300.00 | |
| Γ | 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 16/21 (check only one) 11a 11b 11c 12 13 14 15 16 17 |
|----|--|-----------------------|---|--|
| | Any information copied from such Reports and St or for commercial purposes, other than using the | atements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) Michigan Doctors Political Action Com | mittee - Mic | higan State Medical Society | |
| Α. | 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 12 04 2008 |
| | City | State | Zip Code | Transaction ID: SA11AI.14132 |
| | Marquette | MI | 49855 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 150.00 |
| | Name of Employer Francis Welsh, MD | Occupatio Physicia | | |
| | Receipt For: 2006 Primary General X Other (specify) ▼ Convention | Aggregate | e Year-to-Date V 300.00 |] |

| SUBTOTAL of Receipts This Page (optional) | ► | 150.00 |
|---|---|---------|
| TOTAL This Period (last page this line number only) | ► | 6750.00 |

| | SCHEDULE A (FEC Form 3X) | | FOR LINE NUMBER: PAGE 17/21 |
|---------|--|---|--|
| | | Use separate schedule(s) for each category of the | (check only one) |
| | ITEMIZED RECEIPTS | Detailed Summary Page | |
| | Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any person he name and address of any political committee to | 13 14 X 15 16 17 15 16 17 15 16 17 |
| h | | | |
| | Michigan Doctors Political Action Co | mmittee - Michigan State Medical Society | |
| Α. | Full Name (Last, First, Middle Initial) Bill Huizenga for State Rep | | Date of Receipt |
| | Mailing Address PO Box 254 | | 12 ^{//} 2008 |
| | City | State Zip Code | Transaction ID: SA15.14158 |
| | Zeeland | MI 49464 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 2000.00 |
| | Name of Employer | Occupation | Voided Contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | - |
| | Primary General Other (specify) ▼ | 2000.00 |] |
| - | Full Name (Last, First, Middle Initial) | | |
| В. | Dillon Leadeship Fund | | Date of Receipt |
| | Mailing Address PO Box 16101 | | 1 2 / 3 1 / Y Y Y Y 2 0 0 8 |
| | City | State Zip Code | Transaction ID: SA15.14159 |
| | | MI 48901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 2500.00 |
| | Name of Employer | Occupation | Voided Contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 2500.00 |] |
| - C. | Full Name (Last, First, Middle Initial) Dillon Leadeship Fund | | Date of Receipt |
| | Mailing Address PO Box 16101 | | 1 2 3 1 2 0 0 8 |
| | City | State Zip Code | Transaction ID: SA15.14160 |
| | Lansing | MI 48901 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 2500.00 |
| | Name of Employer | Occupation | Voided Contribution |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 5000.00 |] |
| [| | | 7000.00 |
| ļ | SUBTOTAL of Receipts This Page (optional) | ····· | |
| | TOTAL This Period (last page this line number | er only) | |

| | 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 11a 11b 11c 12 13 14 X 15 16 17 |
|---------|--|---------------|---|--|
| | Any information copied from such Reports and or for commercial purposes, other than using the | | | |
| | NAME OF COMMITTEE (In Full) | | | |
| | Michigan Doctors Political Action Co | mmittee - Mic | higan State Medical Society | |
| , А. | Full Name (Last, First, Middle Initial) Friends of Ken Horn | | | Date of Receipt |
| | Mailing Address 516 S Main St | | | M M / D D / Y Y Y Y 12 31 2008 |
| | City | State | Zip Code | Transaction ID: SA15.14157 |
| | Frankenmuth | MI | 48734 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer | Occupatio | n | Voided Contribution |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date 1000.00 | 1 |

| SUBTOTAL of Receipts This Page (optional) | ► | 1000.00 |
|---|---|---------|
| TOTAL This Period (last page this line number only) | ► | 8000.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedu for each category of Detailed Summary P | the | FOR LINE NUMBER: PAGE 19/21 (check only one) 11a 11b 11c 12 13 14 15 16 17 |
|----|--|-------------|---|---------|--|
| | Any information copied from such Reports and Stat or for commercial purposes, other than using the na | | | | |
| | NAME OF COMMITTEE (In Full) | | | | |
| | Michigan Doctors Political Action Comm | ittee - Mic | chigan State Medical | Society | |
| Α. | Full Name (Last, First, Middle Initial) Capitol National Bank | | | | Date of Receipt |
| | Mailing Address 200 Washington Square P.O. Box 26068 | North | | | M M / D D / Y Y Y Y 12 31 2008 |
| | City | State | Zip Code | | Transaction ID: SA17.14142 |
| | Lansing | MI | 48901-2577 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 672.65 |
| | Name of Employer | Occupatio | n | | Interest |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 672 | 2.65 | |

| SUBTOTAL of Receipts This Page (optional) | ► | 672.65 |
|---|---|--------|
| TOTAL This Period (last page this line number only) | ► | 672.65 |

| Detailed Summary Page 21b 22 X 23 24 25 2 | SCHEDULE B (FEC Form 3X) | Use separate schedule(s) for each category of the | FOR LINE (check only | / one) | | PA | GE | 20 / 2 | |
|---|---|---|---|-------------------------------|-----------------------------|------------------|--------|--------|----------------|
| ar 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 Dotors Political Action Committee - Michigan State Medical Society Full Name (Last, First, Middle Initial) Bill Rogers for State Rep Maling Address 4878 Prine Eagles Ct City Brighton Gardidata Name Cardidata Name Cardidate Name Cardidate Name Cardidate Name Mike Nofs City State State: MI District: X House Disbursement Contribution Cardidate Name Cardidate Name Nike Nofs City State State: MI District: X House Disbursement Contribution Cardidate Name Mike Nofs City State State: MI District: X House Disbursement Contribution Cardidate Name Mike Nofs City State State: MI District: X House Disbursement Contribution Cardidate Name Mike Nofs City State State: MI District: X House Disbursement Contribution Cardidate Name Mike Nofs City State Disbursement Contribution Cardidate Name City State Disbursement Contribution Cardidate Name City State Disbursement Contribution Card | | | | | | | H | | 20 |
| NAME OF COMMITTEE (In Full) Michigan Dactors Political Action Committee - Michigan State Medical Society Full Name (Last, First, Middle Initial) Bill Rogers for State Rep Maiing Address 4878 Prine Eagles Ct City State Brighton Mill Purpose of Disbursement Category/ Type Office Sought: House District: Disbursement For: 2008 State State: Disbursement For: 111/4/08 Core Vilke Nofs Mill Mailing Address PO Box 219 Office Sought: House Disbursement Core X Other (spocify) Transaction ID: State: Disbursement For: 2009 State Zip Code Mill Maiing Address PO Box 219 Office Sought: X House Disbursement Core Y 2 0 0 8 Mill Maiing Address PO Box 219 Office Sought: X House Disbursement Senale Primary | | | | | | | | | 3 |
| Michigan Doctors Political Action Committee - Michigan State Medical Society Full Name (Last, First, Middle Initial) Bill Rogers for State Rep Maling Address 4878 Pine Eagles C1 City State Zip Code Purpose of Disbursement 011 Contribution 011 Candidate Name Disbursement For: 2008 Office Scupit: House Disbursement For: 2008 Office Scupit: House Disbursement For: 2008 City Senate Disbursement For: 2008 City Senate Disbursement For: 2008 City State Zip Code Amount of Each Disbursement Maling Address PO Box 219 Transaction ID: SE23,14144 City State Zip Code Amount of Each Disbursement Maling Address PO Box 219 Transaction ID: SE23,14142 City Senate Disbursement For: 2008 Purpose of Disbursement Other (specify) ▼ Transaction ID: SE23,14142 Candidate Name Disbursement For: 2008 Office Sought: X House | | | | | 2.10 | | | | |
| Bill Rogers for State Rep Date of Debursement Mailing Address 4878 Pine Eagles C1 City State Zip Code Brighton Mill 48116 Purpose of Disbursement 011 Candidate Name Disbursement For: 2008 Contribution Contribution 011 Candidate Name Disbursement For: 2008 State: Distresement For: 2008 President X Other (speelty) ▼ 11/4/08 Full Name (Last, First, Middle Initial) City State: Mailing Address PO Box 219 Transaction ID: Sitate: Zip Code Mill Mailing Address PO Box 219 Transaction ID: City State Zip Code Mailing Address PO Box 219 Amount of Each Disbursement Contribution 011 Catagory' Contribution Disbursement For: 2008 Purpose of Disbursement Disbursement For: 2008 Propose of Disbursement Disbursement For: 2008 Purpose of Disbursement Mill 4820 | Michigan Doctors Political Action Commi | tee - Michigan State Medic | al Society | | | | | | |
| Mailing Address 4878 Pine Eagles Ct | | | | | | | 141 | 51 | |
| City State Zip Code Brighton MI 48116 Purpose of Disbursement 011 Cardidate Name 011 Cardidate Name Disbursement For: 2008 Office Sought: House Disbursement For: 2008 Office Sought: Disbursement For: 2008 President State: District: 11/4/08 Transaction ID: SB23,14144 City State Zip Code Amount of Each Disbursement Maiing Address PO Box 219 Transaction ID: SB23,14144 City State Zip Code Amount of Each Disbursement Cardidate Name MII 49017 Amount of Each Disbursement Corribution Office Sought: Y 0 0 8 Amount of Each Disbursement Cardidate Name MII 49017 Transaction ID: SB23,14144 Cardidate Name Disbursement For: 2008 Amount of Each Disbursement 1000.00 Cardidate Name Mile Nols Transaction ID: SB23,14152 Date of Disbursement Corribution State: 11/4/08 | | | | M M | | | ý v | ٥Å۶ | γ Y |
| Brighton MI 48116 Purpose of Disbursement Contribution 011 Category/ Type Office Sought: House President Disbursement For: 2008 2008 Office Sought: House President Disbursement For: 2008 2008 Full Name (Last, First, Middle Initial) Transaction ID: SB23.14144 Date of Disbursement Citizens Supporting Mike NoIs Transaction ID: SB23.14144 Mailing Address PO Box 219 City State Zip Code Mit 49017 Purpose of Disbursement Contribution 011 Candidate Name Disbursement For: 2008 2008 President Primary General General Transaction ID: SB23.14152 Transaction ID: SB23.14152 Office Sought: X House President Disbursement For: 11/4/08 2008 Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith Transaction ID: SB23.14152 Committee to Elect Virgil Smith Mailing Address 19450 GLOUCESTER City State Zip Code Amount of Each Disbursement this Period Mailing Address 19450 GLOUCESTER Office Sought: Amount of Each Disbursement this Period <td< td=""><td></td><td>_</td><td></td><td>· · ·</td><td></td><td></td><td></td><td></td><td></td></td<> | | _ | | · · · | | | | | |
| Contribution 011 Candidate Name 011 Gardidate Name Disbursement For: 2008 Office Sought: Bitrict: Disbursement For: 2008 Your State: District: 11/4/08 Transaction ID: SB23.14144 Citizens Supporting Mike Nots 11/4/08 Transaction ID: SB23.14144 Disbursement 011 Category/ Y 2 0 0 8 Y City State Zip Code Amount of Each Disbursement this Period Office Sought: X House Disbursement For: 2008 Primary General Category/ 1000.00 Office Sought: X House Disbursement For: 2008 President X Other (specify) ▼ Transaction ID: SB23.14152 Committee to Elect Virgil Smith Tother (specify) ▼ Amount of Each Disbursement for: 2008 City State Zip Code | | | | Amount | of Each | Disburse | - | | |
| Category/ Bill Rogers for State Rep Category/ Type Office Sought: House Senate Disbursement For: 2008 X Other (specify) ▼ Full Name (Last, First, Middle Initial) Citizens Supporting Mike Nofs Transaction ID: SB23.14144 Date of Disbursement Mailing Address PO Box 219 Amount of Each Disbursement for: 0 0 0 0 1 / 2 0 0 8 City State Zip Code Mill 49017 Amount of Each Disbursement for: 1000.00 Category/ Type Other (specify) ▼ Transaction ID: SB23.14124 Office Sought: Senate Pirimary General Purpose of Disbursement Other (specify) ▼ Transaction ID: SB23.14164 Cardidate Name Disbursement For: 2008 Amount of Each Disbursement Cardidate Name Disbursement For: 2008 Transaction ID: SB23.14152 Committee to Elect Virgil Smith I1/4/08 Transaction ID: SB23.14152 Date of Disbursement Mailing Address 19450 GLOUCESTER Other (specify) ▼ Transaction ID: SB23.14152 Category/ Type Mill 48203 Purpose of Disbursement this Period 250.00 City Senate | | | 011 | | | | 5 | 00.00 | 2 |
| Office Sought: House Senate Disbursement For: 2008 Primary General Qeneral State: District: 11/4/08 Transaction ID: SB23.14144 City State Zip Code Transaction ID: SB23.14144 Date of Disbursement 011 Transaction ID: SB23.14144 City State Zip Code Amount of Each Disbursement Purpose of Disbursement 011 Category/ Type 1000.00 Office Sought: House Senate Disbursement For: 2008 President Disbursement For: 2008 Transaction ID: State: Mixel Name Disbursement For: 2008 Contribution Senate Primary General President 11/4/08 Transaction ID: SE23.14152 Committee to Elect Virgil Smith 11/4/08 Transaction ID: SE23.14152 Category/ Type State Zip Code Amount of Each Disbursement Office Sought: House Disbursement For: 2008 City Senate President 011 Category/ Type Office Sough | | | Category/ | | | | | | |
| State: District: 11/4/08 Full Name (Last, First, Middle Initial) Citizens Supporting Mike Nofs Transaction ID: SB23,14144 Date of Disbursement Mailing Address PO Box 219 City State Zip Code Battle Creek Mil 49017 Purpose of Disbursement Contribution Other (specify) Amount of Each Disbursement this Period Candidate Name Mike Nofs Disbursement For: 2008 Office Sought: X House President Disbursement For: 2008 Full Name (Last, First, Middle Initial) Disbursement For: 2008 Committee to Elect Virgil Smith Transaction ID: SB23,14152 Date of Disbursement Disbursement For: 2008 Full Name (Last, First, Middle Initial) Transaction ID: SB23,14152 Date of Disbursement Cormitible to Elect Virgil Smith Mil 48203 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2008 Amount of Each Disbursement this Period City State Zip Code Mil 48203 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 2008 | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Transaction ID: SB23.14144 Citizens Supporting Mike Nofs Mailing Address PO Box 219 Mailing Address PO Box 219 Mail 2 M / D 0 2 / Y 2 0 0 8 City State Zip Code City State Disbursement For: 2008 City State Zip Code Mailing Address 19450 GLOUCESTER City State Zip Code Mailing Address 19450 GLOUCESTER City State Zip Code Purpose of Disbursement Contribution 011 Category/ Y 2 0 0 8 City State Zip Code Purpose of Disbursement Contribution 011 Category/ Y 2 0 0 8 City State Zip Code Mailing Address 19450 GLOUCESTER City State Zip Code Purpose of Disbursement Contribution 011 Candidate Name Other (specify) ▼ Committee to Elect Virgil Smith 011 Category/ Transaction ID: SB23.00 Office Soughti: House Disbursement Fo | President | C Other (specify) ▼ | | | | | | | |
| Citizens Supporting Mike Nofs Mailing Address PO Box 219 Mailing Address PO Box 219 Image: Constraint of the second secon | | 8 | | _ | | 0.5.57 | | | |
| City State Zip Code Battle Creek MI 49017 Purpose of Disbursement 011 Candidate Name 011 Caradidate Name 011 Category/ Mike Nofs Senate President Disbursement For: 2008 President Senate President 11/4/08 Full Name (Last, First, Middle Initial) Transaction ID: Committee to Elect Virgil Smith Transaction ID: Mailing Address 19450 GLOUCESTER City State Zip Code Purpose of Disbursement 011 Cardidate Name Disbursement For: 2008 Purpose of Disbursement 011 Cardidate Name Senate Disbursement For: Office Sought: House Disbursement For: 2008 Subtrott Base disperial Y 0 0 8 × </td <td></td> <td></td> <td></td> <td>Date of I</td> <td>Disburse</td> <td>ment</td> <td></td> <td></td> <td></td> | | | | Date of I | Disburse | ment | | | |
| Battle Creek MI 49017 Purpose of Disbursement Contribution 011 Cardidate Name Mike Nofs 011 Category/ Type Office Sought: X House Senate Disbursement For: 2008 2008 State: MI District: 62 11/4/08 Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith Transaction ID: SB23,14152 Mailing Address 19450 GLOUCESTER Transaction ID: SB23,14152 City State Zip Code MI Mailing Address 19450 GLOUCESTER 011 Category/ Type City State Zip Code Amount of Each Disbursement Contribution Qardidate Name Contribution 011 Category/ Type 250.00 Amount of Each Disbursement this Period Office Sought: House Senate Disbursement For: 2008 Senate 250.00 Substortal: Other (specify) ▼ Interve 11/4/08 Interve Substortal: other (specify) ▼ Interve 11/2.00 Interve | Mailing Address PO Box 219 | | | 1 ^M 2 ^M | [/] ^D 0 | ^D 2 | ź | οòε | 3 ^Y |
| Purpose of Disbursement 011 Candidate Name 011 Cardidate Name 011 Mike Nofs 011 Office Sought: X Purpose of Disbursement For: 2008 State: MI District: 62 11/4/08 Transaction ID: State: 19450 GLOUCESTER City State Purpose of Disbursement 011 Category/ Y Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Candidate Name Disbursement For: 2008 Purpose of Disbursement Disbursement For: 2008 Office Sought: House Disbursement For: 2008 State: District: 11/4/08 Transaction of Each Disbursement Subtrottal of Disbursements This Page (optional) <td>, , , , , , , , , , , , , , , , , , ,</td> <td></td> <td></td> <td>Amount</td> <td>of Each</td> <td>Disburse</td> <td>ment</td> <td>this F</td> <td>Period</td> | , , , , , , , , , , , , , , , , , , , | | | Amount | of Each | Disburse | ment | this F | Period |
| Candidate Name Category/ Type Office Sought: X House Disbursement For: 2008 Senate President 11/4/08 Transaction ID: SB23.14152 Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith Transaction ID: SB23.14152 Mailing Address 19450 GLOUCESTER 11/4/08 Transaction ID: SB23.14152 City State Zip Code Amount of Each Disbursement Detroit MI 48203 Amount of Each Disbursement this Period Purpose of Disbursement Contribution 011 Category/ 250.00 Office Sought: House Disbursement For: 2008 Senate President X Other (specify) State: District: 11/4/08 Transaction ID: Subbursement State: Disbursement For: 2008 Subtrotal of Disbursements This Page (optional) Tit/4/08 11750.00 | Purpose of Disbursement | | 011 | | | | 10 | 00.00 | 0 |
| Office Sought: X House Disbursement For: 2008 State: MI District: 62 11/4/08 Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith Transaction ID: SB23.14152 Mailing Address 19450 GLOUCESTER 11/2 ^M (¹ ⁰ ² ⁰ ⁰ ² ⁰ ¹ ² ⁰ ⁰ ⁸ Amount of Each Disbursement this Period City State Zip Code Amount of Each Disbursement this Period Detroit MI 48203 250.00 Purpose of Disbursement Contribution 011 Category/ 250.00 Committee to Elect Virgil Smith Disbursement For: 2008 250.00 Office Sought: House Disbursement For: 2008 250.00 State: District: 11/4/08 Transaction ID: 1750.00 SubbrotAL of Disbursements This Page (optional) 11750.00 1750.00 1750.00 | Candidate Name | | Category/ | | | | | | |
| State: MI District: 62 11/4/08 Full Name (Last, First, Middle Initial) Committee to Elect Virgil Smith Transaction ID: SB23.14152 Date of Disbursement Mailing Address 19450 GLOUCESTER 11/2 0 2 2 1 2 0 8 City State Zip Code Detroit MI 48203 Purpose of Disbursement Contribution 011 Category/ Type Office Sought: House Disbursement For: 2008 President 11/4/08 SUBTOTAL of Disbursements This Page (optional) 11/4/08 | Senate | Primary General | 2 F - | | | | | | |
| Committee to Elect Virgil Smith Date of Disbursement Mailing Address 19450 GLOUCESTER City State Zip Code Detroit Mil 48203 Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Candidate Name 011 Committee to Elect Virgil Smith 011 Office Sought: House President Disbursement For: 2008 Senate Primary General President 11/4/08 11/4/08 | | | | | | | | | |
| City State Zip Code Detroit MI 48203 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Committee to Elect Virgil Smith 011 Office Sought: House Disbursement For: 2008 Senate Primary President 11/4/08 | | | | | | | 141 | 52 | |
| Detroit MI 48203 Purpose of Disbursement Contribution 011 Candidate Name Committee to Elect Virgil Smith 011 Category/ Committee to Elect Virgil Smith Category/ Type Office Sought: House President Primary State: District: 11/4/08 | Mailing Address 19450 GLOUCESTER | | | ^M 2 ^M | ″ ^D 2 | ^D 2 / | ź | οòε | B ^Y |
| Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Committee to Elect Virgil Smith Category/ Type Office Sought: House Disbursement For: 2008 Senate Primary President X State: District: 11/4/08 | | | | Amount | of Each | Disburse | ment | this F | Period |
| Candidate Name Committee to Elect Virgil Smith Category/ Type Office Sought: House Disbursement For: 2008 Senate Primary President X Other (specify) State: District: 11/4/08 | Purpose of Disbursement | | 011 | | | | 2 | 50.00 | 0 |
| Office Sought: House Disbursement For: 2008 Senate Primary General President X Other (specify) State: District: 11/4/08 | Candidate Name | | Category/ | | | | | | |
| State: District: 11/4/08 SUBTOTAL of Disbursements This Page (optional) 1750.00 | Office Sought: House Disburg | Primary General | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| | State: District: 11/4/0 | · · · · · · | | | | | | | |
| | SUBTOTAL of Disbursements This Page (optional | | ► | | | | 17 | 50.00 |) |
| | | | | | | | | | |

FEC Schedule B (Form 3X) (Revised 02/2003)

| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | R LINE N | | R: | | | PA | GE | 21 / | 21 | | | | | | |
|--|--|----------------|-----------|------------------|-------|-----------|------|-----------|-----|-------------|--------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | 21b 27 | 22 28a | Х | 23 28b | | 24 28c | | 25 29 | 20 | | | | | | |
| Any Information copied from such Reports and Sta or for commercial purposes, other than using the n | | | | | | | | | | | 3 | | | | | | |
| NAME OF COMMITTEE (In Full) Michigan Doctors Political Action Comm | nittee - Michigan State Medi | cal Soc | ciety | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) CTE Matt Lori | | | | Transa Date o | of Di | sburs | seme | ent | | 47 0 ǒ 8 | Ŷ | | | | | | |
| Mailing Address 14941 Roberts Shore | | | | · · · | | | | | | | | | | | | | |
| City Constantine | State Zip Code MI 49042 | | | Amour | nt o | f Each | n Di | sburse | - | | | | | | | | |
| Purpose of Disbursement Contribution Candidate Name | | 011 | | L. | | | | | | 500.0 | 0 | | | | | | |
| | | Catego Type | | | | | | | | | | | | | | | |
| Senate President | rrsement For: 2008 Primary General X Other (specify) ▼ | | | | | | | | | | | | | | | | |
| State: District: 11/4 Full Name (Last, First, Middle Initial) | /08 | | | T | 41 | 10 | . (| | | 50 | | | | | | | |
| Dennis Olshove for Senate | | | | Transa Date o | of Di | sburs | seme | | | | | | | | | | |
| Mailing Address 29723 ROAN | lailing Address 29723 ROAN | | | | | | | | | | | | | | | | |
| City Warren | State Zip Code MI 48093 | | | Amour | nt o | f Each | n Di | sburse | men | t this I | Period | | | | | | |
| Purpose of Disbursement Contribution | | 011 | | L. | | | | | 1 | 75.0 | 0 | | | | | | |
| Candidate Name Dennis Olshove for Senate | | Catego Type | | | | | | | | | | | | | | | |
| Office Sought: House Disbux X Senate President | rsement For: 2008 Primary General X Other (specify) ▼ | | | | | | | | | | | | | | | | |
| State: MI District: 09 11/4 | /08 | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Huizenga House Fund | | | | Transa Date o | | sburs | seme | ent | | | X | | | | | | |
| Mailing Address PO Box 254 | | | | 12 | | | 22 | | Ź | ٥ò٤ | 3 | | | | | | |
| City Zeeland | State Zip Code MI 49464 | | | Amour | nt o | f Each | n Di | sburse | men | t this I | Period | | | | | | |
| Purpose of Disbursement Contribution | | 011 | ľ | <u> </u> | | | | | 20 | 00.0 | 0 | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | |
| Senate President | rsement For: 2008 Primary General X Other (specify) ▼ | | | | | | | | | | | | | | | | |
| State: District: 11/4 | 'Uδ | | | · · | | - | | | | | • | | | | | | |
| SUBTOTAL of Disbursements This Page (option | al) | | • | | | • | | | | 75.0 | | | | | | | |
| TOTAL This Period (last page this line number o | ıly) | | | <u>L.</u> | | | | | 44 | 25.0 | 0 | | | | | | |

FEC Schedule B (Form 3X) (Revised 02/2003)