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## **FEC** FORM 3X

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

|   | Other Than An A                         | Office Use Only                    |                     |                 |   |  |  |  |  |  |
|---|---|------------------------------------|---------------------|-----------------|---|--|--|--|--|--|
| 1. NAME OF COMMITTEE (in full)  | PE OR PRINT ▼                           | Example: If typing over the lines. | ng, type            | 12FE4M5         |   |  |  |  |  |  |
| Michigan Doctors Politica   | I Action Commit                         | tee - Michigan Sta                 | ate Medic           | al Society      |   |  |  |  |  |  |
|   |   |                                    |                     |                 |   |  |  |  |  |  |
| ADDRESS (number and street)   | P.O. Box 769                            |                                    |                     |                 |   |  |  |  |  |  |
| Check if different  |   |                                    |                     |                 |   |  |  |  |  |  |
| than previously reported. (ACC)                                       | East Lansing                            |                                    |                     | MI              | 48826   |  |  |  |  |  |
| 2. FEC IDENTIFICATION NUME  | BER ▼                                   | CITY                               | 5                   | STATE A         | ZIP CODE ▲  |  |  |  |  |  |
| C C00001180   | 3.                                      |                                    | NEW<br>N) <b>OR</b> | AM (A)          | IENDED  |  |  |  |  |  |
| 4. TYPE OF REPORT (Choose One)  | (b) Monthly F<br>Report Due On:         | Feb 20 (M2)                        | May 20 (M5)         | Aug             | 20 (M8) Nov 20 (M11)<br>(Non-Election<br>Year Only) |  |  |  |  |  |
| (a) Quarterly Reports:  | l N                                     | ` '                                | Jun 20 (M6)         | H               | 20 (M9) Dec 20 (M12)<br>(Non-Election<br>Year Only) |  |  |  |  |  |
| April 15 Quarterly Report (Q1)  |   |                                    | Jul 20 (M7)         | . —             | 20 (M10) Jan 31 (YE)                                |  |  |  |  |  |
| July 15<br>Quarterly Report (Q2)                                      | (c) 12-Day  PRE-Election                | Primary (12F                       |                     | General (       |   |  |  |  |  |  |
| October 15 Quarterly Report (Q3)                                      | Report for the                          | : Convention (                     | 120)                | Special (       | 125)  |  |  |  |  |  |
| January 31<br>Year-End Report (YE)                                    | Elec                                    | ction on                           | D   D /             | Y   Y   Y   Y   | in the<br>State of                                  |  |  |  |  |  |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY)           | (d) 30-Day POST-Election Report for the | ,                                  | G)                  | Runoff (3       | Special (30S)                                       |  |  |  |  |  |
| Termination Report (TER)  | ·                                       | ction on 11                        | 04                  | 2014            | in the<br>State of MI                               |  |  |  |  |  |
| 5. Covering Period 10   | 16 201                                  | 4 through                          | 11                  | / 0 0 /         | 2014  |  |  |  |  |  |
| I certify that I have examined this R Type or Print Name of Treasurer | Report and to the best Scot Goldberg    | of my knowledge and l              | pelief it is trud   | e, correct and  | d complete.   |  |  |  |  |  |
| Signature of Treasurer Scot Gold                                      | berg                                    | [Electronicall                     | y Filed] D          | ate 12          | / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |  |  |  |  |  |
| NOTE: Submission of false, erroneous                                  | s, or incomplete informa                | ation may subject the per-         | son signing th      | is Report to th | ne penalties of 2 U.S.C. §437g.                     |  |  |  |  |  |
| Office Use Only   |   |                                    |                     |                 | FEC FORM 3X<br>Rev. 12/2004                         |  |  |  |  |  |

# 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

|     |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------|-----------------------------------|
| 6.  | (a) Cash on Hand January 1, 2014   |                         | 50937.65                          |
|     | (b) Cash on Hand at Beginning of Reporting Period  | 64312.65                |                                   |
|     | (c) Total Receipts (from Line 19)  | 8725.00                 | 40600.00                          |
|     | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 73037.65                | 91537.65                          |
| 7.  | Total Disbursements (from Line 31)   | 15000.00                | 33500.00                          |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 58037.65                | 58037.65                          |
| 9.  | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |
| 10. | Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |

#### For further information contact:

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

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## Michigan Doctors Political Action Committee - Michigan State Medical Society

| I. Receipts  | COLUMN A<br>Total This Period           | COLUMN B<br>Calendar Year-to-Date |
|--|---|-----------------------------------|
| Contributions (other than loans) From:                               | Total Tills Teriou                      | Odiciladi Tedi to Bate            |
| (a) Individuals/Persons Other  |   |                                   |
| Than Political Committees  |   |                                   |
| (i) Itemized (use Schedule A)  | 5625.00                                 | 23525.00                          |
| (ii) Unitemized  | 3100.00                                 | 17075.00                          |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)▶                         | 8725.00                                 | 40600.00                          |
| (b) Political Party Committees                                       | 0.00                                    | 0.00                              |
| (c) Other Political Committees                                       | 0.00                                    | 0.00                              |
| (such as PACs)   | 7 7                                     | 7                                 |
| (d) Total Contributions (add Lines                                   |   |                                   |
| 11(a)(iii), (b), and (c)) (Carry                                     | 8725.00                                 | 40600.00                          |
| Totals to Line 33, page 5)  Transfers From Affiliated/Other          | 0.120.00                                |                                   |
| Party Committees   | 0.00                                    | 0.00                              |
| ,  | 7                                       |                                   |
| All Loans Received   | 0.00                                    | 0.00                              |
|  |   |                                   |
| Loan Repayments Received   | 0.00                                    | 0.00                              |
| Offsets To Operating Expenditures                                    | , |                                   |
| (Refunds, Rebates, etc.)   |   |                                   |
| (Carry Totals to Line 37, page 5)                                    | 0.00                                    | 0.00                              |
| Refunds of Contributions Made  | 7                                       |                                   |
| to Federal Candidates and Other                                      |   |                                   |
| Political Committees   | 0.00                                    | 0.00                              |
| Other Federal Receipts   | 7                                       |                                   |
| (Dividends, Interest, etc.)  | 0.00                                    | 0.00                              |
| 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                              |
| (b) Leviii i dinda (iidiii derieddie i io)                           | 7                                       |                                   |
| (c) Total Transfers (add 18(a) and 18(b))                            | 0.00                                    | 0.00                              |
| Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 8725.00                                 | 40600.0                           |
| Total Federal Receipts (subtract Line 18(c) from Line 19)▶           | 8725.00                                 | 40600.00                          |
| (Subtract Line 18(c) from Line 19)                                   | 8725.00                                 | 40600.0                           |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements   | II. Disbursements COLUMN A Total This Period |          |  |  |  |
|---|--|----------|--|--|--|
| . Operating Expenditures: — (a) Allocated Federal/Non-Federal   | erating Expenditures:                        |          |  |  |  |
| Activity (from Schedule H4)                                     |  |          |  |  |  |
| (i) Federal Share   | 0.00   | 0.00     |  |  |  |
| 400 At = 1 A A  | 0.00   | 0.00     |  |  |  |
| (ii) Non-Federal Share  | 0.00   | 0.00     |  |  |  |
| (b) Other Federal Operating                                     | 0.00   | 0.00     |  |  |  |
| Expenditures  | 0.00   | 0.00     |  |  |  |
| (add 21(a)(i), (a)(ii), and (b))▶                               | 0.00   | 0.00     |  |  |  |
| Transfers to Affiliated/Other Party                             |  |          |  |  |  |
| Committees  | 0.00   | 0.00     |  |  |  |
| Contributions to Federal Candidates/Committees                  |  |          |  |  |  |
| and Other Political Committees                                  | 15000.00                                     | 33500.00 |  |  |  |
| Independent Expenditures  |  |          |  |  |  |
| (use Schedule E) Coordinated Party Expenditures                 | 0.00   | 0.00     |  |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)                         | 0.00   | 0.00     |  |  |  |
| (use Schedule F)  | 0.00   | 0.00     |  |  |  |
| Loan Repayments Made  | 0.00   | 0.00     |  |  |  |
| Loan nepayments Made  |  | 5.00     |  |  |  |
| Loans Made  | 0.00   | 0.00     |  |  |  |
| 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                                  |  |          |  |  |  |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶ | 0.00   | 0.00     |  |  |  |
| (add Lines 20(a), (b), and (c))                                 |  |          |  |  |  |
| Other Disbursements   | 0.00   | 0.00     |  |  |  |
|   |  | 7 7      |  |  |  |
| Federal Election Activity (2 U.S.C. §431(20))                   |  |          |  |  |  |
| (a) Allocated Federal Election Activity                         |  |          |  |  |  |
| (from Schedule H6)  | 200  | 0.00     |  |  |  |
| (i) Federal Share   | 0.00   | 0.00     |  |  |  |
| (ii) III aviirii Chara  | 0.00   | 0.00     |  |  |  |
| (ii) "Levin" Share(b) Federal Election Activity Paid Entirely   | 0.00   | 3.00     |  |  |  |
| (b) Federal Election Activity Paid Entirely  With Federal Funds | 0.00   | 0.00     |  |  |  |
| (c) Total Federal Election Activity (add                        |  | 7        |  |  |  |
| Lines 30(a)(i), 30(a)(ii) and 30(b))▶                           | 0.00   | 0.00     |  |  |  |
| VIVI VIVIVIII -   |  |          |  |  |  |
| Total Disbursements (add Lines 21(c), 22,                       |  |          |  |  |  |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                        | 15000.00                                     | 33500.00 |  |  |  |
|   | 7 7  |          |  |  |  |
| Total Federal Disbursements                                     |  |          |  |  |  |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)                     | 45000.00                                     | 22500.00 |  |  |  |
| from Line 31)   | 15000.00                                     | 33500.00 |  |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 8725.00                       | 40600.00                          |
| 4. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 8725.00                       | 40600.00                          |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00                          | 0.00                              |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)               | 0.00                          | 0.00                              |

FOR LINE NUMBER: PAGE 6 OF Use separate schedule(s) for each category of the Detailed Summary Page

|      | LIIVL   | IVO | IVIDLI | IIAGL | - | U  | Oi | 10 |
|------|---------|-----|--------|-------|---|----|----|----|
| (che | ck only | or  | ıe)    |       |   |    |    |    |
| X    | 11a     |     | 11b    | 11c   |   | 12 |    |    |
|      | 13      |     | 14     | 15    |   | 16 |    | 17 |

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| or for commercial purposes, other than using   | the name and address of any political committee to                         | o solicit contributions from such committee.   |
|--|--|--|
| NAME OF COMMITTEE (In Full)  Michigan Doctors Political Act  | tion Committee - Michigan State Me   | edical Society   |
| Full Name (Last, First, Middle Initial) Gordon BEUTE, GORDON  Mailing Address 6411 Wardell Court  City West Bloomfield  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For: Primary General Other (specify)           | State Zip Code MI 48324  C  Occupation Physician  Aggregate Year-to-Date ▼ | Date of Receipt  10 20 2014  Transaction ID: SA11AI.18688  Amount of Each Receipt this Period  300.00  Contribution  |
| Full Name (Last, First, Middle Initial)  3. Doctor Cathy O. Blight  Mailing Address One Hurley Plaza  Dept of Pathology  |  | Date of Receipt  10 27 2014  |
| City Flint FEC ID number of contributing federal political committee.  | State Zip Code MI 48503-5902   | Transaction ID : SA11AI.18693  Amount of Each Receipt this Period  500.00  |
| Name of Employer Pathology Associates, PC  Receipt For:  Primary  General  Other (specify) ▼   | Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00                     | Contribution   |
| Full Name (Last, First, Middle Initial)  Doctor Paul D. Bozyk  Mailing Address 7653 Embassy Dr  City Canton  FEC ID number of contributing federal political committee.  Name of Employer  Beaumont Health System  Receipt For:  Primary  General  Other (specify) | State Zip Code MI 48187  C  Occupation Physician  Aggregate Year-to-Date ▼ | Date of Receipt  10 27 2014  Transaction ID: SA11AI.18727  Amount of Each Receipt this Period  300.00  Contributions |
| SUBTOTAL of Receipts This Page (optional)  |  | 1100.00  |
| TOTAL This Period (last page this line numb  |  |  |
| IVIAL THIS FEHOU HASE PAGE THIS HITE NUMB  | CI UIIIy)  |  |

FOR LINE NUMBER: **PAGE** Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Doctor Elizabeth A. Burns Date of Receipt Mailing Address 1000 Oakland Drive 20 2014 City Zip Code State Transaction ID: SA11AI.18721 Kalamazoo MI 49008 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Contributions Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Edward C Bush MD Date of Receipt Mailing Address 14241 Pennsylvania Ave 11 03 2014 City State Zip Code Transaction ID: SA11AI.18713 MI Riverview 48192-7510 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Contributions Name of Employer Occupation **SELF PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Harvey DeMaagd Date of Receipt Mailing Address 623 Sligh Blvd NE 20 11 2014 City State Zip Code Transaction ID: SA11AI.18722 MI **Grand Rapids** 49505 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Contributions Name of Employer Occupation **PHYSICIAN SELF** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

| FOR   | LINE    | NU | MBER | : | PAGE | = | 8  | OF | 16 |
|-------|---------|----|------|---|------|---|----|----|----|
| (ched | ck only | or | ne)  |   |      |   |    |    |    |
|       | 11a     |    | 11b  |   | 11c  |   | 12 | !  |    |
|       | 13      |    | 14   |   | 15   |   | 16 | ;  | 17 |

| , 213 2000.01 01001 /1011  | ion Committee - Michigan State M    | ledical Society  |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) PAUL FARR,  Mailing Address 44555 Woodward Ave Ste 4 | 107                                 | Date of Receipt  |
| walling Address 44555 Woodward Ave Ste 4   | .07                                 | 11 20 2014   |
| City   | State Zip Code                      | Transaction ID : SA11AI.18720  |
| Pontiac  | MI 48341                            | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                   | С                                   | 300.00   |
| Name of Employer   | Occupation                          | Contributions  |
| Paul Farr, MD  | Physician                           |  |
| Receipt For:   | Aggregate Year-to-Date ▼            |  |
| Primary General  Other (specify) ▼   | 300.00                              |  |
| Full Name (Last, First, Middle Initial) . Gregory FORZLEY, GREGORY                           | <u> </u>                            | Date of Receipt  |
| Mailing Address PO Box 6303  |                                     | M = M / D = D / Y = Y = Y  |
| City   | State Zip Code                      | 11 07 2014   |
| Grand Rapids   | MI 49516-6303                       | Transaction ID : SA11AI.18715  |
| •  |                                     | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                   | C                                   | 300.00   |
| Name of Employer   | Occupation                          | Contributions  |
| Self   | Physician                           |  |
| Receipt For:   | Aggregate Year-to-Date ▼            |  |
| Primary General  Other (specify) ▼   | 300.00                              |  |
| Full Name (Last, First, Middle Initial)  Barbara Grennan                                     |                                     | Date of Receipt  |
| Mailing Address 2377 Westwood Rd.  |                                     | 10 24 _ 2014 _   |
| City   | State Zip Code                      | Transaction ID : SA11AI.18692  |
| Muskegon   | MI 49441                            | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                                   | C                                   | 150.00   |
|  | Occupation                          | Contribution   |
| Name of Employer   | i e                                 | T. Control of the Con |
| Name of Employer Selfemployed  | Physician                           |  |
|  | Physician  Aggregate Year-to-Date ▼ | _  |
| Selfemployed Receipt For: Primary General  | Aggregate Year-to-Date ▼            |  |
| Selfemployed Receipt For:  |                                     |  |
| Selfemployed Receipt For: Primary General  | Aggregate Year-to-Date ▼  300.00    | 750.00   |

|    | EMIZED RECEIPTS   |  | Use separate schedule(s) for each category of the Detailed Summary Page | (cł  | OR LIN<br>neck or<br>11a<br>13 |               |                    | R:                | 11c<br>15           |                    | 9 OF<br>12<br>16    | 16        |
|----|---|--|---|------|--------------------------------|---------------|--------------------|-------------------|---------------------|--------------------|---------------------|-----------|
| Ar | ny information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Michigan Doctors Political Action   | e name and a                             | ddress of any political committee                                       | to s | olicit c                       | ontril        | outions            | of so             | oliciting<br>m such | cor<br>coi         | ntributio<br>mmitte | ins<br>∋. |
| Α. | Full Name (Last, First, Middle Initial)  DAVID LOUWSMA,  Mailing Address 118 E Oliver St  City  Owosso  FEC ID number of contributing federal political committee.  Name of Employer  Self  Receipt For:  Primary  Other (specify)   Other (specify)            | Zip Code<br>48867-2347<br>Year-to-Date ▼ |   |      | sact<br>nt of                  | 2<br>tion ID  | 7<br>): <b>S</b> A | A11AI.            | 20<br><b>187</b> (  |                    | 0                   |           |
| В. | Full Name (Last, First, Middle Initial) Robert MARTIN, ROBERT  Mailing Address 1856 Platinum Falls Dr SE  City Ada  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  Other (specify)   Other (specify) | 00 0                                     | Zip Code<br>49301<br>Year-to-Date ▼                                     |      |                                | sact<br>nt of | 2<br>ion ID        | 7<br>: <b>S</b> A | A11AI.1             | _20<br><b>1869</b> |                     |           |

| Full Name (Last, First, Middle Initial)  C. Justin newington |                          | Date of Receipt                    |
|--|--------------------------|------------------------------------|
| Mailing Address 133 Doster rd                                |                          | 10 27 2014                         |
| City   | State Zip Code           | Transaction ID : SA11AI.18735      |
| Painwell   | MI 49080                 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.   | C                        | 225.00                             |
| Name of Employer   | Occupation               | Contributions                      |
| Name of Employer   | Occupation               |                                    |
| Self   | Physician                |                                    |
| Receipt For:    Primary   General                            | Aggregate Year-to-Date ▼ |                                    |
| I filliary General   |                          |                                    |

| SUBTOTAL of Receipts This Page (optional)           | I | I | 7 | I | Ξ | 7 |   | 77: | 5.00 |  |
|---|---|---|---|---|---|---|---|-----|------|--|
| TOTAL This Period (last page this line number only) | _ | _ | 7 | Ξ | _ | 7 | Ξ | _   | _    |  |

225.00

Other (specify)  $\overline{\blacktriangledown}$ 

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name (Last, First, Middle Initial) Robert PADILLA, ROBERT Date of Receipt Mailing Address 4466 Stoneleigh Rd 2014 10 27 City Zip Code State Transaction ID: SA11AI.18724 Bloomfield Hills MI 48302 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Contributions Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara PAGE, BARBARA ANN Date of Receipt Mailing Address 18181 Oakwood Blvd #109 10 24 2014 City State Zip Code Transaction ID: SA11AI.18690 MI Dearborn 48124-4082 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Contribution Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Randolph SCHUMACHER, RANDOLPH Date of Receipt Mailing Address 2700 Robert T. Longway 20 11 2014 City State Zip Code Transaction ID: SA11AI.18723 MI Flint 48503 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Contributions Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 1025.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

|   | FO  | R LINE   | NU    | MBER | : | PAGE | Ē ' | 11 | OF | 16 |
|---|-----|----------|-------|------|---|------|-----|----|----|----|
| Use separate schedule(s) for each category of the | (ch | eck only | or or | ne)  |   |      |     |    |    |    |
| Detailed Summary Page                             | ×   | 11a      |       | 11b  |   | 11c  |     | 12 |    |    |
| ,   |     | 13       |       | 14   |   | 15   |     | 16 |    | 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 Full Name (Last, First, Middle Initial) Stanley R Smith Date of Receipt Mailing Address 300 Crooked Tree Drive 20 2014 City State Zip Code Transaction ID: SA11AI.18717 Petoskey MI 49770 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Contributions Name of Employer Occupation self physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Doctor Kevin T. Stone Date of Receipt Mailing Address 1301 Mercy Dr 11 07 2014 City State Zip Code Transaction ID: SA11AI.18716 MI Muskegon 49444-1896 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Contributions Name of Employer Occupation West Shore Urology PC Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Doctor J. Robert VanTimmeren Date of Receipt Mailing Address 3333 Evergreen Dr NE 10 27 2014 City State Zip Code Transaction ID: SA11AI.18705 MI **Grand Rapids** 49525-9756 Amount of Each Receipt this Period FEC ID number of contributing 225.00 С federal political committee. Contributions Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 675.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

16

for each category of the Detailed Summary Page 14 13 15 16 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 Full Name (Last, First, Middle Initial) Dr. Thomas D. Villalobos, MD Date of Receipt Mailing Address 3333 Evergreen Dr NE 2014 10 27 City Zip Code State Transaction ID: SA11AI.18695 **Grand Rapids** MI 49525 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Contribution Name of Employer Occupation Thomas Villalobos, MD Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Weaver, Donald W., MD, Date of Receipt Mailing Address Harper Hospital Dept Of Surg 3990 John R St 10 27 2014 City State Zip Code Transaction ID: SA11AI.18711 MI Detroit 48201 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Contributions Name of Employer Occupation **SELF PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 5625.00 TOTAL This Period (last page this line number only).....

| SCHEDULE B (FEC Form 3X)  |   | FOR LINE I        |  |  |  |  |  |
|---|---|-------------------|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b   |  |  |  |  |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name |   | ed by any perso   | on for the purpose of soliciting contributions |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |                   |  |  |  |  |  |
| Michigan Doctors Political Action C   | ommittee - Michiga  | n State Me        | dical Society                                  |  |  |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   |  |  |  |  |  |
| A. Bizon for State Representative   |   |                   | Date of Disbursement                           |  |  |  |  |
| Mailing Address 5420 A Beckley Rd #349  |   |                   | 10 29 2014                                     |  |  |  |  |
| ,   | State Zip Code MI 49015   |                   | Transaction ID : SB23.18676                    |  |  |  |  |
| Battle Creek Purpose of Disbursement  | MI 49015  |                   |  |  |  |  |  |
| Contribution  |   | 011               | Amount of Each Disbursement this Period        |  |  |  |  |
| Candidate Name  |   | Category/         | 3000.00  |  |  |  |  |
| Bizon for State Representative  |   | Type              | 000.00   |  |  |  |  |
| Senate President  | nent For: 2014  Primary   |                   |  |  |  |  |  |
| State: District:  |   |                   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. Committee to Elect Klint Kesto                                |   |                   | Date of Disbursement                           |  |  |  |  |
| Mailing Address PO Box 1193   |   |                   | 10 29 2014                                     |  |  |  |  |
| City S  | State Zip Code<br>MI 48390  |                   | Transaction ID : SB23.18680                    |  |  |  |  |
| Purpose of Disbursement Contribution  | 40000   | 011               | Amount of Fook Dishuronment this Device        |  |  |  |  |
| Candidate Name  |   | 011               | Amount of Each Disbursement this Period        |  |  |  |  |
| Klint Keston  |   | Category/<br>Type | 1000.00  |  |  |  |  |
| Office Sought: House Disbursen Senate   | nent For: 2014 Primary General Other (specify)                          | .,,,,,            |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. CTE Dale W. Zorn  |   |                   | Date of Disbursement                           |  |  |  |  |
| Mailing Address 7498 Ida East Rd  |   |                   | 10 29 2014                                     |  |  |  |  |
| City S  | State Zip Code<br>MI 48140  |                   | Transaction ID : SB23.18685                    |  |  |  |  |
| Purpose of Disbursement<br>Contribution   |   | 011               |  |  |  |  |  |
| Candidate Name  |   |                   | Amount of Each Disbursement this Period        |  |  |  |  |
| Dave Zorn   |   | Category/<br>Type | 1000.00  |  |  |  |  |
| Office Sought: House Disbursen Senate   | nent For: 2014  Primary General  Other (specify)                        | .,,,,             |  |  |  |  |  |
| otato. District.  |   |                   |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   | ·····•            | 5000.00  |  |  |  |  |
| TOTAL This Period (last page this line number only)   |   |                   |  |  |  |  |  |

|  | used by any personal committee to gan State Me  O11  Category/ Type   | one)  22 X 23 24 25 2 28a 28b 28c 29 3  on for the purpose of soliciting contributions solicit contributions from such committee.                             |
|--|---|---|
| e and address of any po                                  | used by any personal committee to gan State Me  O11  Category/ Type   | Date of Disbursement  Transaction ID: SB23.18678  Amount of Each Disbursement this Period   |
| tate Zip Code MI 48451  ent For: 2014  Primary X General | 011<br>Category/<br>Type  | Date of Disbursement  10 29 2014  Transaction ID : SB23.18678  Amount of Each Disbursement this Period  |
| MI 48451  ent For: 2014  Primary X General               | Category/<br>Type   | Transaction ID : SB23.18678  Amount of Each Disbursement this Period  |
| MI 48451  ent For: 2014  Primary X General               | Category/<br>Type   | Transaction ID : SB23.18678  Amount of Each Disbursement this Period  |
| MI 48451  ent For: 2014  Primary X General               | Category/<br>Type   | Transaction ID : SB23.18678  Amount of Each Disbursement this Period  |
| MI 48451  ent For: 2014  Primary X General               | Category/<br>Type   | Amount of Each Disbursement this Period   |
| ent For: 2014<br>Primary X General                       | Category/<br>Type   |   |
| Primary Seneral  | Category/<br>Type   |   |
| Primary Seneral  | Type  | 1000.00   |
| Primary Seneral  |   |   |
|  |   |   |
|  |   |   |
|  |   | Date of Disbursement  |
|  |   | 10 29 2014  |
|  |   | Transaction ID : SB23.18682   |
|  | 011   | Amount of Each Disbursement this Period   |
|  | Category/   | 2000.00   |
| ent For: 2014  | Туре  |   |
| Primary X General  |   |   |
|  |   |   |
|  |   | Date of Disbursement  |
|  |   | 10 31 2014  |
|  |   | Transaction ID : SB23.18686   |
|  | 011   | Amount of Each Disbursement this Period   |
|  | Category/   | 1000.00   |
| Primary X General  | Type  | 1000.00   |
|  |   |   |
|  | ·····   | 4000.00   |
|  | ent For: 2014  Primary Seneral Other (specify)   tate Zip Code MI 48330  ent For: 2014  Primary General Other (specify)   Other (specify)   Other (specify)   Other (specify)   Other (specify) | MI 49341  O11  Category/ Type  ent For: 2014  Primary General  Other (specify)   tate Zip Code  MI 48330  O11  Category/ Type  ent For: 2014  Primary General |

| SCHEDULE B (FEC Form 3X)  |   | FOR LINE          | NUMBER:                     | PAGE 15 OF 16         |  |  |  |  |
|---|---|-------------------|-----------------------------|-----------------------|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the Detailed Summary Page | (check only 21b   | one) 22 X 23 2              | 24 25 26<br>28c 29 30 |  |  |  |  |
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| NAME OF COMMITTEE (In Full)  Michigan Doctors Political Action C  |   |                   |                             |                       |  |  |  |  |
| /   |   |                   |                             |                       |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Justice for Michigan  |   |                   | Date of Disbursement        |                       |  |  |  |  |
| Mailing Address PO Box 1392   |   |                   | 10 29                       | 2014                  |  |  |  |  |
| Okemos  | State Zip Code<br>MI 48805  |                   | Transaction ID : SB2        | 3.18679               |  |  |  |  |
| Purpose of Disbursement<br>Contribution   |   | 011               | Amount of Each Disbu        | rsement this Period   |  |  |  |  |
| Candidate Name  |   | Category/<br>Type |                             | 2000.00               |  |  |  |  |
|   | nent For: 2014  Primary   |                   |                             |                       |  |  |  |  |
| State: District:  |   |                   |                             |                       |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. David Knezek  |   |                   | Date of Disbursement        |                       |  |  |  |  |
| Mailing Address PO Box 687  |   |                   | 10 29                       | 2014                  |  |  |  |  |
| Dearborn Heights  | State Zip Code<br>MI 48127  |                   | Transaction ID : SB2        | 3.18681               |  |  |  |  |
| Purpose of Disbursement<br>Contribution   |   | 011               | Amount of Each Disbu        | rsement this Period   |  |  |  |  |
| Candidate Name David Knezek   |   | Category/<br>Type |                             | 1000.00               |  |  |  |  |
| Office Sought: House Disbursen Senate   | nent For: 2014  Primary General  Other (specify)                        | Туро              |                             |                       |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Mike Callton for State Representation                         | ve  |                   | Date of Disbursement        |                       |  |  |  |  |
| Mailing Address PO Box 676  |   |                   | 10 29                       | 2014                  |  |  |  |  |
| City  Nashville  Purpose of Disbursement  | State Zip Code<br>MI 49073  |                   | Transaction ID : SB2        | 3.18677               |  |  |  |  |
| Contribution  Candidate Name  |   | 011               | Amount of Each Disbu        | rsement this Period   |  |  |  |  |
| Mike Callton  |   | Category/<br>Type |                             | 2500.00               |  |  |  |  |
| Office Sought: House Disburser Senate President   | nent For: 2014  Primary General  Other (specify)                        | 71.               |                             |                       |  |  |  |  |
| State: District:  |   |                   |                             |                       |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  |   | ······ <u>▶</u>   |                             | 5500.00               |  |  |  |  |
| TOTAL This Period (last page this line number only)   |   |                   |                             |                       |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  | Has assessed a L. C. C.                           | FOR LINE          | NUMBER:                  | PAGE 16 OF 16            |  |  |
|---|---|-------------------|--------------------------|--------------------------|--|--|
| ITEMIZED DISBURSEMENTS  | Use separate schedule(s) for each category of the | (check only       | one)<br>22 🗶 23          | 24 25 26                 |  |  |
|   | Detailed Summary Page                             | 27                | 28a 28b                  | 28c 29 30                |  |  |
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| or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full) | ie and address of any politic                     | ai committee to   | solicit contributions fi | orn sucn committee.      |  |  |
| Michigan Doctors Political Action C   | ommittee - Michiga                                | n State Me        | dical Society            |                          |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   | Date of Diskurs          | ant                      |  |  |
| A. Phil Phelps  |   |                   | Date of Disbursem        | ent                      |  |  |
| Mailing Address 1021 Kensington Ave   |   |                   | 10 29                    | 2014                     |  |  |
| •   | State Zip Code                                    |                   | Transaction ID : \$      | SB23.18683               |  |  |
| Flint Purpose of Disbursement   | MI 48503  |                   | modelen ID .             |                          |  |  |
| Purpose of Disbursement<br>Contribution   |   | 011               | Amount of Each Di        | isbursement this Period  |  |  |
| Candidate Name  |   | Category/         |                          |                          |  |  |
| Phil Phelps   | aont Ferrage                                      | Type              |                          | 500.00                   |  |  |
|   | nent For: 2014 Primary X General                  |                   |                          |                          |  |  |
|   | Other (specify)                                   |                   |                          |                          |  |  |
| State: MI District:   | · · · · · · · · · · · · · · · ·                   |                   |                          |                          |  |  |
| Full Name (Last, First, Middle Initial)   |   |                   |                          |                          |  |  |
| В.  |   |                   | Date of Disbursem        |                          |  |  |
| Mailing Address   |   |                   | M = M / D = D            | / Y = Y = Y = Y          |  |  |
|   |   |                   |                          |                          |  |  |
| City  | State Zip Code                                    |                   |                          |                          |  |  |
| Purpose of Disbursement   | 1   |                   |                          |                          |  |  |
| ·   |   |                   | Amount of Each Di        | isbursement this Period  |  |  |
| Candidate Name  |   | Category/<br>Type |                          |                          |  |  |
| Office Sought: House Disbursen  | nent For:   | . , , , ,         |                          |                          |  |  |
| Senate  | Primary General                                   |                   |                          |                          |  |  |
|   | Other (specify) ▼                                 |                   |                          |                          |  |  |
| State: District:  Full Name (Last, First, Middle Initial)                         |   |                   |                          |                          |  |  |
| C.  |   |                   | Date of Disburseme       | ent                      |  |  |
|   |   | M M / D D         | / Y Y Y Y Y              |                          |  |  |
| Mailing Address   |   |                   |                          |                          |  |  |
| City  | State Zip Code                                    |                   |                          |                          |  |  |
| Purpose of Disbursement   |   |                   |                          |                          |  |  |
| ·   |   |                   | Amount of Each Di        | isbursement this Period  |  |  |
| Candidate Name  |   | Category/         |                          |                          |  |  |
| Office Sought: House Disbursen  | nent For:   | Туре              |                          | 7                        |  |  |
|   | Primary General                                   |                   |                          |                          |  |  |
|   | Other (specify) ▼                                 |                   |                          |                          |  |  |
| State: District:  |   |                   |                          |                          |  |  |
|   |   |                   |                          | F00.00                   |  |  |
| SUBTOTAL of Disbursements This Page (optional)                                    |   | ······            |                          | 500.00                   |  |  |
| TOTAL This Period (last page this line number only)                               |   |                   |                          | 15000.00                 |  |  |
|   |   |                   |                          | 1 46 1 1 46 1            |  |  |