



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>	<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="2150.00"/>	<input type="text" value="26365.00"/>
(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="2150.00"/>	<input type="text" value="26365.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2150.00"/>	<input type="text" value="26365.00"/>
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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

Report Covering the Period: From: 10 / 01 / 2018 To: 10 / 17 / 2018

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).....	2150.00	26365.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	2150.00	26365.00
(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) .....	2150.00	26365.00
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)).....▶	2150.00	26365.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2150.00	26365.00

**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.....	2150.00	26365.00
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)) ..	2150.00	26365.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2150.00	26365.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2150.00	26365.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2150.00	26365.00
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 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

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. 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
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic Health System - Luther Cam	Occupation (for Individual) Physician
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

**Transaction ID : 9852087**

Amount of Each Receipt this Period  
250.00

Memo Item

Earmark for Kind for Congress

**B. 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: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

**Transaction ID : 9852101**

Amount of Each Receipt this Period  
200.00

Memo Item

Earmark for Pocan for Congress

**C. 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
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mayo Clinic Health System - Luther Cam	Occupation (for Individual) Physician
---	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

**Transaction ID : 9852104**

Amount of Each Receipt this Period  
500.00

Memo Item

Earmark for Tammy Baldwin for Senate

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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	

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

**A. Osborn, Sandra, L., Doctor,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2085 County Road J

City Verona	State WI	Zip Code 53593-8829
----------------	-------------	------------------------

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

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

**Transaction ID : 9852106**

Amount of Each Receipt this Period  
100.00

Memo Item

Earmark for Tammy Baldwin for Senate

**B. 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
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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: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

**Transaction ID : 9852108**

Amount of Each Receipt this Period  
250.00

Memo Item

Earmark for Tammy Baldwin for Senate

**C. 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: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2018

**Transaction ID : 9852111**

Amount of Each Receipt this Period  
250.00

Memo Item

Earmark for Tammy Baldwin for Senate

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Wisconsin Medical Society Political Action Committee**

**A. Thies, David, Claude, Doctor,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Griffin St  
 City Elkhorn State WI Zip Code 53121-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMG Burlington - Elkhorn - Commerce Ct Occupation (for Individual) Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2018  
**Transaction ID : 9886463**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Earmark for Glenn Grothman for Congress

**B. Thies, David, Claude, Doctor,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Griffin St  
 City Elkhorn State WI Zip Code 53121-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMG Burlington - Elkhorn - Commerce Ct Occupation (for Individual) Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2018  
**Transaction ID : 9886467**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Earmark for Leah for Senate

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rogers Memorial Hospital - Oconomowoc Occupation (for Individual) Physician  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2018  
**Transaction ID : 9886469**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Earmark for Paul Tonko for Congress

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 9 OF 13  
(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  
**Lee, Don, Suk, Doctor,**

Mailing Address **9751 W Prairie Grass Way**

City **Franklin**    State **WI**    Zip Code **53132-7201**

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: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**10 / 15 / 2018**

**Transaction ID : 9896236**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Earmark for **Steil for Wisconsin**

**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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2150.00</b>



**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) <b>A. Tammy Baldwin for Senate</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018
Mailing Address PO Box 696		FEC Identification Number C00326801 <b>Transaction ID : 9852143</b>
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Robert Peck; PAC limits unaffected		011 Category/ Type
Candidate Name <b>Baldwin, Tammy, , ,</b>		Amount of Each Disbursement this Period 500.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District:	

Full Name (Last, First, Middle Initial) <b>B. Tammy Baldwin for Senate</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address PO Box 696		FEC Identification Number C00326801 <b>Transaction ID : 9852144</b>
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Sandra Osborn; PAC limits unaffected		011 Category/ Type
Candidate Name <b>Baldwin, Tammy, , ,</b>		Amount of Each Disbursement this Period 100.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item
State: WI	District:	

Full Name (Last, First, Middle Initial) <b>C. Tammy Baldwin for Senate</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018
Mailing Address PO Box 696		FEC Identification Number C00326801 <b>Transaction ID : 9852145</b>
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Donn Dexter; PAC limited unaffected		011 Category/ Type
Candidate Name <b>Baldwin, Tammy, , ,</b>		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> 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 Jose Ortiz; PAC limits unaffected

011

Candidate Name

**Baldwin, Tammy, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2018

FEC Identification Number

C C00326801

**Transaction ID : 9852146**

Amount of Each Disbursement this Period

250.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

**B. Glenn Grothman for Congress**

Mailing Address P.O. Box 1215

City  
Fond du Lac

State  
WI

Zip Code  
54936

Purpose of Disbursement  
Earmark by David Thies; PAC limits unaffected

011

Candidate Name

**Grothman, Glenn, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WI District: 00

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2018

FEC Identification Number

C C00561597

**Transaction ID : 9886473**

Amount of Each Disbursement this Period

100.00

Earmark by David Thies; PAC limits unaffected

Memo Item

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 David Thies; PAC limits unaffected

011

Candidate Name

**Vukmir, Leah, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2018

FEC Identification Number

C C00655522

**Transaction ID : 9886475**

Amount of Each Disbursement this Period

200.00

Earmark by David Thies; PAC limits unaffected

Memo Item

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

300.00

**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. Paul Tonko For Congress**

Mailing Address 911 Central Avenue  
# 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
Earmark by Michael Miller; PAC limits unaffected

Category/  
Type

Candidate Name  
**Tonko, Paul, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: NY District: 20

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 9886476**  
Amount of Each Disbursement this Period

Memo Item Earmark by Michael Miller; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**B. Steil For Wisconsin, Inc.**

Mailing Address 1818 Milton Avenue #1448

City Janesville State WI Zip Code 53545

Purpose of Disbursement  
Earmark by Don Lee; PAC limits unaffected

Category/  
Type

Candidate Name  
**Steil, Bryan, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼  
State: WI District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 9896241**  
Amount of Each Disbursement this Period

Memo Item Earmark by Don Lee; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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