RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 20 A 11: 25

MICHIGAN Doctors'
Political Action Committee

April 14, 2000

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

Dear Mr. Ciaraldi:

Enclosed is the April 15 Quarterly Report covering the dates of January 1, 2000 through March 31, 2000.

Should you have any questions, please Matthew C. Hedberg, Chief, Political Affairs, at 517-336-5719 or at mhedberg@msms.org.

Thank you.

Michael A. Sandler, MD
Secretary-Treasurer, MDPAC

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

Copies of MDPAC and AMPAC reports are filed with the Federal Election Commission, Washington, D.C. If your practice is incorporated, MDPAC and AMPAC voluntary political contributions [illegible] Contributions to MDPAC are not deductible as charitable contributions for Federal income tax purposes.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 20 A 11: 25

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Michigan Doctors' Political Action Committee-
Michigan State Medical Society

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 769

CITY, STATE and ZIP CODE
East Lansing, MI 48826

2. FEC IDENTIFICATION NUMBER
00001180

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

4. TYPE OF REPORT

(a) [X] 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 Jan 1, 2000 through March 31, 2000		
6. (a) Cash on Hand January 1, 19 2000		$ 74,081.98
(b) Cash on Hand at Beginning of Reporting Period	$74,081.98	
(c) Total Receipts (from Line 19)	$64,325	$ 64,325
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$138,406.98	$ 138,406.98
7. Total Disbursements (from Line 30)	$26,751.73	$ 26,751.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$111,655.25	$ 111,655.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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, Secretary-Treasurer, MDPAC

Signature of Treasurer: Michael Sandler, MD

Date: April 14, 2000

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

FEC FORM 3X
(revised 9/93)

FEBANH21

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

(revised 1/1/91)

NAME OF COMMITTEE: Michigan Doctors' Political Action Committee
Michigan State Medical Society

REPORT COVERING PERIOD FROM Jan 1, 2000 TO March 31, 2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10,300	10,300	11(a)(i)
ii. Unitemized	54,025	54,025	11(a)(ii)
iii. Total (add i and ii) ➤	64,325	64,325	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	64,325	64,325	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	64,325	64,325	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	64,325	64,325	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	426.73	426.73	21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	426.73	426.73	21(c)
22. Transfers to Affiliated/Other Party Committees	22,200	22,200	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	4,125	4,125	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	26,751.73	26,751.73	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	26,751.73	26,751.73	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	64,325	64,325	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	64,325	64,325	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	426.73	426.73	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	426.73	426.73	37

FE6AN121

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 12

FOR LINE NUMBER 11A

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Abd. A. Alghanem, MD G-1090 N. Ballenger Hwy 576 C Flint, MI 48504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / physician Aggregate Year-to-Date $ 375	3/13/00	375.-
B. Prasad Kommareddi, MD 3709 E. Court St. Flint, MI 48506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / physician Aggregate Year-to-Date $ 225	3/13/00	225.-
C. Kenneth H. Musson, MD 929 Business Park Dr. Traverse City, MI 49686 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / physician Aggregate Year-to-Date $ 225	3/13/00	225.-
D. Bruce Springer, MD 7544 Hessler Dr NE Rockford, MI 49341 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / physician Aggregate Year-to-Date $ 500	3/13/00	400.-
E. Gerald L. VanWesep, MD 750 E. Beltline, NE Grand Rapids, MI 49425 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / physician Aggregate Year-to-Date $ 500	3/9/00	500.-
F. Bobby Joseph, MD 1414 W. Fair Ave #216 Marquette, MI 49855 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / physician Aggregate Year-to-Date $ 300	3/9/00	300.-
G. J. Scott Allen, MD 26111 W. 14 Mile Rd #101 Franklin Village, MI 48025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / physician Aggregate Year-to-Date $	3/13/00	225.-

SUBTOTAL of Receipts This Page (optional) 2250

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

FILYAN047

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 1Ai

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mark D. Kolins, MD 44201 Sequindre Troy, MI 48098 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 225	2/28/00	225.-
B. Lourdes Andaya, MD 4160 John R #819 Detroit, MI 48201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 200	2/29/00	200.-
C. Krishna K. Sawhney, MD 3618 Walbri Bloomfield Hills, MI 48304 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 300	2/1/00	300.-
D. Bernard J. Woodley, MD 3700 West Rd. Trenton, MI 48183 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 300	2/29/00	300.-
E. James E. Kure, MD 2486 Nerredia St. STE. E Flint, MI 48532 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 375	3/13/00	375.-
F. Mark L. Gostine, MD PO Box 120079 Grand Rapids, MI 49512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 375	3/13/00	375.-
G. Jeffrey Jones, MD 1018 North Ave Battle Creek, MI 49017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 225	3/13/00	225.-

SUBTOTAL of Receipts This Page (optional) 2000

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: 11Ai

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Larry J. Young, MD G-3200 Beecher Rd SE M Flint, MI 48532 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Physician - Self Occupation: Physician Aggregate Year-to-Date $ 225	1/3/00	225.-
B. John M. MacKeigan, MD 75 Sheldon Blvd SE #201 Grand Rapids, MI 49503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	1/12/00	225.-
C. Carl W. Lovell, MD 4227 Partridge Lane Midland, MI 48640-2107 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	1/25/00	225.-
D. Billy B. Baumann, MD 1232 Copperwood Dr. Bloomfield Hills, MI 48302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	1/5/00	225.-
E. Anne-Marie Ice, MD 15521 W. Seven Mile Rd Detroit, MI 48235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	1/12/00	225.-
F. Scott Ashcraft, DO Po Box 120070 Grand Rapids, MI 49512-0070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	2/16/00	225.-
G. Keith B. Javery, DO Po Box 120070 Grand Rapids, MI 49512-0070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	2/16/00	225.-

SUBTOTAL of Receipts This Page (optional)	1575
TOTAL This Period (last page this line number only)	

FE7AN047

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11Ai

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David M. Kendall, MD 1005 W. Green St. Hastings, MI 49058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300	2/28/00	300.—
B. Cathy O. Blight, MD 2615 Circle Dr. Flint, MI 48507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300	2/2/00	300.—
C. Peter S. Thoms, MD G-4007 W. Court St. Flint, MI 48532 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 250	2/28/00	250.—
D. William A. Howard, MD 516 Birchwood Ave Traverse City, MI 49686 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	2/28/00	225.—
E. Wilford E. Maldonado, MD 4722 Huron Hills Okemos, MI 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 375	2/28/00	375.—
F. James Kilway, MD 1000 Oakland Drive Kalamazoo, MI 49008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 225	2/2/00	225.—
G. Gary M. Sole, MD 1009 S. Lapeer Rd Box 430 Lapeer, MI 48446 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300	2/29/00	300.—

SUBTOTAL of Receipts This Page (optional) 1975

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John H. McLaughlin, MD 1076 N. Glenhurst Birmingham, MI 48009 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 250	3/14/00	250.—
B. Marvin Starman, MD 31805 Middlebelt Rd #307 Farmington Hills, MI 48334 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 300	3/9/00	300.—
C. Basavaraj I. Mutnal, MD 52002 Kern Dr. Three Rivers, MI 49093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 225	3/13/00	225.—
D. Ronald M. Davis, MD 1 Ford Place 5C Detroit, MI 48202-3450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 300	3/13/00	300.—
E. Michael A. Sandler, MD 4270 Bancroft Way West Bloomfield, MI 48323 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 300	3/9/00	300.—
F. Steven N. Landau, MD 2443 Dunlap Dr. Ann Arbor, MI 48103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 300	3/31/00	300.—
G. A. Robert VanTuinen, MD 1900 Wealthy SE #375 Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self physician Aggregate Year-to-Date $ 225	3/16/00	225.—

SUBTOTAL of Receipts This Page (optional) 1900

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

FE7AR047

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: 11ai

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Alan M. Mindlin, MD 701 Baldwin Rd #206 Pontiac, MI 48340 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date $ 300	3/20/00	300.-
B. Robert J. Holmes, MD 858 Woodward Ave #307 Pontiac, MI 48341 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date $ 300	2/28/00	300
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	600
TOTAL This Period (last page this line number only)	10,306

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 22

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	2/1/00	4,300.-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	3/28/00	6,900.-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	3/3/00	450.-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	3/15/00	2,550.-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	2/1/00	850.-
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	3/28/00	5,050.-
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	3/3/00	500.-
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues Transfer Disbursement for: Primary General Other (specify)	3/15/00	1,600.-
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	22,200
TOTAL This Period (last page this line number only)	22,200

FEC FORM 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 8 of 12

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends of Robert Gosselin 5220 Vineyards Ct Troy, MI 48098	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	150.—
B. Friends of Mike Green 1500 East Blackmore Mayville, MI 48744	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	150.—
C. Friends of Hammerstrom 1183 Oakmont Temperance, MI 48182	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	150.—
D. Friends of Burton Leland 17254 Beutler Detroit, MI 48219	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	150.—
E. Mike Rogers for State Senate P.O. Box 885 Howell, MI 48844	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	150.—
F. Schaver Horsy Leadership Cmte 15 N. Broad St. Battle Creek, MI 49017	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	150.—
G. Dale L. Shugars for State Senate 5315 Angling Rd Portage, MI 49024	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	100.00
H. Stamas for State Rep. 185 E. Isabella Rd. Midland, MI 48640	Ticket Purchase Disbursement for: Primary General Other (specify)	3/3/00	100.—
I. Hanley Majority Fund 203 S. Bates Saginaw, MI 48602	Ticket Purchase Disbursement for: Primary General Other (specify)	3/15/00	300.—

SUBTOTAL of Disbursements This Page (optional) 1400

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

FE6AN004

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 12

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Schaver House Leadership Comm. 15 N Broad St. Battle Creek, MI 49017	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/19/00	150.00
B. Dale L. Shugars for Senate Cmte 5315 Angling Rd Portage, MI 49008	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/19/00	100.00
C. Shulman for State Representative PO Box 25114 West Bloomfield, MI 48325	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	1/19/00	125.00
D. Shulman for State Representative P.O. Box 25114 West Bloomfield, MI 48325	Direct Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/1/00	1,000.00
E. Bennett Victory Fund 3226 Denton Rd Canton, MI 48188	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/00	150.—
F. Rose Bogardus for State Rep. 416 W. Salem Ct. Davison, MI 48423	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/00	100.—
G. Ehardt for State Rep. P.O. Box 174 Croswell, MI 48422	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/00	150.—
H. Friends of Bob Emerson P.O. Box 103 Flint, MI 48501	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/00	125.00
I. Committee to Elect Geiger P.O. Box 88 Woodland, MI 48897-0088	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/3/00	175.—

SUBTOTAL of Disbursements This Page (optional) 2075

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

FEBAN054

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 10 OF 12

FOR LINE NUMBER 27

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code Bill Schuette for Senate PO Box 374 Midland, MI 48640	Purpose of Disbursement Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 3/15/00	Amount of Each Disbursement This Period 350.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 350

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

FEBAN064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 12

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Internal Revenue Service Cincinnati, OH 45999	Income Tax Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/15/00	300.00
B.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 300

TOTAL This Period (last page this line number only) 4125

FEBA0004

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21A18

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Abbott Press 120 West Saginaw East Lansing, MI 48823	Office Supplies	1/19/00	335.50
B. Postmaster East Lansing, MI 48826	Postage	1/18/00	16.23
C. Abbott Press 120 West Saginaw E. Lansing MI 48823	Postage	3/03/00	8.70
D. Physicians Service Group 120 West Saginaw E. Lansing MI 48823	Postage	3/3/00	66.36
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 426.73

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

FEBAH004

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.

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

4-20-00
DATE PREPARED

(4/98)