

**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="2017"/>	<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="8500.00"/>	<input type="text" value="13580.00"/>
(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="8500.00"/>	<input type="text" value="13580.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="13580.00"/>
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: / / 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).....	8500.00	13580.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8500.00	13580.00
(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)	8500.00	13580.00
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)).....▶	8500.00	13580.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8500.00	13580.00

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.....	8500.00	13580.00
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)) ..	8500.00	13580.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	13580.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	8500.00	13580.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8500.00	13580.00
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 25
<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. Bartholow, Timothy, Lisle, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 714 Dunning St

City Madison	State WI	Zip Code 53704-5614
-----------------	-------------	------------------------

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

Name of Employer (for Individual) WEA Trust	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : 8734446

Amount of Each Receipt this Period
200.00

Memo Item

Earmark for Pocan for Congress

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

Mailing Address 3100 Lake Mendota Dr. #705

City Madison	State WI	Zip Code 53705-1462
-----------------	-------------	------------------------

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

Name of Employer (for Individual) MetaStar Inc	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : 8734448

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Pocan for Congress

C. Rolli, Martha (Molli), Leigh, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6007 Winnequah Rd

City Monona	State WI	Zip Code 53716-3457
----------------	-------------	------------------------

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

Name of Employer (for Individual) Mendota Mental Health Inst	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : 8734451

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional).....	700.00
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 25
	<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)
Wisconsin Medical Society Political Action Committee

A. Bennett, Daniel, D., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1119 Van Buren St

City Madison	State WI	Zip Code 53711-2223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UW Health-West Clinic	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2017

Transaction ID : 8734453

Amount of Each Receipt this Period

500.00

 Memo Item

Earmark for Pocan for Congress

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) University Health Services Clinic	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

Transaction ID : 8771588

Amount of Each Receipt this Period

250.00

 Memo Item

Earmark for Pocan for Congress

C. Wetterneck, Tosha, Beth, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4209 Manitou Way

City Madison	State WI	Zip Code 53711-3703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UW Health Hospital Medicine	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2017

Transaction ID : 8771590

Amount of Each Receipt this Period

50.00

 Memo Item

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional).....	800.00
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 8 OF 25
<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)
Wisconsin Medical Society Political Action Committee

A. Vasudevan, Sridhar, V., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Upper Lakeview Ridge Rd

City Belgium	State WI	Zip Code 53004-9001
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Froedtert & The Medical College of Wis	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2017

Transaction ID : 8819061

Amount of Each Receipt this Period

850.00

Memo Item

Earmark for Republican National Committee

B. Foulks, Robert, J., Mr., Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2804 Monroe St

City Madison	State WI	Zip Code 53711-1806
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Wisconsin Medical Society	Occupation (for Individual) CFO & Deputy CEO
--	---

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

Transaction ID : 8819081

Amount of Each Receipt this Period

200.00

Memo Item

Earmark for Pocan for Congress

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

Mailing Address 374 Oakwood Dr

City Oregon	State WI	Zip Code 53575-3431
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wisconsin Medical Society Insurance &	Occupation (for Individual) Chief Operating Officer
--	--

Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2017

Transaction ID : 8819083

Amount of Each Receipt this Period

250.00

Memo Item

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 25
	<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)
Wisconsin Medical Society Political Action Committee

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

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

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : 8819086

Amount of Each Receipt this Period

100.00

Memo Item

Earmark for Pocan for Congress

B. Peck, Robert, Curtiss, Doctor, Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 621 Dorbe St

City Eau Claire	State WI	Zip Code 54701-7117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic Health System - Luther Cam	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		16		2017

Transaction ID : 8819088

Amount of Each Receipt this Period

250.00

Memo Item

Earmark for Pocan for Congress

C. Morris, George, L., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1578 E Cumberland Blvd

City Whitefish Bay	State WI	Zip Code 53211-1141
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Epilepsy Care Specialists SC	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : 8819090

Amount of Each Receipt this Period

100.00

Memo Item

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional).....	450.00
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 25
	<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)
Wisconsin Medical Society Political Action Committee

A. Kuty, Kesavan, , Doctor,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address W140N7866 Lilly Rd

City Menomonee Falls	State WI	Zip Code 53051-4418
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wheaton Franciscan Healthcare - St Jos	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : 8819093

Amount of Each Receipt this Period
50.00

Memo Item

Earmark for Pocan for Congress

B. Levin, Allan, Bertram, Doctor,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4585 Fox Bluff Lane

City Middleton	State WI	Zip Code 53562-2327
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : 8819096

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Pocan for Congress

C. Remington, Patrick, L., Doctor,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1214 Dartmouth Rd

City Madison	State WI	Zip Code 53705-2214
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Health Sciences Learning Center	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : 8819098

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 25
	<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)
Wisconsin Medical Society Political Action Committee

A. Miller, Michael, Michel, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Settler Hill Circle

City Madison	State WI	Zip Code 53717-2704
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rogers Memorial Hospital - Oconomowoc	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2017

Transaction ID : 8819102

Amount of Each Receipt this Period

100.00

Memo Item

Earmark for Pocan for Congress

B. Lee, Don, Suk, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9751 W Prairie Grass Way

City Franklin	State WI	Zip Code 53132-7201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CSM Inpatient Medicine Program - Milwa	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 8839040

Amount of Each Receipt this Period

500.00

Memo Item

Earmark for Team Ryan

C. Galbis-Reig, David, , Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1226 42nd Ave

City Kenosha	State WI	Zip Code 53144-1216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wheaton Franciscan Medical Group - Fam	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 8839071

Amount of Each Receipt this Period

500.00

Memo Item

Earmark for Team Ryan

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 12 OF 25
<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)
Wisconsin Medical Society Political Action Committee

A. Liepert, Amy, Erna, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 727 Lorrillard Ct

City Madison	State WI	Zip Code 53703-3808
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UW Health Surgery Clinic	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2017

Transaction ID : 8839073

Amount of Each Receipt this Period

500.00

 Memo Item

Earmark for Team Ryan

B. Bruce, Calvin, S., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 710 Baltzell Street

City Madison	State WI	Zip Code 53711-1831
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : 8842793

Amount of Each Receipt this Period

150.00

 Memo Item

Earmark for Tammy Baldwin for Senate

C. Syth, Linda, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 374 Oakwood Dr

City Oregon	State WI	Zip Code 53575-3431
----------------	-------------	------------------------

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

Name of Employer (for Individual) Wisconsin Medical Society Insurance &	Occupation (for Individual) Chief Operating Officer
--	--

Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2017

Transaction ID : 8842796

Amount of Each Receipt this Period

250.00

 Memo Item

Earmark for Team Ryan

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 13 OF 25
	<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)
Wisconsin Medical Society Political Action Committee

A. Rolli, Martha (Molli), Leigh, Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6007 Winnequah Rd
 City Monona State WI Zip Code 53716-3457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mendota Mental Health Inst Occupation (for Individual) Physician
 Receipt For: 2017
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017
Transaction ID : 8842798
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Earmark for Team Ryan

B. Hartman, John, William, Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1521 Belle Plane Cir
 City Green Bay State WI Zip Code 54313-3211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Visonex Occupation (for Individual) Physician
 Receipt For: 2017
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017
Transaction ID : 8842800
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Earmark for Team Ryan

C. Chou, Clarence, Paul, Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10028 N Miller Dr 2W
 City Mequon State WI Zip Code 53092-6186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clarence P Chou MD Occupation (for Individual) Physician
 Receipt For: 2017
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2017
Transaction ID : 8842802
 Amount of Each Receipt this Period
 50.00
 Memo Item
 Earmark for Team Ryan

SUBTOTAL of Receipts This Page (optional).....	250.00
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 14 OF 25
	<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)
Wisconsin Medical Society Political Action Committee

A. Dexter, Donn, David, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7410 Lakeview Dr

City Eau Claire	State WI	Zip Code 54701-8329
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire		Occupation (for Individual) Physician
Receipt For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 18 / 2017
Transaction ID : 8849076

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Kind for Congress

B. Ortiz, Jose, Antonio, Doctor, Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address S8965 Stonebrook Dr

City Eleva	State WI	Zip Code 54738-8501
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire		Occupation (for Individual) Physician
Receipt For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 25 / 2017
Transaction ID : 8855249

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Kind for Congress

C. Kirsch, Jennifer, Lynn, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 424 Country Club Ln

City Onalaska	State WI	Zip Code 54650-8791
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Gundersen La Crosse Clinic		Occupation (for Individual) Physician
Receipt For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 0.00

Date of Receipt
09 / 25 / 2017
Transaction ID : 8855251

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Kind for Congress

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Luetzow, Thomas, John, Doctor,

Mailing Address N7406 County Rd E

City Watertown State WI Zip Code 53094-9533

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

Name of Employer (for Individual) Fond du Lac Regional Clinic Occupation (for Individual) Physician

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2017

Transaction ID : 8855605

Amount of Each Receipt this Period
 2000.00

Memo Item

Earmark for Leah for Senate

B. 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

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).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	8500.00

**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. Pocan for Congress		Date of Disbursement MM / DD / YYYY 07 / 06 / 2017
Mailing Address PO Box 327		FEC Identification Number C C00502179 Transaction ID : 8734455
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by (see memo entries); PAC limits unaffected		Amount of Each Disbursement this Period 1200.00
Candidate Name Pocan, Mark, , ,		Memo Item <input type="checkbox"/> Earmark by (see memo entries); PAC limits unaffected
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	

Full Name (Last, First, Middle Initial) B. Pocan for Congress		Date of Disbursement MM / DD / YYYY 07 / 06 / 2017
Mailing Address PO Box 327		FEC Identification Number C C00502179 Transaction ID : 8734456
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Tim Bartholow; PAC limits unaffected		Amount of Each Disbursement this Period 200.00 (Memo Entry)
Candidate Name Pocan, Mark, , ,		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI	District: 02	

Full Name (Last, First, Middle Initial) C. Pocan for Congress		Date of Disbursement MM / DD / YYYY 07 / 06 / 2017
Mailing Address PO Box 327		FEC Identification Number C C00502179 Transaction ID : 8734457
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Jay Gold; PAC limits unaffected		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Candidate Name Pocan, Mark, , ,		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	1200.00
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"/> 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. Republican National Committee

Mailing Address P.O. Box 96994

City
Washington

State
DC

Zip Code
20090

Purpose of Disbursement
Earmark by Sridhar Vasudevan; PAC limits unaffected

011

Category/
Type

Candidate Name

Republican National Committee

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 16 / 2017

FEC Identification Number

C C00003418

Transaction ID : 8819064

Amount of Each Disbursement this Period

850.00

Memo Item Earmark by Sridhar Vasudevan; PAC limits unaffected

Full Name (Last, First, Middle Initial)

B. Pocan for Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Earmark by (see memo entries); PAC limits unaffected

011

Category/
Type

Candidate Name

Pocan, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify)

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number

C C00502179

Transaction ID : 8819104

Amount of Each Disbursement this Period

1250.00

Memo Item Earmark by (see memo entries); PAC limits unaffected

Full Name (Last, First, Middle Initial)

C. Pocan for Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Earmark by Robert Foulks; PAC limits unaffected

011

Category/
Type

Candidate Name

Pocan, Mark, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2017

FEC Identification Number

C C00502179

Transaction ID : 8819106

Amount of Each Disbursement this Period

200.00

(Memo Entry)

Memo Item

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

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

2100.00

**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. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 8819107
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Linda Syth; PAC limits unaffected		Category/Type 011
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

Full Name (Last, First, Middle Initial) B. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 8819108
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Paul Wertsch; PAC limits unaffected		Category/Type 011
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 100.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

Full Name (Last, First, Middle Initial) C. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 8819109
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Robert Peck; PAC limits unaffected		Category/Type 011
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 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. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 8819111
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by George Morris; PAC limits unaffected		Category/Type 011
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 100.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

Full Name (Last, First, Middle Initial) B. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 8819112
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Kesavan Kutty; PAC limits unaffected		Category/Type 011
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 50.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

Full Name (Last, First, Middle Initial) C. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 8819114
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Allan Levin; PAC limits unaffected		Category/Type 011
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 100.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 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. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C 00502179 Transaction ID : 8819115
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Patrick Remington; PAC limits unaffected		Amount of Each Disbursement this Period 100.00 (Memo Entry)
Candidate Name Pocan, Mark, , ,		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	

Full Name (Last, First, Middle Initial) B. Pocan for Congress		Date of Disbursement MM / DD / YYYY 08 / 10 / 2017
Mailing Address PO Box 327		FEC Identification Number C 00502179 Transaction ID : 8819116
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Michael Miller; PAC limits unaffected		Amount of Each Disbursement this Period 100.00 (Memo Entry)
Candidate Name Pocan, Mark, , ,		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI	District: 02	

Full Name (Last, First, Middle Initial) C. Team Ryan		Date of Disbursement MM / DD / YYYY 09 / 11 / 2017
Mailing Address 320 First St. SE		FEC Identification Number C Transaction ID : 8839075
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Earmark by (see memo entries); PAC limits unaffected		Amount of Each Disbursement this Period 1500.00 Earmark by (see memo entries); PAC limits unaffected
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
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"/> 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. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Earmark by Don Lee; PAC limits unaffected

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C []

Transaction ID : 8839076

Amount of Each Disbursement this Period

[] 500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Earmark by David Galbis-Reig; PAC limits unaffected

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C []

Transaction ID : 8839077

Amount of Each Disbursement this Period

[] 500.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Earmark by Amy Liepert; PAC limits unaffected

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2017

FEC Identification Number

C []

Transaction ID : 8839078

Amount of Each Disbursement this Period

[] 500.00

(Memo Entry)

Memo Item

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

[] 0.00

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"/> 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. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmark by Calvin Bruce; PAC limits unaffected

Category/Type

Candidate Name
Baldwin, Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: WI District:

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

Transaction ID : 8842795
Amount of Each Disbursement this Period

Memo Item Earmark by Calvin Bruce; PAC limits unaffected

Full Name (Last, First, Middle Initial)

B. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Earmark by (see memo entries); PAC limits unaffected

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

Transaction ID : 8842804
Amount of Each Disbursement this Period

Memo Item Earmark by (see memo entries); PAC limits unaffected

Full Name (Last, First, Middle Initial)

C. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Earmark by Linda Syth; PAC limits unaffected

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

Transaction ID : 8842805
Amount of Each Disbursement this Period

Memo Item (Memo Entry)

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

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Earmark by Martha Rolli; PAC limits unaffected

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

Transaction ID : 8842807
Amount of Each Disbursement this Period

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Earmark by John Hartman; PAC limits unaffected

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

Transaction ID : 8842808
Amount of Each Disbursement this Period

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Team Ryan

Mailing Address 320 First St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Earmark by Clarence Chou; PAC limits unaffected

Category/Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

FEC Identification Number

Transaction ID : 8842811
Amount of Each Disbursement this Period

(Memo Entry)

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Kind for Congress

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement
Earmark by Donn Dexter; PAC limits unaffected

Category/
Type

Candidate Name
Kind, Ron, , ,

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8849078
Amount of Each Disbursement this Period

Memo Item Earmark by Donn Dexter; 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 Jose Ortiz 250, Jennifer Kirsch 250; PAC limits unaffected

Category/
Type

Candidate Name
Kind, Ron, , ,

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2017
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8855253
Amount of Each Disbursement this Period

Memo Item Earmark by Jose Ortiz 250, Jennifer Kirsch 250; PAC limits unaffected

Full Name (Last, First, Middle Initial)

C. Leah for Senate

Mailing Address P.O. Box 488

City Brookfield State WI Zip Code 53008

Purpose of Disbursement
Earmark by Thomas Luetzow; PAC limits unaffected

Category/
Type

Candidate Name
Vukmir, Leah, , ,

Office Sought: House
 Senate
 President
State: WI District:

Disbursement For: 2017
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 8855254
Amount of Each Disbursement this Period

Memo Item Earmark by Thomas Luetzow; PAC limits unaffected

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

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