

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Michigan Doctors Political Action Committee - Michigan State Medical Society

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 / 01 / 2012 through 03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scot Goldberg

Signature of Treasurer Scot Goldberg [Electronically Filed] Date 04 / 12 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		24992.23
(b) Cash on Hand at Beginning of Reporting Period.....	24992.23	
(c) Total Receipts (from Line 19)	17595.42	17595.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42587.65	42587.65
7. Total Disbursements (from Line 31).....	9025.00	9025.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	33562.65	33562.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11500.00	11500.00
(ii) Unitemized	6095.42	6095.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17595.42	17595.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17595.42	17595.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17595.42	17595.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17595.42	17595.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	9025.00	9025.00
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)) ..	9025.00	9025.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9025.00	9025.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	17595.42	17595.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17595.42	17595.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<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. Doctor Shafi J. Ahmed
 Full Name (Last, First, Middle Initial)
 Mailing Address G4007 W Court St
 Suite B
 City Flint State MI Zip Code 48532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Court Street Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 05 / 2012**
Transaction ID : SA11Al.17437
 Amount of Each Receipt this Period **500.00**
 Contribution

B. Doctor Dirk A. Bakker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 Sheldon Rd
 Suite G-1
 City Grand Haven State MI Zip Code 49417-2479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grand Haven Bone & Joint Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 05 / 2012**
Transaction ID : SA11Al.17453
 Amount of Each Receipt this Period **300.00**
 Contribution

C. Doctor John G. Bizon
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 Capital Ave SW #204
 Suite 204
 City Battle Creek State MI Zip Code 49015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brookside ENT Hearing Services Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 16 / 2012**
Transaction ID : SA11Al.17394
 Amount of Each Receipt this Period **500.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<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. Edward C Bush MD
Full Name (Last, First, Middle Initial)

Mailing Address 14241 Pennsylvania Ave

City Riverview State MI Zip Code 48192-7510

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
MM / DD / YYYY
02 / 02 / 2012
Transaction ID : SA11AI.17455

Amount of Each Receipt this Period
300.00

Contribution

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

Mailing Address 6777 W Maple Rd

City West Bloomfield State MI Zip Code 48322

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

Name of Employer Henry Ford Hospital Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2012
Transaction ID : SA11AI.17391

Amount of Each Receipt this Period
300.00

Contribution

C. Susan M Day MD
Full Name (Last, First, Middle Initial)

Mailing Address 4100 Lake Drive SE

City Grand Rapids State MI Zip Code 49546

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

Name of Employer Michigan Medical PC Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2012
Transaction ID : SA11AI.17444

Amount of Each Receipt this Period
225.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<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. Rodney Diehl DO
Full Name (Last, First, Middle Initial)

Mailing Address 31 W Wackerly Street

City Midland State MI Zip Code 48640

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

Name of Employer Mid Michigan Cardiology 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 Y
 01 / 03 / 2012
Transaction ID : SA11Al.17464

Amount of Each Receipt this Period
 225.00

Contribution

B. William DuBois MD
Full Name (Last, First, Middle Initial)

Mailing Address 8540 105th Ave

City Stanwood State MI Zip Code 49346

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

Name of Employer Aurora Pathology Labs 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 Y
 01 / 05 / 2012
Transaction ID : SA11Al.17456

Amount of Each Receipt this Period
 225.00

Contribution

C. Doctor Gregory J. Forzley
Full Name (Last, First, Middle Initial)

Mailing Address 200 Jefferson Ave SE

City Grand Rapids State MI Zip Code 49503

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 Y
 03 / 15 / 2012
Transaction ID : SA11Al.17457

Amount of Each Receipt this Period
 300.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<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

Full Name (Last, First, Middle Initial) A. Amit Ghose MD		Date of Receipt MM / DD / YYYY 02 / 02 / 2012 Transaction ID : SA11AI.17454
Mailing Address 3955 Patient Care Drive Suite A		Amount of Each Receipt this Period 300.00
City Lansing	State MI	Zip Code 48911
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Capital Internal Medicine	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. Cheryl Gibson-Fountain		Date of Receipt MM / DD / YYYY 03 / 30 / 2012 Transaction ID : SA11AI.17424
Mailing Address 21400 E 11 Mile Rd.		Amount of Each Receipt this Period 500.00
City Saint Clair Shores	State MI	Zip Code 48081
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Beaumont Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Doctor William A. Howard		Date of Receipt MM / DD / YYYY 03 / 05 / 2012 Transaction ID : SA11AI.17426
Mailing Address 224 Circle Dr		Amount of Each Receipt this Period 225.00
City Traverse City	State MI	Zip Code 49684
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Milliken Medical	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 27
	<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. MD John M. MacKeigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Michigan St. NE
 Suite 501
 City Grand Rapids State MI Zip Code 49503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spectrum Health System Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **01 / 26 / 2012**
Transaction ID : SA11AI.17477
 Amount of Each Receipt this Period **300.00**
 Contribution

B. MD James C. MacKenzie
 Full Name (Last, First, Middle Initial)
 Mailing Address 1380 Coolidge Highway
 City Troy State MI Zip Code 48084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Berkley Primary Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 05 / 2012**
Transaction ID : SA11AI.17460
 Amount of Each Receipt this Period **500.00**
 Contribution

C. Doctor James E. McGillicuddy
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 E. Mount Hope
 City Lansing State MI Zip Code 48910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lansing Hernia Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 02 / 2012**
Transaction ID : SA11AI.17422
 Amount of Each Receipt this Period **300.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 11 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Doctor James C. Mitchiner		Date of Receipt
Mailing Address 1265 Barrister Rd		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ann Arbor	MI	48105
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.17488
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	Contribution
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Doctor Bassam H. Nasr		Date of Receipt
Mailing Address 1231 Pine Grove Avenue Suite 2A		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Port Huron	MI	48060-3500
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.17405
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution
Physician HealthCare Network	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Doctor Harry T. Pall		Date of Receipt
Mailing Address 602 Jackson Street		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Petoskey	MI	49770
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.17397
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="225.00"/>
Name of Employer	Occupation	Contribution
Northern Anesthesia Providers PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 27
	<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. MD John L. Pappas
 Full Name (Last, First, Middle Initial)
 Mailing Address 21003 Mack Avenue
 City Grosse Pointe Woods State MI Zip Code 48236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastpointe Radiology 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 Y
 03 / 05 / 2012
Transaction ID : SA11AI.17450
 Amount of Each Receipt this Period
 300.00
 Contribution

B. Dr. Fred Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3931 Penberton
 City Ann Arbor State MI Zip Code 48105
 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 Y
 01 / 05 / 2012
Transaction ID : SA11AI.17393
 Amount of Each Receipt this Period
 225.00
 Contribution

C. Doctor Robert A. Pensler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2333 Biddle Ave
 City Wyandotte State MI Zip Code 48192
 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
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : SA11AI.17462
 Amount of Each Receipt this Period
 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 13 OF 27
	<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. Carol E. Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Atkinson Drive
 City Ludington State MI Zip Code 49431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norther Physicians Organizatio Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **01 / 17 / 2012**
Transaction ID : SA11AI.17415
 Amount of Each Receipt this Period **225.00**
 Contribution

B. Venkat Rao
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 Calkins Rd
 City Flint State MI Zip Code 48532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chest & Sleep Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 21 / 2012**
Transaction ID : SA11AI.17421
 Amount of Each Receipt this Period **300.00**
 Contribution

C. Mark Richardson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 E Mansion #1E
 City Marshall State MI Zip Code 49068
 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 **01 / 04 / 2012**
Transaction ID : SA11AI.17434
 Amount of Each Receipt this Period **225.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<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. Kristen Marie Roy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2251 North Squirrel Road
 Suite 305
 City Auburn Hills State MI Zip Code 48326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kristen Roy, MD 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 Y
 01 / 12 / 2012
Transaction ID : SA11AI.17400
 Amount of Each Receipt this Period
 225.00
 Contribution

B. Michael Sandler MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4270 Barcroft Way
 City West Bloomfield State MI Zip Code 48323
 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 Y
 01 / 23 / 2012
Transaction ID : SA11AI.17445
 Amount of Each Receipt this Period
 300.00
 Contribution

C. Raouf Seifeldin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 461 W. Huron St
 City Pontiac State MI Zip Code 48341
 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 Y
 01 / 02 / 2012
Transaction ID : SA11AI.17436
 Amount of Each Receipt this Period
 225.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<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

Full Name (Last, First, Middle Initial)
A. MD F. Remington Sprague

Mailing Address 1700 Clinton St

City Muskegon State MI Zip Code 49442

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

Name of Employer Mercy General Health Partners Occupation VP of Medical Affairs

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
01 / 05 / 2012

Transaction ID : SA11Al.17486

Amount of Each Receipt this Period
300.00

Contribution

Full Name (Last, First, Middle Initial)
B. Doctor Richard A. Stark

Mailing Address 900 Peeler St
PO Box 4095

City Kalamazoo State MI Zip Code 49008-2380

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

Name of Employer Kalamazoo Anesthesiology 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
03 / 20 / 2012

Transaction ID : SA11Al.17472

Amount of Each Receipt this Period
300.00

Contribution

Full Name (Last, First, Middle Initial)
C. Doctor Syed S. Taj

Mailing Address 24100 Oxford St

City Dearborn State MI Zip Code 48124

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
01 / 04 / 2012

Transaction ID : SA11Al.17481

Amount of Each Receipt this Period
225.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **825.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<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

Full Name (Last, First, Middle Initial) A. Venu Vadlamudi MD		Date of Receipt
Mailing Address One Hurley Plaza Department of Radiology		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Flint	State MI	Zip Code 48503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.17416
Name of Employer Hurley Medical Center	Occupation Physician	Amount of Each Receipt this Period <input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Contribution

Full Name (Last, First, Middle Initial) B. Doctor Ronald L. VanderLugt		Date of Receipt
Mailing Address 1717 Shaffer St. Suite 207		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Kalamazoo	State MI	Zip Code 49048-1625
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.17490
Name of Employer Self	Occupation Physician	Amount of Each Receipt this Period <input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Contribution

Full Name (Last, First, Middle Initial) C. Doctor Todd K. VanHeest		Date of Receipt
Mailing Address 8333 Felch Street Suite 202		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Zeeland	State MI	Zip Code 49464
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.17435
Name of Employer Family Practice Associates	Occupation Physician	Amount of Each Receipt this Period <input type="text" value="225.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="825.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 17 OF 27
	<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

Full Name (Last, First, Middle Initial) A. Doctor Joseph L. Wilhelm		Date of Receipt MM / DD / YYYY 01 / 05 / 2012 Transaction ID : SA11AI.17432
Mailing Address 702 W Lake Lansing Rd		Amount of Each Receipt this Period 500.00
City East Lansing	State MI	Zip Code 48823-1446
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Michigan Eye Care Specialists, PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MD Mark R. Wilson		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 Transaction ID : SA11AI.17489
Mailing Address 5315 Elliott Dr Suite 202		Amount of Each Receipt this Period 300.00
City Ypsilanti	State MI	Zip Code 48197-1187
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Community Orthopedic Surgery	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) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	11500.00

**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

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)

A. Arlan B Meekhof for State Rep

Mailing Address 9128 Oak Street Lane

City West Olive State MI Zip Code 49460

Purpose of Disbursement
Contribution

011

Candidate Name

Arlan B Meekhof for State Rep

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2012

Transaction ID : SB23.17386

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Bob Genetski for State Rep

Mailing Address P O Box 1242

City Holland State MI Zip Code 49422

Purpose of Disbursement
Contribution

011

Candidate Name

Bob Genetski for State Rep

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2012

Transaction ID : SB23.17383

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

C. Chuck Moss for State Representative

Mailing Address 1184 Dorchester Dr.

City Birmingham State MI Zip Code 48009

Purpose of Disbursement
Contribution

011

Candidate Name

Chuck Moss for State Representative

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 40

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2012

Transaction ID : SB23.17357

Amount of Each Disbursement this Period

500.00

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

875.00

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

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)

A. Committee to Elect Gretchen Whitmer

Mailing Address PO Box 11063

City East Lansing State MI Zip Code 48823

Purpose of Disbursement
Contribution

011

Candidate Name

Gretchen Whitmer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 23

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2012

Transaction ID : SB23.17364

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Mark Ouimet

Mailing Address 310 N. Main St. Suite 160

City Chelsea State MI Zip Code 48118

Purpose of Disbursement
Contribution

011

Candidate Name

Committee to Elect Mark Ouimet

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2012

Transaction ID : SB23.17371

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Thomas Stallworth

Mailing Address 18648 Whitcomb

City Detroit State MI Zip Code 48235

Purpose of Disbursement
Contribution

011

Candidate Name

Committee to Elect Thomas Stallworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2012

Transaction ID : SB23.17388

Amount of Each Disbursement this Period

250.00

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

750.00

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

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)

A. Committee to Elect Virgil Smith

Mailing Address 19450 GLOUCESTER

City Detroit State MI Zip Code 48203

Purpose of Disbursement
Contribution

011

Candidate Name
Virgil Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	2

Transaction ID : SB23.17377

Amount of Each Disbursement this Period

2	5	0	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CTE Gail Haines

Mailing Address PO Box 301085

City Waterford State MI Zip Code 48330

Purpose of Disbursement
Contribution

011

Candidate Name
CTE Gail Haines

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	2

Transaction ID : SB23.17372

Amount of Each Disbursement this Period

1	0	0	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CTE Matt Lori

Mailing Address 14941 Roberts Shore Drive

City Constantine State MI Zip Code 49042

Purpose of Disbursement
Contribution

011

Candidate Name
Matt Lori

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	2

Transaction ID : SB23.17376

Amount of Each Disbursement this Period

5	0	0	0	0
---	---	---	---	---

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

1	7	5	0	0
---	---	---	---	---

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

1	7	5	0	0
---	---	---	---	---

**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

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)

A. CTE Peter MacGregor

Mailing Address 8209 Vista Royale Lane

City State Zip Code
Rockford MI 49341

Purpose of Disbursement
Contribution

011

Candidate Name

Peter F MacGregor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 73

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2012

Transaction ID : SB23.17370

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dave Hildenbrand for State Senate

Mailing Address PO Box 1075

City State Zip Code
Grand Rapids MI 49501

Purpose of Disbursement
Contribution

011

Candidate Name

Dave Hildenbrand for State Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2012

Transaction ID : SB23.17355

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dave Robertson for State Senate

Mailing Address PO Box 181

City State Zip Code
Grand Blanc MI 48480

Purpose of Disbursement
Contribution

011

Candidate Name

Dave Robertson for State Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2012

Transaction ID : SB23.17387

Amount of Each Disbursement this Period

250.00

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

700.00

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

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)

A. Friends of Jim Ananich

Mailing Address 922 Maxine Street

City Flint State MI Zip Code 48503

Purpose of Disbursement
Contribution

011

Candidate Name

Friends of Jim Ananich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2012

Transaction ID : SB23.17380

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Kate Segal

Mailing Address 108 Pinehurst Lane

City Battle Creek State MI Zip Code 49015

Purpose of Disbursement
Contribution

011

Candidate Name

Kate Segal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2012

Transaction ID : SB23.17363

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Friends of Lisa Brown

Mailing Address PO Box 251532

City West Bloomfield State MI Zip Code 48325

Purpose of Disbursement
Contribution

011

Candidate Name

Friends of Lisa Brown

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2012

Transaction ID : SB23.17358

Amount of Each Disbursement this Period

150.00

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

750.00

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

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)

A. Friends of Roger Kahn

Mailing Address PO BOX 1627

City State Zip Code
Saginaw MI 49605-1627

Purpose of Disbursement
Contribution

011

Candidate Name
Roger Kahn

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2012

Transaction ID : SB23.17356

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Stacy Erwin Oakes

Mailing Address PO Box13145

City State Zip Code
Lansing MI 48901

Purpose of Disbursement
Contribution

011

Candidate Name
Stacy Oakes

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2012

Transaction ID : SB23.17360

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. George T. Darany for State Rep

Mailing Address 17835 Oakwood Blvd.

City State Zip Code
Dearborn MI 48124

Purpose of Disbursement
Contribution

011

Candidate Name
George T. Darany for State Rep

Category/
Type

Office Sought: House
 Senate
 President
State: MI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2012

Transaction ID : SB23.17359

Amount of Each Disbursement this Period

150.00

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

850.00

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

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)

A. Hansen Clark for State Senate

Mailing Address 243 W. Congress, Ste. 350

City Detroit State MI Zip Code 48226

Purpose of Disbursement
Contribution

011

Candidate Name

Hansen Clark for State Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2012

Transaction ID : SB23.17366

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Haveman Leadership Fund

Mailing Address PO Box 457

City Zeeland State MI Zip Code 49464

Purpose of Disbursement

012

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		20		2012

Transaction ID : SB23.17351

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Joe Hune for State Senate

Mailing Address 4849 Hogback Road

City Fowlerville State MI Zip Code 48836

Purpose of Disbursement
Contribution

011

Candidate Name

Joe Hune for State Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2012

Transaction ID : SB23.17367

Amount of Each Disbursement this Period

250.00

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

1500.00

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

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)

A. Matt Huuki for State Representative

Mailing Address 13895 Rova Road

City Atlantic Mine State MI Zip Code 49905

Purpose of Disbursement
Contribution

011

Candidate Name

Matt Huuki for State Representative

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Transaction ID : SB23.17368

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mike Callton for State Representative

Mailing Address PO Box 676

City Nashville State MI Zip Code 49073

Purpose of Disbursement
Contribution

011

Candidate Name

John Moolenaar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	2

Transaction ID : SB23.17353

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Rick Jones for State Senate

Mailing Address PO Box 115

City Grand Ledge State MI Zip Code 48837

Purpose of Disbursement
Contribution

011

Candidate Name

Rick Jones for State Senate

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	2

Transaction ID : SB23.17369

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

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

9	0	0	0	0	0
---	---	---	---	---	---

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

9	0	0	0	0	0
---	---	---	---	---	---

**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

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)

A. Sam Singh for State Rep

Mailing Address PO Box 791

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Sam Singh for State Rep

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2012

Transaction ID : SB23.17378

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)..... ▶

500.00

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

9025.00