



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="50937.65"/>	<input type="text" value="50937.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="64312.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8725.00"/>	<input type="text" value="40600.00"/>
(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="73037.65"/>	<input type="text" value="91537.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15000.00"/>	<input type="text" value="33500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58037.65"/>	<input type="text" value="58037.65"/>
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

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

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(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 Lines 11(a)(i) and (ii))..... ▶	8725.00	40600.00
(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) .....	8725.00	40600.00
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))..... ▶	8725.00	40600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8725.00	40600.00

**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.....	15000.00	33500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15000.00	33500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	33500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8725.00	40600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8725.00	40600.00
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 16
	<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	

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

NAME OF COMMITTEE (In Full)  
**Michigan Doctors Political Action Committee - Michigan State Medical Society**

**A. Gordon BEUTE, GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6411 Wardell Court

City West Bloomfield State MI Zip Code 48324

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.18688**

Amount of Each Receipt this Period  
 300.00

Contribution

**B. Doctor Cathy O. Blight**  
Full Name (Last, First, Middle Initial)

Mailing Address One Hurley Plaza  
Dept of Pathology

City Flint State MI Zip Code 48503-5902

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

Name of Employer Pathology Associates, PC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.18693**

Amount of Each Receipt this Period  
 500.00

Contribution

**C. Doctor Paul D. Bozyk**  
Full Name (Last, First, Middle Initial)

Mailing Address 7653 Embassy Dr

City Canton State MI Zip Code 48187

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

Name of Employer Beaumont Health System Occupation Physician

Receipt For:  
 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 / 27 / 2014

**Transaction ID : SA11AI.18727**

Amount of Each Receipt this Period  
 300.00

Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Michigan Doctors Political Action Committee - Michigan State Medical Society**

Full Name (Last, First, Middle Initial) <b>A. Doctor Elizabeth A. Burns</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2014 <b>Transaction ID : SA11Al.18721</b>
Mailing Address 1000 Oakland Drive		Amount of Each Receipt this Period 150.00
City Kalamazoo	State MI	Zip Code 49008
FEC ID number of contributing federal political committee. C		Contributions
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Edward C Bush MD</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2014 <b>Transaction ID : SA11Al.18713</b>
Mailing Address 14241 Pennsylvania Ave		Amount of Each Receipt this Period 300.00
City Riverview	State MI	Zip Code 48192-7510
FEC ID number of contributing federal political committee. C		Contributions
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Harvey DeMaagd</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2014 <b>Transaction ID : SA11Al.18722</b>
Mailing Address 623 Sligh Blvd NE		Amount of Each Receipt this Period 100.00
City Grand Rapids	State MI	Zip Code 49505
FEC ID number of contributing federal political committee. C		Contributions
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Michigan Doctors Political Action Committee - Michigan State Medical Society**

**A. PAUL FARR,**  
Full Name (Last, First, Middle Initial)

Mailing Address 44555 Woodward Ave Ste 407

City Pontiac	State MI	Zip Code 48341
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FEC ID number of contributing federal political committee. **C**

Name of Employer Paul Farr, MD	Occupation Physician
-----------------------------------	-------------------------

Receipt For:  
 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
11	/	20	/	2014

**Transaction ID : SA11Al.18720**

Amount of Each Receipt this Period  
300.00

Contributions

**B. Gregory FORZLEY, GREGORY**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6303

City Grand Rapids	State MI	Zip Code 49516-6303
----------------------	-------------	------------------------

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

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2014

**Transaction ID : SA11Al.18715**

Amount of Each Receipt this Period  
300.00

Contributions

**C. Barbara Grennan**  
Full Name (Last, First, Middle Initial)

Mailing Address 2377 Westwood Rd.

City Muskegon	State MI	Zip Code 49441
------------------	-------------	-------------------

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

Name of Employer Selfemployed	Occupation Physician
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

**Transaction ID : SA11Al.18692**

Amount of Each Receipt this Period  
150.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 9 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Michigan Doctors Political Action Committee - Michigan State Medical Society**

Full Name (Last, First, Middle Initial)  
**A. DAVID LOUWSMA,**

Mailing Address 118 E Oliver St

City Owosso State MI Zip Code 48867-2347

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11AI.18703**

Amount of Each Receipt this Period  
300.00

Contributions

Full Name (Last, First, Middle Initial)  
**B. Robert MARTIN, ROBERT**

Mailing Address 1856 Platinum Falls Dr SE

City Ada State MI Zip Code 49301

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11AI.18699**

Amount of Each Receipt this Period  
250.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Justin newington**

Mailing Address 133 Doster rd

City Painwell State MI Zip Code 49080

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2014  
**Transaction ID : SA11AI.18735**

Amount of Each Receipt this Period  
225.00

Contributions

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Michigan Doctors Political Action Committee - Michigan State Medical Society**

**A. Robert PADILLA, ROBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4466 Stoneleigh Rd  
 City Bloomfield Hills State MI Zip Code 48302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **10 / 27 / 2014**  
**Transaction ID : SA11AI.18724**  
 Amount of Each Receipt this Period **225.00**  
 Contributions

**B. Barbara PAGE, BARBARA ANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18181 Oakwood Blvd #109  
 City Dearborn State MI Zip Code 48124-4082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 24 / 2014**  
**Transaction ID : SA11AI.18690**  
 Amount of Each Receipt this Period **500.00**  
 Contribution

**C. Randolph SCHUMACHER, RANDOLPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 Robert T. Longway  
 City Flint State MI Zip Code 48503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 20 / 2014**  
**Transaction ID : SA11AI.18723**  
 Amount of Each Receipt this Period **300.00**  
 Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1025.00</b>
<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 11 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Michigan Doctors Political Action Committee - Michigan State Medical Society**

**A. Stanley R Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Crooked Tree Drive

City Petoskey State MI Zip Code 49770

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

Name of Employer self Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : SA11AI.18717**

Amount of Each Receipt this Period  
**150.00**

Contributions

**B. Doctor Kevin T. Stone**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Mercy Dr

City Muskegon State MI Zip Code 49444-1896

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

Name of Employer West Shore Urology PC Occupation Physician

Receipt For:  
 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  
**11 / 07 / 2014**

**Transaction ID : SA11AI.18716**

Amount of Each Receipt this Period  
**300.00**

Contributions

**C. Doctor J. Robert VanTimmeren**  
Full Name (Last, First, Middle Initial)

Mailing Address 3333 Evergreen Dr NE

City Grand Rapids State MI Zip Code 49525-9756

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11AI.18705**

Amount of Each Receipt this Period  
**225.00**

Contributions

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>675.00</b>
<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 12 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Michigan Doctors Political Action Committee - Michigan State Medical Society**

**A. Dr. Thomas D. Villalobos, MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 Evergreen Dr NE  
 City Grand Rapids State MI Zip Code 49525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Villalobos, MD Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2014  
**Transaction ID : SA11AI.18695**  
 Amount of Each Receipt this Period 250.00  
 Contribution

**B. Donald Weaver, Donald W., MD,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Harper Hospital Dept Of Surg 3990 John R St  
 City Detroit State MI Zip Code 48201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2014  
**Transaction ID : SA11AI.18711**  
 Amount of Each Receipt this Period 500.00  
 Contributions

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5625.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bizon for State Representative**

Mailing Address 5420 A Beckley Rd #349

City State Zip Code  
Battle Creek MI 49015

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bizon for State Representative**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SB23.18676**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Klint Kesto**

Mailing Address PO Box 1193

City State Zip Code  
Walled Lake MI 48390

Purpose of Disbursement  
Contribution

011

Candidate Name

**Klint Keston**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SB23.18680**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CTE Dale W. Zorn**

Mailing Address 7498 Ida East Rd

City State Zip Code  
Ida MI 48140

Purpose of Disbursement  
Contribution

011

Candidate Name

**Dave Zorn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SB23.18685**

Amount of Each Disbursement this Period

1000.00
---------

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

5000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CTE Joseph Graves**

Mailing Address 16316 Knobhill

City Linden State MI Zip Code 48451

Purpose of Disbursement  
Contribution

011

Candidate Name

**CTE Joseph Graves**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2014			

**Transaction ID : SB23.18678**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CTE Peter MacGregor**

Mailing Address 8209 Vista Royale Lane

City Rockford State MI Zip Code 49341

Purpose of Disbursement  
Contribution

011

Candidate Name

**Peter F MacGregor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 73

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2014			

**Transaction ID : SB23.18682**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Gail Haines**

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement  
Contribution

011

Candidate Name

**Gail Haines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

**Transaction ID : SB23.18686**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Justice for Michigan**

Mailing Address PO Box 1392

City Okemos State MI Zip Code 48805

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

**Transaction ID : SB23.18679**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. David Knezek**

Mailing Address PO Box 687

City Dearborn Heights State MI Zip Code 48127

Purpose of Disbursement  
Contribution

011

Candidate Name

**David Knezek**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

**Transaction ID : SB23.18681**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mike Callton for State Representative**

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mike Callton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

**Transaction ID : SB23.18677**

Amount of Each Disbursement this Period

2500.00

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

5500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Phil Phelps**

Mailing Address 1021 Kensington Ave

City Flint State MI Zip Code 48503

Purpose of Disbursement  
Contribution

011

Candidate Name

**Phil Phelps**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY  
10 / 29 / 2014

**Transaction ID : SB23.18683**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

500.00

15000.00