

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 Michigan Doctors Political Action Committee - Michigan State Medical Society

ADDRESS (number and street) P.O. Box 769 East Lansing MI 48826 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00001180 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 18 / 2012 through 11 / 26 / 2012

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 Scot Goldberg

Signature of Treasurer Scot Goldberg [Electronically Filed] Date 12 / 06 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2012"/>		24992.23
(b) Cash on Hand at Beginning of Reporting Period.....	20952.65	
(c) Total Receipts (from Line 19)	5045.00	54205.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25997.65	79197.65
7. Total Disbursements (from Line 31).....	6200.00	59400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19797.65	19797.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

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).....	3695.00	32980.00
(ii) Unitemized	1350.00	21225.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5045.00	54205.42
(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)	5045.00	54205.42
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))..... ▶	5045.00	54205.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5045.00	54205.42

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.....	6200.00	59400.00
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)) ..	6200.00	59400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6200.00	59400.00

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)	5045.00	54205.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5045.00	54205.42
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 13
	<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	<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

A. Kenneth Bark
Full Name (Last, First, Middle Initial)

Mailing Address 595 Barclay Circle

City Rochester State MI Zip Code 48307

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

Name of Employer: Colon Rectal Specialists, PC
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt: 10 / 31 / 2012
Transaction ID : SA11Al.17818

Amount of Each Receipt this Period: 225.00

Contribution

B. MD Doris D. Cataquiz
Full Name (Last, First, Middle Initial)

Mailing Address 8680 Gratiot Rd #A

City Saginaw State MI Zip Code 48609-4877

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

Name of Employer: Self employed
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt: 10 / 29 / 2012
Transaction ID : SA11Al.17794

Amount of Each Receipt this Period: 225.00

Contribution

C. Pino D. Colone MD
Full Name (Last, First, Middle Initial)

Mailing Address 6777 W Maple Rd

City West Bloomfield State MI Zip Code 48322

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

Name of Employer: Henry Ford Hospital
Occupation: PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt: 11 / 26 / 2012
Transaction ID : SA11Al.17796

Amount of Each Receipt this Period: 300.00

Contribution

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: (check only one)	PAGE 7 OF 13
	<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	<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. Dr. Lynn S., MD Gray		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012 Transaction ID : SA11Al.17799
Mailing Address 1234 Napier Ave. Emergency Room		Amount of Each Receipt this Period 300.00
City St. Joseph	State MI	Zip Code 49085
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Lakeland Health Care	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. MD Jon M. Hain		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11Al.17800
Mailing Address 595 Barclay Circle Suite A		Amount of Each Receipt this Period 225.00
City Rochester Hills	State MI	Zip Code 48307
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mona Hardas, Mona , MD,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 Transaction ID : SA11Al.17801
Mailing Address 3353 Fleckenstein Rd		Amount of Each Receipt this Period 225.00
City Flint	State MI	Zip Code 48507-3035
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 ▼ 225.00	

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: (check only one)	PAGE 8 OF 13
<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. MD Earl R. Hartwig
Full Name (Last, First, Middle Initial)

Mailing Address 3901 Beaubien-Ch Hosp MI
Dept of Emergency Med

City Detroit State MI Zip Code 48201

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

Name of Employer University Pediatricians Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 05 / 2012
Transaction ID : SA11AI.17802

Amount of Each Receipt this Period
300.00

Contribution

B. Raymond Landes
Full Name (Last, First, Middle Initial)

Mailing Address 595 Barclay Circle

City Rochester State MI Zip Code 48307

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

Name of Employer Colon Rectal Specialists, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.17822

Amount of Each Receipt this Period
225.00

Contribution

C. Lynda Mosed-Vogel
Full Name (Last, First, Middle Initial)

Mailing Address 595 Barclay Circle

City Rochester Hills State MI Zip Code 48307

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

Name of Employer Colon Rectal Specialists, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
10 / 31 / 2012
Transaction ID : SA11AI.17823

Amount of Each Receipt this Period
225.00

Contribution

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: (check only one)	PAGE 9 OF 13
<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. Dr. Brian M. Nolan		Date of Receipt MM / DD / YYYY 11 / 26 / 2012 Transaction ID : SA11AI.17805
Mailing Address 1 Hurley Plaza 3B West		Amount of Each Receipt this Period 300.00
City Flint	State MI	Zip Code 48503
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Hurley Medical Center	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. John O'Donnell, John B., MD,		Date of Receipt MM / DD / YYYY 11 / 06 / 2012 Transaction ID : SA11AI.17806
Mailing Address 3230 Eagle Park NE #100		Amount of Each Receipt this Period 225.00
City Grand Rapids	State MI	Zip Code 49525-4544
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Donald PEVEN, DONALD		Date of Receipt MM / DD / YYYY 10 / 25 / 2012 Transaction ID : SA11AI.17807
Mailing Address 44405 Woodward Ave		Amount of Each Receipt this Period 300.00
City Pontiac	State MI	Zip Code 48341-2985
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Donald Peven, MD	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 10 OF 13
	<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. David Roden
Full Name (Last, First, Middle Initial)

Mailing Address 2520 McCandless Drive

City Midland State MI Zip Code 48640

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
10 / 29 / 2012
Transaction ID : SA11AI.17824

Amount of Each Receipt this Period
225.00

Contribution

B. Rakesh SAXENA, RAKESH
Full Name (Last, First, Middle Initial)

Mailing Address 311 Warwick Drive

City Alma State MI Zip Code 48801

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
10 / 30 / 2012
Transaction ID : SA11AI.17808

Amount of Each Receipt this Period
225.00

Contribution

C. Doctor Edward P. Stack
Full Name (Last, First, Middle Initial)

Mailing Address 4281 Lennon Rd

City Flint State MI Zip Code 48507

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

Name of Employer Michigan Vision Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 26 / 2012
Transaction ID : SA11AI.17809

Amount of Each Receipt this Period
150.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 13
(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. Venu Vadlamudi MD
Full Name (Last, First, Middle Initial)
Mailing Address One Hurley Plaza
Department of Radiology
City Flint State MI Zip Code 48503
FEC ID number of contributing federal political committee. C
Name of Employer Hurley Medical Center Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 320.00

Date of Receipt 11 / 26 / 2012
Transaction ID : SA11AI.17811
Amount of Each Receipt this Period 20.00
Contribution

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
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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	3695.00

**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. Colleen O'Brien for Justice

Mailing Address 2870 Dobie Road

City Mason State MI Zip Code 48854

Purpose of Disbursement
Contribution

011

Candidate Name

Colleen O'Brien

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : SB23.17791

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Mark Ouimet

Mailing Address 310 N. Main St. Suite 160

City Chelsea State MI Zip Code 48118

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Ouimet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2012			

Transaction ID : SB23.17785

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. 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: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2012			

Transaction ID : SB23.17787

Amount of Each Disbursement this Period

500.00

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

5500.00

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

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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. Glenn Anderson for State Senate

Mailing Address 34300 Parkgrove Drive

City Westland State MI Zip Code 48185

Purpose of Disbursement
Contribution

011

Candidate Name

Glenn Anderson for State Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2012

Transaction ID : SB23.17786

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Matt Huuki for State Representative

Mailing Address 13895 Rova Road

City Atlantic Mine State MI Zip Code 49905

Purpose of Disbursement
Contribution

011

Candidate Name

Matt Huuki for State Representative

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2012

Transaction ID : SB23.17784

Amount of Each Disbursement this Period

500.00

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
	/		/	

Amount of Each Disbursement this Period

--

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

700.00

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

6200.00
