



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		22492.65
(b) Cash on Hand at Beginning of Reporting Period.....	22492.65	
(c) Total Receipts (from Line 19) .....	38040.00	38040.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60532.65	60532.65
7. Total Disbursements (from Line 31).....	16610.00	16610.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43922.65	43922.65
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25025.00	25025.00
(ii) Unitemized .....	13015.00	13015.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38040.00	38040.00
(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) .....	38040.00	38040.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	38040.00	38040.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	38040.00	38040.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16610.00	16610.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16610.00	16610.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16610.00	16610.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38040.00	38040.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38040.00	38040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Doctor Shafi J. Ahmed</b>		Date of Receipt
Mailing Address G4007 W Court St Suite B		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City Flint	State MI	Zip Code 48532
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17991</b>
Name of Employer Court Street Family Medicine		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation Physician		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Anita AVERY, ANITA</b>		Date of Receipt
Mailing Address 309 Jefferson SE		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Grand Rapids	State MI	Zip Code 49503-4396
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17997</b>
Name of Employer Self		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation Physician		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Doctor Gordon H. Beute</b>		Date of Receipt
Mailing Address 2799 Grand Blvd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Detroit	State MI	Zip Code 48202
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.18005</b>
Name of Employer MI Radiological Society		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation Physician		Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<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: (check only one)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Doctor Cathy O. Blight</b>		Date of Receipt MM / DD / YYYY 02 / 18 / 2013 <b>Transaction ID : SA11AI.18006</b>
Mailing Address One Hurley Plaza Dept of Pathology		Amount of Each Receipt this Period 500.00
City Flint	State MI	Zip Code 48503-5902
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Pathology Associates, PC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen BOODIN, STEPHEN</b>		Date of Receipt MM / DD / YYYY 01 / 07 / 2013 <b>Transaction ID : SA11AI.18009</b>
Mailing Address 909 W. Maple		Amount of Each Receipt this Period 300.00
City Clawson	State MI	Zip Code 48017
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Doctor Paul D. Bozyk</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA11AI.18010</b>
Mailing Address 7653 Embassy Dr		Amount of Each Receipt this Period 300.00
City Canton	State MI	Zip Code 48187
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Beaumont Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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: (check only one)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Edward C Bush MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14241 Pennsylvania Ave

City Riverview State MI Zip Code 48192-7510

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 07 / 2013  
**Transaction ID : SA11AI.18012**

Amount of Each Receipt this Period 300.00

Contribution

**B. T. Jann Caison-Sorey, MD**  
Full Name (Last, First, Middle Initial)

Mailing Address BC/BS of Michigan MC-B749  
27000 W 11-Mile Rd

City Southfield State MI Zip Code 48034

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2013  
**Transaction ID : SA11AI.18013**

Amount of Each Receipt this Period 300.00

Contribution

**C. Bruce CARL, BRUCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 64580 Van Dyke

City Washington State MI Zip Code 48095-2857

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2013  
**Transaction ID : SA11AI.18016**

Amount of Each Receipt this Period 300.00

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William CLAY, WILLIAM**

Full Name (Last, First, Middle Initial)  
Mailing Address 845 Edgemont Park

City State Zip Code  
Grosse Pointe Park MI 48230

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

Name of Employer Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2013  
**Transaction ID : SA11AI.18025**

Amount of Each Receipt this Period  
225.00

Contribution

**B. Doctor R. Paul Clodfelder**

Full Name (Last, First, Middle Initial)  
Mailing Address 4854 N. Quail Crest Dr. SE

City State Zip Code  
Grand Rapids MI 49546

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

Name of Employer Occupation  
Retired PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2013  
**Transaction ID : SA11AI.18026**

Amount of Each Receipt this Period  
225.00

Contribution

**C. MD Craig T. Coccia**

Full Name (Last, First, Middle Initial)  
Mailing Address 580 W College Ave

City State Zip Code  
Marquette MI 49855-5206

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

Name of Employer Occupation  
Craig Coccia, MD Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2013  
**Transaction ID : SA11AI.18027**

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Denise Collins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2799 W Grand Blvd  
 City State Zip Code  
 Detroit MI 48202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CollinsDenise MD  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2013  
**Transaction ID : SA11AI.18028**  
 Amount of Each Receipt this Period  
 300.00  
 Contribution

**B. Christopher CONLIN, CHRISTOPHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6590 Andersonville Rd  
 City State Zip Code  
 Clarkston MI 48346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self  
 Occupation Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.18029**  
 Amount of Each Receipt this Period  
 300.00  
 Contribution

**C. Barbara Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6575 Sunburst Dr  
 City State Zip Code  
 Portage MI 49024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Radiology Services, PC  
 Occupation PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11AI.18032**  
 Amount of Each Receipt this Period  
 225.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert Doane, Robert M., MD,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 E Michigan Ave  
 Ste 202 P.O. Box 807  
 City Jackson State MI Zip Code 49204-0807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.18037**  
 Amount of Each Receipt this Period **300.00**  
 Contribution

**B. Doctor Patrick J. Droste**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5050 Cascade Rd SE  
 City Grand Rapids State MI Zip Code 49546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.18039**  
 Amount of Each Receipt this Period **350.00**  
 Contribution

**C. William DuBois, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8540 105th Ave  
 City Stanwood State MI Zip Code 49346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aurora Pathology Labs Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 22 / 2013**  
**Transaction ID : SA11AI.18040**  
 Amount of Each Receipt this Period **225.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</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: (check only one)	PAGE 12 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Doctor Kenneth Elmassian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 W Greenlawn Ave  
 Suite 106  
 City Lansing State MI Zip Code 48910  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2013  
**Transaction ID : SA11AI.18043**  
 Amount of Each Receipt this Period 500.00  
 Contribution

**B. Dr. Paul O. Farr, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Lafayette Street SE  
 Suite 400  
 City Grand Rapids State MI Zip Code 49503  
 Name of Employer Paul Farr, MD Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 25 / 2013  
**Transaction ID : SA11AI.18044**  
 Amount of Each Receipt this Period 600.00  
 Contribution

**C. MD Edward P. Fody**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Michigan Ave  
 City Holland State MI Zip Code 49423  
 Name of Employer Edward Fody, MD Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2013  
**Transaction ID : SA11AI.18045**  
 Amount of Each Receipt this Period 300.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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: (check only one)	PAGE 13 OF 46
<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**

Full Name (Last, First, Middle Initial)  
**A. Gregory Forzley, Gregory J., MD,**

Mailing Address PO Box 6303

City State Zip Code  
Grand Rapids MI 49516

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

Name of Employer Occupation  
SELF PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 19 / 2013  
**Transaction ID : SA11AI.18046**

Amount of Each Receipt this Period  
300.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. MD Arthur J. Frazier**

Mailing Address 5680 Bow Poine Dr

City State Zip Code  
Clarkston MI 48346

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

Name of Employer Occupation  
MI Soc of Theapeutic Radiology Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
01 / 28 / 2013  
**Transaction ID : SA11AI.18047**

Amount of Each Receipt this Period  
300.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Amit Ghose MD**

Mailing Address 3955 Patient Care Drive  
Suite A

City State Zip Code  
Lansing MI 48911

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

Name of Employer Occupation  
Capital Internal Medicine Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 15 / 2013  
**Transaction ID : SA11AI.18049**

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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: (check only one)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cheryl Gibson-Fountain**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21400 E 11 Mile Rd.  
City Saint Clair Shores State MI Zip Code 48081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Beaumont Health System Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 22 / 2013**  
**Transaction ID : SA11AI.18050**  
Amount of Each Receipt this Period **500.00**  
Contribution

**B. Doctor James D. Grant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1719 W Big Beaver Rd  
City Troy State MI Zip Code 48084  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Oakland Anesthesiologist Associa Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 13 / 2013**  
**Transaction ID : SA11AI.18053**  
Amount of Each Receipt this Period **500.00**  
Contribution

**C. Dr. Safiul Hasan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43700 Woodward Ave. Ste. 210  
City Bloomfield Hills State MI Zip Code 48302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **225.00**

Date of Receipt **01 / 28 / 2013**  
**Transaction ID : SA11AI.18055**  
Amount of Each Receipt this Period **225.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1225.00**  
**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 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mark Hass MD</b>		Date of Receipt
Mailing Address 605 W Western Ave		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Muskegon	MI	49440
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.18056</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="225.00"/>
Name of Employer	Occupation	Contribution
Radiology Muskegon, PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Doctor Steven C. Hodges</b>		Date of Receipt
Mailing Address 1105 Sixth Street Munson Medical Center		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Traverse City	MI	49684
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.18057</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	Contribution
Grand Traverse Radiologists	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Doctor Ronald N. Horowitz</b>		Date of Receipt
Mailing Address 1215 E Michigan Ave Sparrow Hosp. Box 30480		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lansing	MI	48912-1811
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.18058</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="225.00"/>
Name of Employer	Occupation	Contribution
Capital Pathology, PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<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: (check only one)	PAGE 16 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bryan Huffman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 W 24th St  
City Holland State MI Zip Code 49423  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ottawa CMS Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.18081**  
Amount of Each Receipt this Period **300.00**  
Contribution

**B. Robert Jackson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7445 Allen Rd Suite 250  
City Allen Park State MI Zip Code 48101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.18062**  
Amount of Each Receipt this Period **300.00**  
Contribution

**C. EDWARD JANKOWSKI,**  
Full Name (Last, First, Middle Initial)  
Mailing Address 20867 Mack Ave  
City Grosse Pointe Wood State MI Zip Code 48236-1356  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.18064**  
Amount of Each Receipt this Period **300.00**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **900.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Theodore Jones</b>			Date of Receipt
Mailing Address 18101 Oakwood Dlvd			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.18180</b>
Dearborn	MI	48124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		Contribution
Selfemployed	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Romeo Kaddoum</b>			Date of Receipt
Mailing Address 3990 John R Box 147			<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.18065</b>
Detroit	MI	48201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		Contribution
Self	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Luana KYSELKA, LUANA</b>			Date of Receipt
Mailing Address 2877 Crooks Rd Ste D			<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.18073</b>
Troy	MI	48084-4704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="225.00"/>
Name of Employer	Occupation		Contribution
Self	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="975.00"/>
<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: (check only one)	PAGE 18 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. David Lowry**  
Full Name (Last, First, Middle Initial)

Mailing Address 414 Plymouth NE

City Grand Rapids State MI Zip Code 49505

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2013  
**Transaction ID : SA11Al.18075**

Amount of Each Receipt this Period  
 300.00

Contribution

**B. JOHN MACKEIGAN,**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Morningside SE

City Grand Rapids State MI Zip Code 49506

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 24 / 2013  
**Transaction ID : SA11Al.18077**

Amount of Each Receipt this Period  
 300.00

Contribution

**C. Federico Mariona**  
Full Name (Last, First, Middle Initial)

Mailing Address 44555 Woodward Ave

City Pontiac State MI Zip Code 48341

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

Name of Employer WCMS Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 11 / 2013  
**Transaction ID : SA11Al.18115**

Amount of Each Receipt this Period  
 225.00

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Doctor Sharon D. Minott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Haggerty Rd  
 Suite 2100  
 City West Bloomfield State MI Zip Code 48323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 01 / 2013**  
**Transaction ID : SA11AI.18088**  
 Amount of Each Receipt this Period **400.00**  
 Contributor

**B. James MITCHINER, JAMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1265 Barrister Rd  
 City Ann Arbor State MI Zip Code 48105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 23 / 2013**  
**Transaction ID : SA11AI.18089**  
 Amount of Each Receipt this Period **300.00**  
 Contributor

**C. Doctor Donald B. Muenk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29753 Hoover Rd, Ste A  
 Suite A  
 City Warren State MI Zip Code 48093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cataract Eye Consultants of Michigan Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 09 / 2013**  
**Transaction ID : SA11AI.18090**  
 Amount of Each Receipt this Period **300.00**  
 Contributor

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**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 20 OF 46
<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. Srinivas Mukkamala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6007 Miller Rd  
 City Swartz Creek State MI Zip Code 48473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Srinivas Mukkamala, MD Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2013  
**Transaction ID : SA11AI.18091**  
 Amount of Each Receipt this Period 500.00  
 Contributor

**B. Doctor Bassam H. Nasr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1231 Pine Grove Avenue Suite 2A  
 City Port Huron State MI Zip Code 48060-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Physician HealthCare Network Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2013  
**Transaction ID : SA11AI.18092**  
 Amount of Each Receipt this Period 500.00  
 Contributor

**c. Dr. Peggyann Nowak, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5755 Bloomfield Glens  
 City West Bloomfield State MI Zip Code 48322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 16 / 2013  
**Transaction ID : SA11AI.18096**  
 Amount of Each Receipt this Period 300.00  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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: (check only one)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Doctor Michael D. Olgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Jefferson Ave SE  
 PO Box 3578  
 City Grand Rapids State MI Zip Code 49501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Grand River Emergency Medical Group, P Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 19 / 2013**  
**Transaction ID : SA11AI.18098**  
 Amount of Each Receipt this Period **300.00**  
 Contributor

**B. Merilee Otto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1710 Rood Point Road  
 City Muskegon State MI Zip Code 49441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Selfemployed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **06 / 11 / 2013**  
**Transaction ID : SA11AI.18101**  
 Amount of Each Receipt this Period **225.00**  
 Contributor

**C. Doctor Harry T. Pall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 602 Jackson Street  
 City Petoskey State MI Zip Code 49770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northern Anesthesia Providers PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **01 / 30 / 2013**  
**Transaction ID : SA11AI.18102**  
 Amount of Each Receipt this Period **225.00**  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</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: (check only one)	PAGE 22 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MD Michael Park</b>		Date of Receipt
Mailing Address 430 W. Center Ave.		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Portage	MI	49024
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.18103</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Contributor
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jonathan E. Pasko, MD</b>		Date of Receipt
Mailing Address 730 N Macomb St Ste 324		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Monroe	MI	48162
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.18106</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="225.00"/>
Name of Employer	Occupation	Contributor
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Piyush Patel</b>		Date of Receipt
Mailing Address PO Box 905		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jackson	MI	49204
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.18117</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	Contributor
Selfemployed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1025.00"/>
<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: (check only one)	PAGE 23 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Fred Patterson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3931 Penberton

City Ann Arbor State MI Zip Code 48105

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2013**

**Transaction ID : SA11Al.18108**

Amount of Each Receipt this Period  
**600.00**

Contributor

**B. Doctor Robert A. Pensler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2333 Biddle Ave

City Wyandotte State MI Zip Code 48192

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 28 / 2013**

**Transaction ID : SA11Al.18110**

Amount of Each Receipt this Period  
**300.00**

Contributor

**C. Carol E. Peterson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Atkinson Drive

City Ludington State MI Zip Code 49431

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

Name of Employer Norther Physicians Organizatio Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 20 / 2013**

**Transaction ID : SA11Al.18119**

Amount of Each Receipt this Period  
**600.00**

Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</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: (check only one)	PAGE 24 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James Rice**  
Full Name (Last, First, Middle Initial)

Mailing Address 2508 S Cedar Street

City Lansing State MI Zip Code 48910

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

Name of Employer MCMS Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.18174**

Amount of Each Receipt this Period  
 500.00

Contributor

**B. Doctor James E. Richard**  
Full Name (Last, First, Middle Initial)

Mailing Address 2508 S Cedar Street

City Lansing State MI Zip Code 48910

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

Name of Employer Cap-Lab Pathologists Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2013  
**Transaction ID : SA11AI.18121**

Amount of Each Receipt this Period  
 300.00

Contributor

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

Mailing Address 1815 Henson Ave

City Kalamazoo State MI Zip Code 49048-1510

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

Name of Employer Advanced Vascular Surgery, PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013  
**Transaction ID : SA11AI.18125**

Amount of Each Receipt this Period  
 300.00

Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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: (check only one)	PAGE 25 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael Sandler MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4270 Barcroft Way

City West Bloomfield State MI Zip Code 48323

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2013

**Transaction ID : SA11Al.18127**

Amount of Each Receipt this Period  
 300.00

Contributor

**B. Katharine Scharer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1101 W University Dr

City Rochester Hills State MI Zip Code 48307

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

Name of Employer Selfemployed Occupation Physicina

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2013

**Transaction ID : SA11Al.18175**

Amount of Each Receipt this Period  
 300.00

Contributor

**C. Richard Schultz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1213 W Front Street

City Traverse City State MI Zip Code 49684

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013

**Transaction ID : SA11Al.18130**

Amount of Each Receipt this Period  
 300.00

Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 26 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Doctor Caroline G. M. Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2429 Trautner Drive  
 City Saginaw State MI Zip Code 48604-9596  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Phoenix Family Physicians Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2013  
**Transaction ID : SA11AI.18132**  
 Amount of Each Receipt this Period  
 300.00  
 Contributor

**B. Raouf Seifeldin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 461 W. Huron St  
 City Pontiac State MI Zip Code 48341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2013  
**Transaction ID : SA11AI.18133**  
 Amount of Each Receipt this Period  
 300.00  
 Contributor

**C. Doctor David A. Share**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 N Huron St  
 City Ypsilanti State MI Zip Code 48197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2013  
**Transaction ID : SA11AI.18136**  
 Amount of Each Receipt this Period  
 300.00  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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: (check only one)	PAGE 27 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Doctor James H. Sondheimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4160 John R St  
 Suite 908  
 City Detroit State MI Zip Code 48201-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 15 / 2013**  
**Transaction ID : SA11AI.18140**  
 Amount of Each Receipt this Period **300.00**  
 Contributor

**B. Eric R.G. Stockall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2090 Jolly Road  
 Suite 150  
 City Okemos State MI Zip Code 48864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Urological Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **02 / 07 / 2013**  
**Transaction ID : SA11AI.18144**  
 Amount of Each Receipt this Period **225.00**  
 Contributor

**C. Doctor James H. Timmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5352 Beckley Rd  
 Suite C  
 City Battle Creek State MI Zip Code 49015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Radiology Consultants, PLC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 30 / 2013**  
**Transaction ID : SA11AI.18152**  
 Amount of Each Receipt this Period **500.00**  
 Contributor

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1025.00</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: (check only one)	PAGE 28 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Bruce Van Dop</b>		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 <b>Transaction ID : SA11Al.18176</b>
Mailing Address 6466 Terravita Dr		Amount of Each Receipt this Period 600.00
City Whitehall	State MI	Zip Code 49461
FEC ID number of contributing federal political committee. C	Contributor	
Name of Employer Lakeshore Anesthesia Services	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Doctor Todd K. VanHeest</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 <b>Transaction ID : SA11Al.18157</b>
Mailing Address 8333 Felch Street Suite 202		Amount of Each Receipt this Period 500.00
City Zeeland	State MI	Zip Code 49464
FEC ID number of contributing federal political committee. C	Contributor	
Name of Employer Family Practice Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jeff Wentzloff, Jeff , MD,</b>		Date of Receipt MM / DD / YYYY 01 / 28 / 2013 <b>Transaction ID : SA11Al.18162</b>
Mailing Address 3176 Griffith		Amount of Each Receipt this Period 500.00
City Berkley	State MI	Zip Code 48072
FEC ID number of contributing federal political committee. C	Contributor	
Name of Employer Jeff Wentsloff, MD	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 29 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

**A.** Full Name (Last, First, Middle Initial)  
**Doctor Joseph L. Wilhelm**

Mailing Address 702 W Lake Lansing Rd

City East Lansing State MI Zip Code 48823-1446

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

Name of Employer Michigan Eye Care Specialists, PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 22 / 2013

**Transaction ID : SA11AI.18164**

Amount of Each Receipt this Period  
1000.00

Contributor

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25025.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Al Pscholka for State Representative**

Mailing Address 5810 Longhorn Trail

City State Zip Code  
Stevensville MI 49127

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Al Pscholka**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17926**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Bill Schuette for Attorney General**

Mailing Address PO Box 27188

City State Zip Code  
Lansing MI 48909

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Bill schuette**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2013

**Transaction ID : SB23.17979**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bob Genetski for State Rep**

Mailing Address P O Box 1242

City State Zip Code  
Holland MI 49422

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Bob Genetski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17931**

Amount of Each Disbursement this Period

100.00

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

1300.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jack Bradenburg**

Mailing Address 37596 Huron Pointe Drive

City Harrison Township State MI Zip Code 48045

Purpose of Disbursement Contribution

011

Candidate Name

**Jack Bradenburg**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17917**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bruce Caswell for Senate**

Mailing Address 8940 E. Bacon Road

City Hillsdale State MI Zip Code 49242

Purpose of Disbursement Contribution

011

Candidate Name

**Bruce Caswell**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : SB23.17959**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Callton Action Fund**

Mailing Address 307 N. Main St.

City Nashville State MI Zip Code 48933

Purpose of Disbursement Contribution

011

Candidate Name

**Mike Callton**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2013

**Transaction ID : SB23.17980**

Amount of Each Disbursement this Period

1000.00

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

2250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Citizens Supporting Mike Nofs**

Mailing Address PO Box 219

City State Zip Code  
Battle Creek MI 49017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mike Nofs**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17935**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Citizens Supporting Mike Nofs**

Mailing Address PO Box 219

City State Zip Code  
Battle Creek MI 49017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mike Nofs**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2013

**Transaction ID : SB23.17984**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Jase Bolger**

Mailing Address PO Box 638

City State Zip Code  
Marshall MI 49068

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jase Bolger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : SB23.17958**

Amount of Each Disbursement this Period

250.00

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

650.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Steve Bieda**

Mailing Address PO Box 1311

City Warren State MI Zip Code 48090-1311

Purpose of Disbursement  
Contribution

011

Candidate Name

**Steven M Bieda**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

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

**Transaction ID : SB23.17957**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

200.00

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Thomas Stallworth**

Mailing Address 18648 Whitcomb

City Detroit State MI Zip Code 48235

Purpose of Disbursement  
Contribution

011

Candidate Name

**Committee to Elect Thomas Stallworth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	3

**Transaction ID : SB23.17978**

Amount of Each Disbursement this Period

1	2	5	0	0	0	0	0	0	0
1	2	5	0	0	0	0	0	0	0

125.00

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Tom Cochran**

Mailing Address 700 Hunting Meadow Drive

City Mason State MI Zip Code 48854

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tom Cochran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB23.17963**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

150.00

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

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

4	7	5	0	0	0	0	0	0	0
4	7	5	0	0	0	0	0	0	0

475.00

4	7	5	0	0	0	0	0	0	0
4	7	5	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Virgil Smith**

Mailing Address 19450 GLOUCESTER

City Detroit State MI Zip Code 48203

Purpose of Disbursement  
Contribution

011

Candidate Name

**Virgil Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17937**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Common Sense Leadership Fund**

Mailing Address 19980 Mayfield

City Livonia State MI Zip Code 48152

Purpose of Disbursement  
Donation

012

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2013

**Transaction ID : SB23.17981**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CTE Dale W. Zorn**

Mailing Address 7498 Ida East Rd

City Ida State MI Zip Code 48140

Purpose of Disbursement  
Contribution

011

Candidate Name

**Dave Zorn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17942**

Amount of Each Disbursement this Period

150.00

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

650.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CTE Gail Haines**

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Gail Haines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2013

**Transaction ID : SB23.17933**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CTE Gail Haines**

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Gail Haines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2013

**Transaction ID : SB23.17982**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. CTE Jack Bradenburg**

Mailing Address 37596 Hurrion Pointe Drive

City Harrison Township State MI Zip Code 48045

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Jack Bradenburg**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2013

**Transaction ID : SB23.17988**

Amount of Each Disbursement this Period

500.00
--------

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

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

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CTE Matt Lori**

Mailing Address 14941 Roberts Shore Drive

City State Zip Code  
Constantine MI 49042

Purpose of Disbursement  
Contribution

011

Candidate Name

**Matt Lori**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : SB23.17954**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CTE Peter MacGregor**

Mailing Address 8209 Vista Royale Lane

City State Zip Code  
Rockford MI 49341

Purpose of Disbursement  
Contribution

011

Candidate Name

**Peter F MacGregor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 73

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2013

**Transaction ID : SB23.17943**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CTE Tom Hooker**

Mailing Address PO Box 454

City State Zip Code  
Byron Center MI 49315

Purpose of Disbursement  
Contribution

011

Candidate Name

**Thomas B. Hooker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 77

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2013

**Transaction ID : SB23.17983**

Amount of Each Disbursement this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CTE Winnie Brinks**

Mailing Address 2060 Osceloa Dr

City Grand Rapids State MI Zip Code 49506

Purpose of Disbursement Contribution

011

Candidate Name

**Winnie Brinks**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : SB23.17948**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Dave Hildenbrand for State Senate**

Mailing Address PO Box 1075

City Grand Rapids State MI Zip Code 49501

Purpose of Disbursement Contribution

011

Candidate Name

**Dave Hildenbrand**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17921**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dave Robertson for State Senate**

Mailing Address PO Box 181

City Grand Blanc State MI Zip Code 48480

Purpose of Disbursement Contribution

011

Candidate Name

**Dave Robertson**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17936**

Amount of Each Disbursement this Period

250.00

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

650.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Ananich**

Mailing Address 922 Maxine Street

City Flint State MI Zip Code 48503

Purpose of Disbursement  
Contribution

011

Candidate Name

**Friends of Jim Ananich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB23.17929**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Townsend**

Mailing Address PO Box 201

City Royal Oak State MI Zip Code 48068

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jim Townsend**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB23.17975**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends of Pam Faris**

Mailing Address PO Box 520

City Clio State MI Zip Code 48420

Purpose of Disbursement  
Contribution

011

Candidate Name

**Pam Faris**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB23.17952**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Friends to Elect David Knezek**

Mailing Address PO Box 687

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement Contribution

011

Candidate Name

**David Knezek**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : SB23.17969**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Friends to Elect Dian Slavens**

Mailing Address PO Box 871212

City Canton State MI Zip Code 18187

Purpose of Disbursement Contribution

011

Candidate Name

**Dian Slavens**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 05 / 2013

**Transaction ID : SB23.17976**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**C. George T. Darany for State Rep**

Mailing Address 17835 Oakwood Blvd.

City Dearborn State MI Zip Code 48124

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. George T. Darany**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17930**

Amount of Each Disbursement this Period

150.00

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

450.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Goeff Hansen for State Senate**

Mailing Address PO Box 81025

City State Zip Code  
Lansing MI 48908

Purpose of Disbursement  
Contribution

011

Candidate Name

**Goeff Hansen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2013

**Transaction ID : SB23.17986**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Vincent Gregory**

Mailing Address 29501 Red Leaf Drive

City State Zip Code  
Southfield MI 48076

Purpose of Disbursement  
Contribution

011

Candidate Name

**Vincent Gregory for Senate**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17932**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Hansen Clark for State Senate**

Mailing Address 243 W. Congress, Ste. 350

City State Zip Code  
Detroit MI 48226

Purpose of Disbursement  
Contribution

011

Candidate Name

**Hansen Clark for State Senate**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17920**

Amount of Each Disbursement this Period

250.00

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

700.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hoon-Yong Hopgood for State Senate**

Mailing Address 10815 Westlake

City Taylor State MI Zip Code 48180

Purpose of Disbursement Contribution

011

Candidate Name

**Hoon-Yoon Hopgood**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : SB23.17953**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Howard Walker for State Senate**

Mailing Address PO Box 1508

City Traverse City State MI Zip Code 49686

Purpose of Disbursement Contribution

011

Candidate Name

**Howard C Walker**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MI District: 37

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17938**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Joe Hune for State Senate**

Mailing Address 4849 Hogback Road

City Fowlerville State MI Zip Code 48836

Purpose of Disbursement Contribution

011

Candidate Name

**Joe Hune**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 25 / 2013

**Transaction ID : SB23.17934**

Amount of Each Disbursement this Period

250.00

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

700.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John Moolenaar for State Senate**

Mailing Address PO Box 2244

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Moolenaar**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : SB23.17970**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Proos for State Senate**

Mailing Address PO Box 271

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Proos**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17922**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Judy Emmons for State Rep**

Mailing Address 340 S VINE ST

City Stanton State MI Zip Code 48888

Purpose of Disbursement  
Contribution

011

Candidate Name

**Judy Emmons for State Rep**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2013

**Transaction ID : SB23.17985**

Amount of Each Disbursement this Period

135.00

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

635.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ken Yonker for State Representative**

Mailing Address 8300 Patterson Ave.

City Caledonia State MI Zip Code 49316

Purpose of Disbursement Contribution

011

Candidate Name

**Kenneth J Yonker**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MI District: 72

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2013

**Transaction ID : SB23.17955**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Kevin Cotter for State Representative**

Mailing Address 2767 Eland Court

City Mt. Pleasant State MI Zip Code 48858

Purpose of Disbursement Contribution

011

Candidate Name

**Kevin Cotter**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : SB23.17964**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mike Callton for State Representative**

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement Contribution

011

Candidate Name

**Mike Callton**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17918**

Amount of Each Disbursement this Period

500.00

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

850.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Moving Michigan Forward Fund**

Mailing Address 4025 Timberland Drive

City Grand Rapids State MI Zip Code 49508

Purpose of Disbursement  
Donation

012

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2013

Transaction ID : SB23.17977

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Al Pscholka**

Mailing Address 5810 Longhorn Trail

City Stevensville State MI Zip Code 49127

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

**Al Pscholka**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2013

Transaction ID : SB23.17987

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rick Jones for State Rep**

Mailing Address PO BOX 115

City Grand Ledge State MI Zip Code 48837

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

**Rick Jones**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

Transaction ID : SB23.17965

Amount of Each Disbursement this Period

250.00

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

1550.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Sam Singh for State Rep**

Mailing Address PO Box 791

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Contribution

011

Candidate Name

**Sam Singh for State Rep**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : SB23.17971**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Andy Schor**

Mailing Address 1800 Shubel Avenue

City Lansing State MI Zip Code 48910

Purpose of Disbursement Contribution

011

Candidate Name

**Andy Schor**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2013

**Transaction ID : SB23.17944**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mike Shirkey**

Mailing Address 11757 Sutfin Rd

City Clarklake State MI Zip Code 49234

Purpose of Disbursement Contribution

011

Candidate Name

**Mike Shirkey**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17927**

Amount of Each Disbursement this Period

100.00

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

750.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tom Casperson for State Rep.**

Mailing Address PO Box 84

City Escanaba State MI Zip Code 49829

Purpose of Disbursement Contribution

005

Candidate Name

**Tom Casperson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17919**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Whitmer Leadership Fund**

Mailing Address 1456 Meadowbrook Lane

City Lansing State MI Zip Code 48901

Purpose of Disbursement Donation

012

Candidate Name

**Whitmer Leadership Fund**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : SB23.17928**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

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

500.00

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

16610.00