

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Wisconsin Medical Society Political Action Committee

ADDRESS (number and street) 2450 Rimrock Road, Suite 101 Check if different than previously reported. (ACC) Madison WI 53713

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00548438 3. IS THIS REPORT NEW OR AMENDED (N) (A) [X] (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11 23 2020 in the State of

5. Covering Period 10 15 2020 through 11 23 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Green, Heidi, Ms., Type or Print Name of Treasurer

Signature of Treasurer Green, Heidi, Ms., [Electronically Filed] Date 11 30 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2020"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="0.00"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="650.00"/> | <input type="text" value="14925.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="650.00"/> | <input type="text" value="14925.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="650.00"/> | <input type="text" value="14925.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

Report Covering the Period: From: 10 / 15 / 2020 To: 11 / 23 / 2020

| 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)..... | 650.00 | 14925.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 650.00 | 14925.00 |
| (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) | 650.00 | 14925.00 |
| 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)).....▶ | 650.00 | 14925.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 650.00 | 14925.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 650.00 | 14925.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) .. | 650.00 | 14925.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 650.00 | 14925.00 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 650.00 | 14925.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 650.00 | 14925.00 |
| 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 9 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

A. Clarke, Sherry, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1276 CAMERON CIR

| | | |
|----------------|-------------|------------------------|
| City NEENAH | State WI | Zip Code 54956-9808 |
|----------------|-------------|------------------------|

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

| | |
|--------------------------------------------------------------------------|-----------------------------|
| Name of Employer (for Individual) Ophthalmic Surgery of Wisconsin LTD | Occupation (for Individual) |
|--------------------------------------------------------------------------|-----------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 27 | | 2020 |

Transaction ID : 10785851

Amount of Each Receipt this Period
50.00

Memo Item

Earmark for Glenn Grothman for Congress

B. Wertsch, Paul, A., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4221 Venetian Ln

| | | |
|-----------------|-------------|------------------------|
| City Madison | State WI | Zip Code 53718-6655 |
|-----------------|-------------|------------------------|

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

| | |
|----------------------------------------------------------------|------------------------------------------|
| Name of Employer (for Individual) Wildwood Family Clinic SC | Occupation (for Individual) Physician |
|----------------------------------------------------------------|------------------------------------------|

Receipt For: 2020
 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 |
| 10 | | 27 | | 2020 |

Transaction ID : 10785853

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Kind for Congress

C. Clarke, Sherry, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1276 CAMERON CIR

| | | |
|----------------|-------------|------------------------|
| City NEENAH | State WI | Zip Code 54956-9808 |
|----------------|-------------|------------------------|

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

| | |
|--------------------------------------------------------------------------|-----------------------------|
| Name of Employer (for Individual) Ophthalmic Surgery of Wisconsin LTD | Occupation (for Individual) |
|--------------------------------------------------------------------------|-----------------------------|

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 27 | | 2020 |

Transaction ID : 10785857

Amount of Each Receipt this Period
50.00

Memo Item

Earmark for Team Graham, Inc.

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 9 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. Raduege, William, Edward, Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 553
 City Woodruff State WI Zip Code 54568-0553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W. E. Raduege MD SC Occupation (for Individual) Physician
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2020
Transaction ID : 10785859
 Amount of Each Receipt this Period 200.00
 Memo Item
 Earmark for Tricla Zunker for Wisconsin

B. Janis, Angela, Christine, Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Wisconsin Ave Apt 1005
 City Madison State WI Zip Code 53703-4171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mendota Mental Health Inst Occupation (for Individual) Physician
 Receipt For: 2020
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2020
Transaction ID : 10796117
 Amount of Each Receipt this Period 250.00
 Memo Item
 Earmark for Warnoch for Georgia

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 450.00 |
| TOTAL This Period (last page this line number only)..... | 650.00 |

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Glenn Grothman for Congress

Mailing Address P.O. Box 1215

City: Fond du Lac State: WI Zip Code: 54936

Purpose of Disbursement: Earmark by Sherry Clarke; PAC limits unaffected

011
Category/Type

Candidate Name: **Grothman, Glenn, , ,**

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify)
 State: WI District: 00

Date of Disbursement: 10 / 27 / 2020

FEC Identification Number

C00561597

Transaction ID : 10785861

Amount of Each Disbursement this Period: 50.00

Memo Item Earmark by Sherry Clarke; PAC limits unaffected

Full Name (Last, First, Middle Initial)

B. Kind for Congress

Mailing Address P.O. Box 184

City: La Crosse State: WI Zip Code: 54602-0184

Purpose of Disbursement: Earmark by Paul Wertsch; PAC limits unaffected

011
Category/Type

Candidate Name: **Kind, Ron, , ,**

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify)
 State: WI District: 03

Date of Disbursement: 10 / 27 / 2020

FEC Identification Number

C00312017

Transaction ID : 10785862

Amount of Each Disbursement this Period: 100.00

Memo Item Earmark by Paul Wertsch; PAC limits unaffected

Full Name (Last, First, Middle Initial)

C. Team Graham, Inc.

Mailing Address PO Box 1801

City: Columbia State: SC Zip Code: 29202

Purpose of Disbursement: Earmark by Sherry Clarke; PAC limits unaffected

011
Category/Type

Candidate Name: **Graham, Lindsey, , Sen.,**

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify)
 State: SC District:

Date of Disbursement: 10 / 27 / 2020

FEC Identification Number

C00458828

Transaction ID : 10785863

Amount of Each Disbursement this Period: 50.00

Memo Item Earmark by Sherry Clarke; PAC limits unaffected

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

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

200.00

**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"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

A. Tricia Zunker For Wisconsin

Mailing Address PO Box 1549

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Earmark by William Raduege; PAC limits unaffected

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Zunker, Tricia, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: WI District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10 | | 27 | | 2020 |

FEC Identification Number
C C00722876
Transaction ID : 10785864
 Amount of Each Disbursement this Period
 200.00
 Memo Item Earmark by William Raduege; PAC limits unaffected

Full Name (Last, First, Middle Initial)

B. Warnock For Georgia

Mailing Address PO Box 991

City Decatur State GA Zip Code 30031

Purpose of Disbursement
Earmark by Angela Janis; PAC limits unaffected

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name
Warnock, Raphael, , ,

Office Sought: House Senate President
 Disbursement For: 2020 Primary General Other (specify) ▼
 State: GA District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 17 | | 2020 |

FEC Identification Number
C C00736876
Transaction ID : 10796120
 Amount of Each Disbursement this Period
 250.00
 Memo Item Earmark by Angela Janis; PAC limits unaffected

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number
C
 Amount of Each Disbursement this Period
 Memo Item

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

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

| |
|--------|
| 450.00 |
| 650.00 |