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2000 MAY 10 P 2:11



**MICHIGAN Doctors'**  
**Political Action Committee**

May 4, 2000

Dominick Ciaraldi  
Reports Analyst  
Reports Analysis Division  
Federal Election Commission  
Washington, D.C. 20463

Dear Mr. Ciaraldi:

Please find the enclosed Amended January 31 Year End Report (7/1/99-12/31/99) for the Michigan Doctors' Political Action Committee.

The following corrections are being submitted:

- The total on Line 11(a)(iii) has been corrected to reflect a calendar year total.
- Administrative expenses have been properly reported on line 21(b).
- Interest payments on a loan, made during the reporting period, are disclosed on 21(b).

If you have any questions, please contact Matthew C. Hedberg, Chief, Political Affairs, at (517) 336-5719 or at [mhedberg@msms.org](mailto:mhedberg@msms.org).

Thank you.

Sincerely,

Michael A. Sandler, MD  
Secretary-Treasurer, MDPAC

- c: Gregory T. Aronin, Director, Government Relations, MSMS  
Matthew C. Hedberg, Chief, Political Affairs, MSMS Specialist  
Kevin A. Kelly, Executive Director, MDPAC  
William E. Madigan, Executive Director, MSMS

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAY 10 P 2:11

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Michigan Doctors' Political Action Committee- Michigan State Medical Society ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 769 CITY, STATE and ZIP CODE Last Lansing, MI 48826		<b>2. FEC IDENTIFICATION NUMBER</b> 00001180
		<b>3.</b> <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

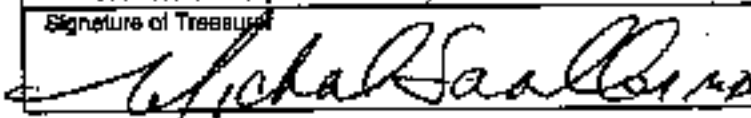
- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
 (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period July 1 1999 through Dec 31 1999		
6. (a) Cash on Hand January 1, 1999		\$ 28,057.27
(b) Cash on Hand at Beginning of Reporting Period	\$81,806.59	
(c) Total Receipts (from Line 19)	\$40,120	\$ 151,982.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$121,926.59	\$ 180,039.77
7. Total Disbursements (from Line 30)	\$47,844.61	\$ 105,957.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$74,081.98	\$ 74,081.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 C Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
Michael A. Sandler, MD

Signature of Treasurer  


Date  
May 4, 2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Michigan Doctors' Political Action Committee- Michigan State Medical Society		FROM July 1 1999	TO Dec 31 1999
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		6,450	116,312.50
i. Itemized (use Schedule A)			
ii. Unitemized		33,670	33,670
iii. Total (add i and ii) >		40,120	151,982.50
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		40,120	151,982.50
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		40,120	151,982.50
20. Total Federal Receipts (subtract line 18 from line 19) >		40,120	151,982.50
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		21,056.30	21,056.30
c. Total Operating Expenditures (add a i, a ii, and b) >		21,056.30	21,056.30
22. Transfers to Affiliated/Other Party Committees		9,710	32,510
23. Contributions to Federal Candidates/Committees and Other Political Committees		6,650	14,575
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made		10,428.33	25,000
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			75.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			75.00
29. Other Disbursements			11,813.18
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		47,844.61	105,957.79
31. Total Federal Disbursements (subtract line 21 a iii from line 30) >		47,844.61	105,957.79
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		40,120	151,982.50
33. Total Contribution Refunds (from line 28d)			75.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		40,120	151,907.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		21,056.30	21,056.30
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		21,056.30	21,056.30

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 26

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

**NAME OF COMMITTEE (In Full)**

Michigan Doctors' Political Action Committee-Michigan State Medical Society

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan National Bank P.O. Box 79001 Detroit, MI 48279-2722	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/99	4,927.71
Michigan National Bank P.O. Box 79001 Detroit, MI 48279-2722	Loan Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/99	5,500.62
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

10,428.33

TOTAL This Period (last page this line number only)

10,428.33

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 21(b)

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

**NAME OF COMMITTEE (in Full)**

Michigan Doctors' Political Action Committee-Michigan State Medical Society

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan National Bank P.O. box 79001 Detroit, MI 48279-2722	Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/99	72.29
Michigan National Bank P.O. box 79001 Detroit, MI 48279-2722	Interest Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/99	216.07
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

288.38

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

288.38

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

First Class Mail POSTMARKED  
5-5-00

Registered/Certified Mail POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration Date of Receipt

Received from the Senate Office of Public Records Date of Receipt

Other ( Specify): Postmarked  
and/or Date of Receipt

Electronic Filing

*JEI*  
PREPARER

5-10-00  
DATE PREPARED