

**FEC  
FORM 3X**

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

RECEIVED

2014 OCT 16 AM 11:19

Office Use Only

FEDERAL MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of WSUSOM

ADDRESS (number and street)

PO Box 4406

Check if different than previously reported. (ACC)

Detroit

MI 48244

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00452961

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

07 01 2014

through

09 30 2014

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

Douglas Skrzyniarz

Signature of Treasurer

*Douglas Skrzyniarz*

Date

10 14 2014

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

Office Use Only

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Friends of WSUSOM

Report Covering the Period:

From:

07 01 2014

To:

09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2014</u>		<u>1,531.2</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>3,488.99</u>	
(c) Total Receipts (from Line 19).....	<u>3,725.00</u>	<u>20,795.40</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>7,213.99</u>	<u>21,948.52</u>
7. Total Disbursements (from Line 31).....	<u>4,640.51</u>	<u>19,275.04</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>2,573.48</u>	<u>2,573.48</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	



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)

Page 3

Write or Type Committee Name

**Friends of WSU SOM**

Report Covering the Period:

From:

**07 01 2014**

To:

**09 30 2014**

**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).....

**3,725.00**

**20,700.00**

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

**3,725.00**

**20,700.00**

(b) Political Party Committees .....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

**3,725.00**

**20,700.00**

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received .....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

**95.40**

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

**3,725.00**

**20,795.40**

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

**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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	1,190.51	7,898.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1,190.51	7,898.94
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,300.00	6,055.50
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	2,150.00	5,320.60
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4,640.51	19,275.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3,725.00	20,700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,725.00	20,700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1,190.51	7,998.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	95.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1,190.51	7,803.54

120011 1111 111111

**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 1 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Friends of WSUSOM**

Full Name (Last, First, Middle Initial)  
**A. Buguito, Diana**

Mailing Address  
**2556 Amherst Ct.**

City State Zip Code  
**Troy MT 48098**

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

Name of Employer Occupation  
**Homemaker Homemaker**

Receipt For: Aggregate Year-to-Date  
 Primary     General  
 Other (specify) ▼  
**1,200.00**

Date of Receipt  
**07 29 2014**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Schenk, Mary Jean**

Mailing Address  
**6639 Belle River Rd.**

City State Zip Code  
**China MT 48054**

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

Name of Employer Occupation  
**Wayne State U. Physician**

Receipt For: Aggregate Year-to-Date  
 Primary     General  
 Other (specify) ▼  
**1,200.00**

Date of Receipt  
**07 29 2014**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. Rosenberg, David**

Mailing Address  
**31800 Nottingham Dr.**

City State Zip Code  
**Franklin MI 48025**

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

Name of Employer Occupation  
**Wayne State U. Physician**

Receipt For: Aggregate Year-to-Date  
 Primary     General  
 Other (specify) ▼  
**1,200.00**

Date of Receipt  
**07 29 2014**

Amount of Each Receipt this Period  
**200.00**

SUBTOTAL of Receipts This Page (optional)..... **600.00**

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 <b>2</b> OF <b>12</b>
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Friends of WSUSOM**

**A. Lucas, Charles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **19331 Stratheona**  
 City: **Detroit** State: **MI** Zip Code: **48203**  
 Name of Employer: **Detroit Medical Ctr** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **1,200.00**

Date of Receipt: **07/29/2014**  
 Amount of Each Receipt this Period: **200.00**

**B. Flack, John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **4489 Cranbrook Trail**  
 City: **Orchard Lake** State: **MI** Zip Code: **48323**  
 Name of Employer: **Wayne State U.** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **600.00**

Date of Receipt: **07/29/2014**  
 Amount of Each Receipt this Period: **100.00**

**c. Majjhoor Amar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1084 Jefferson Dr**  
 City: **Troy** State: **MI** Zip Code: **48084**  
 Name of Employer: **St. John Providence** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **500.00**

Date of Receipt: **07/29/2014**  
 Amount of Each Receipt this Period: **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **400.00**  
**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 <u>3</u> OF <u>12</u>
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
Friends of WSUSOM

Full Name (Last, First, Middle Initial)  
A. Markova, Tsveti

Mailing Address  
42524 Flis Dr.

City Sterling Heights State MI Zip Code 48314

FEC ID number of contributing federal political committee. C

Name of Employer Wayne State U. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 600.00

Date of Receipt  
07 29 2014

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
B. Keshishian, Marc

Mailing Address  
30998 Fox Club Dr.

City Farmington State MI Zip Code 48331

FEC ID number of contributing federal political committee. C

Name of Employer Blue Cross Blue Shield Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 300.00

Date of Receipt  
07 29 2014

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
C. Schiavone, John

Mailing Address  
3715 Burkoff Dr.

City Troy State MI Zip Code 48064

FEC ID number of contributing federal political committee. C

Name of Employer Wayne State U. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date 150.00

Date of Receipt  
07 29 2014

Amount of Each Receipt this Period  
25.00

SUBTOTAL of Receipts This Page (optional) ..... 75.00

TOTAL This Period (last page this line number only) ..... 75.00

170001-1001-1004



**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 4 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
 Friends of WSUSOM

A. Full Name (Last, First, Middle Initial)  
 Cruber, Scott

Mailing Address  
 23303 Morningside St.

City State Zip Code  
 Southfield MI 48034

FEC ID number of contributing federal political committee.  
 C

Name of Employer  
 Veterans Admin. Occupation  
 Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 150.00

Date of Receipt  
 07 29 2014

Amount of Each Receipt this Period  
 25.00

B. Full Name (Last, First, Middle Initial)  
 MacLean, Lisa

Mailing Address  
 131 Mergheval Ave

City State Zip Code  
 Grosse Pointe MI 48236

FEC ID number of contributing federal political committee.  
 C

Name of Employer  
 Wayne State U. Occupation  
 Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 150.00

Date of Receipt  
 07 29 2014

Amount of Each Receipt this Period  
 25.00

C. Full Name (Last, First, Middle Initial)  
 Sloane, Bonnie

Mailing Address  
 1027 Harvard Rd.

City State Zip Code  
 Grosse Pointe MI 48230

FEC ID number of contributing federal political committee.  
 C

Name of Employer  
 Wayne State U. Occupation  
 Researcher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 07 29 2014

Amount of Each Receipt this Period  
 50.00

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

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

100.00

FORM 1111-10-10

**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 5 OF 17	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**Friends of WSUSOM**

A. Full Name (Last, First, Middle Initial)  
**Schents, Mary Jean**

Mailing Address  
**6639 Belle River Rd.**

City  
**Chine** State  
**MI** Zip Code  
**48054**

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

Name of Employer  
**Wayne State U.** Occupation  
**Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,400.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**200.00**

B. Full Name (Last, First, Middle Initial)  
**Rosenberg, David**

Mailing Address  
**31800 Nottingham Dr.**

City  
**Franklin** State  
**MI** Zip Code  
**48025**

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

Name of Employer  
**Wayne State U.** Occupation  
**Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,400.00**

Date of Receipt  
**08 29 2014**

Amount of Each Receipt this Period  
**200.00**

C. Full Name (Last, First, Middle Initial)  
**Lucas, Charles**

Mailing Address  
**19351 Strathcona**

City  
**Detroit** State  
**MI** Zip Code  
**48203**

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

Name of Employer  
**Detroit Medical Ctr** Occupation  
**Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,400.00**

Date of Receipt  
**08 29 2014**

Amount of Each Receipt this Period  
**200.00**

SUBTOTAL of Receipts This Page (optional)..... **600.00**

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

FROM: PHIL MANN



**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 <b>7</b> OF <b>12</b>
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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)  
**Friends of WSU SOM**

A. Full Name (Last, First, Middle Initial)  
**Keshishian, Marc**

Mailing Address  
**30498 Fox Club Dr.**

City **Farmington** State **MI** Zip Code **48331**

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

Name of Employer **Blue Cross Blue Shield** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**Schiauone, John**

Mailing Address  
**3715 Buckoff Dr.**

City **Troy** State **MI** Zip Code **48064**

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

Name of Employer **Wayne State U.** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**175.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**25.00**

C. Full Name (Last, First, Middle Initial)  
**Bruber, Scott**

Mailing Address  
**23303 Morningside St.**

City **Southfield** State **MI** Zip Code **48034**

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

Name of Employer **Veterans Administration** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**175.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**25.00**

SUBTOTAL of Receipts This Page (optional) ..... **100.00**

TOTAL This Period (last page this line number only) ..... **100.00**

10/27/14 11:11 AM

**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 <u>8</u> OF <u>12</u>
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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)  
**Friends of WSU SOM**

A. Full Name (Last, First, Middle Initial)  
**MacLean, Lisa**

Mailing Address  
**151 Kercheval Ave**

City **Grosse Pointe** State **MI** Zip Code **48236**

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

Name of Employer **Wayne State U.** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**175.00**

Date of Receipt  
**08 29 2014**

Amount of Each Receipt this Period  
**15.00**

B. Full Name (Last, First, Middle Initial)  
**Gloane, Bonnie**

Mailing Address  
**1027 Itarwood Rd.**

City **Grosse Pointe** State **MI** Zip Code **48230**

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

Name of Employer **Wayne State U.** Occupation **Researcher**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**50.00**

C. Full Name (Last, First, Middle Initial)  
**Schenk, Mary Jean**

Mailing Address  
**6639 Belle River Rd.**

City **China** State **MI** Zip Code **48054**

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

Name of Employer **Wayne State U.** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,600.00**

Date of Receipt  
**09 25 2014**

Amount of Each Receipt this Period  
**200.00**

SUBTOTAL of Receipts This Page (optional) ..... **175.00**

TOTAL This Period (last page this line number only) ..... **175.00**

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

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

FOR LINE NUMBER: PAGE 9 OF 12  
(check only one)  
 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)  
Friends of WSUSOM

A. Full Name (Last, First, Middle Initial)  
Hosenberg, David

Mailing Address  
31300 Nottingham Dr.  
City Franklin State MI Zip Code 48025

FEC ID number of contributing federal political committee. C

Name of Employer Wayne State U. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,660.00

Date of Receipt  
09 25 2014

Amount of Each Receipt this Period  
200.00

B. Full Name (Last, First, Middle Initial)  
Lucas, Charles

Mailing Address  
19331 Stratford  
City Detroit State MI Zip Code 48203

FEC ID number of contributing federal political committee. C

Name of Employer Detroit Medical Ctr Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1,600.00

Date of Receipt  
09 25 2014

Amount of Each Receipt this Period  
200.00

C. Full Name (Last, First, Middle Initial)  
O'Neil, Brian

Mailing Address  
3187 Cotswold Lane  
City Clarkston State MI Zip Code 48348

FEC ID number of contributing federal political committee. C

Name of Employer Detroit Medical Ctr Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
09 29 2014

Amount of Each Receipt this Period  
300.00

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

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

700.00

15001-1111-10000

**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 17	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**Friends of WSU SOM**

**A. Flack, John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **4489 Cranbrook Trail**  
 City: **Orchard Lake** State: **MI** Zip Code: **48323**  
 Name of Employer: **Wayne State U.** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **900.00**

Date of Receipt: **09/29/2014**  
 Amount of Each Receipt this Period: **100.00**

**B. Majumdar, Amar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **1084 Jefferson Dr.**  
 City: **Troy** State: **MI** Zip Code: **48064**  
 Name of Employer: **St. John Providence** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **700.00**

Date of Receipt: **09/29/2014**  
 Amount of Each Receipt this Period: **100.00**

**C. Markova, Tsveta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **42524 Elis Dr.**  
 City: **Sterling Heights** State: **MI** Zip Code: **48314**  
 Name of Employer: **Wayne State U.** Occupation: **Physician**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **900.00**

Date of Receipt: **09/29/2014**  
 Amount of Each Receipt this Period: **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**  
**TOTAL** This Period (last page this line number only)..... **300.00**

**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 11 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Friends of WSUSOM**

A. Full Name (Last, First, Middle Initial)  
**Keshishian, Marc**

Mailing Address  
**30498 Fox Club Dr.**

City **Farmington** State **MI** Zip Code **48331**

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

Name of Employer **Blue Cross Blue Shield** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **400.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**Schiavone, John**

Mailing Address  
**3713 Burkoff Dr.**

City **Troy** State **MI** Zip Code **48064**

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

Name of Employer **Wayne State U.** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **200.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**25.00**

C. Full Name (Last, First, Middle Initial)  
**Escher, Scott**

Mailing Address  
**29503 Metningside St.**

City **Southfield** State **MI** Zip Code **48034**

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

Name of Employer **Veterans Administration** Occupation **Physician**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **200.00**

Date of Receipt  
**09 29 2014**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional) **100.00**

**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:		PAGE 12 OF 12						
	(check only one)	<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

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)  
**Friends of WSUSOM**

A. Full Name (Last, First, Middle Initial)  
**MacLean, Lisa**

Mailing Address  
**131 Mendocino Ave**

City **Grosse Pointe** State **MI** Zip Code **48236**

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

Name of Employer **Wayne State U.** Occupation **Administrator**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**09/29/2014**

Amount of Each Receipt this Period  
**75.00**

B. Full Name (Last, First, Middle Initial)  
**Gleason, Bonnie**

Mailing Address  
**1027 Harvard Rd.**

City **Grosse Pointe** State **MI** Zip Code **48230**

FEC ID number of contributing federal political committee. **C1**

Name of Employer **Wayne State U.** Occupation **Researcher**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**09/29/2014**

Amount of Each Receipt this Period  
**90.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	<b>75.00</b>
TOTAL This Period (last page this line number only).....▶	<b>3,725.00</b>

12/01/14 11:11 AM

**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)

PAGE 1 OF 1

21b  22  23  24  25  26  
 27  28a  28b  28c  29  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)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. The Detroit Tigers

Date of Disbursement

09 29 2014

Mailing Address

2100 Woodward

City

Detroit

State

MI

Zip Code

48201

Purpose of Disbursement

Fundraising Event

003

Category/  
Type

Amount of Each Disbursement this Period

1,299.50

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Detroit Athletic Club

Date of Disbursement

09 29 2014

Mailing Address

241 Madison Ave

City

Detroit

State

MI

Zip Code

48226

Purpose of Disbursement

Fundraising Event

003

Category/  
Type

Amount of Each Disbursement this Period

619.87

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

1,918.37

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

1,918.37

**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)	PAGE 1 OF 7
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <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)  
**Friends of WSUSOM**

**A. Peters for Michigan**

Full Name (Last, First, Middle Initial): **Peters for Michigan**

Date of Disbursement: **09/30/2014**

Mailing Address: **P.O. Box 226**

City: **Bloomfield Hills** State: **MI** Zip Code: **48303**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Dary Peters**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MI** District: \_\_\_\_\_

Amount of Each Disbursement this Period: **1,000.00**

**B. Debbie Dingell for Congress**

Full Name (Last, First, Middle Initial): **Debbie Dingell for Congress**

Date of Disbursement: **09/09/2014**

Mailing Address: **P.O. Box 746**

City: **Dearborn** State: **MI** Zip Code: **48121**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Debbie Dingell**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MI** District: **12**

Amount of Each Disbursement this Period: **400.00**

**C.**

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_

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: \_\_\_\_\_

Amount of Each Disbursement this Period: \_\_\_\_\_

**SUBTOTAL** of Disbursements This Page (optional).....▶ **1,300.00**

**TOTAL** This Period (last page this line number only).....▶ **1,300.00**

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE / OF 2

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)  
**Friends of WSUSOM**

A. **Committee to Elect Andrea Schroeder**

Full Name (Last, First, Middle Initial)

Mailing Address  
**5641 Golf Pointe Drive**

City  
**Clarkston, MI** State Zip Code  
**48348**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Andrea Schroeder**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MI** District:

Date of Disbursement  
**07 / 30 / 2014**

Amount of Each Disbursement this Period  
**150.00**

B. **Wayne Schmidt for State Senate**

Full Name (Last, First, Middle Initial)

Mailing Address  
**PO Box 25**

City  
**Traverse City, MI** State Zip Code  
**49685**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Wayne Schmidt**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MI** District:

Date of Disbursement  
**07 / 31 / 2014**

Amount of Each Disbursement this Period  
**250.00**

C. **Friends of Henry Yanez**

Full Name (Last, First, Middle Initial)

Mailing Address  
**PO Box 7213**

City  
**Sterling Heights, MI** State Zip Code  
**48311**

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Henry Yanez**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MI** District:

Date of Disbursement  
**08 / 25 / 2014**

Amount of Each Disbursement this Period  
**250.00**

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **650.00**

TOTAL This Period (last page this line number only) ..... ▶ **650.00**

2014-11-14 14:04:11

**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)  
 21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

PAGE 2 OF 2

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)  
 Friends of WSUSOM

A. Full Name (Last, First, Middle Initial)  
 Pscholka Results PAC  
 Mailing Address  
 5810 Longhorn Trail  
 City: Stevensville State: MI Zip Code: 49127  
 Purpose of Disbursement  
 Fundraiser  
 Candidate Name  
 \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 State: MI District: \_\_\_\_\_  
 Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
 09 29 2014  
 Amount of Each Disbursement this Period  
 500.00  
 Category/Type  
 011

B. Full Name (Last, First, Middle Initial)  
 Dave Hildenbradt for State Senate  
 Mailing Address  
 PO Box 1079  
 City: Grand Rapids State: MI Zip Code: 49501  
 Purpose of Disbursement  
 Candidate Name  
 \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
 09 09 2014  
 Amount of Each Disbursement this Period  
 1,000.00  
 Category/Type  
 011

C. Full Name (Last, First, Middle Initial)  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Purpose of Disbursement  
 Candidate Name  
 \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 State: \_\_\_\_\_ District: \_\_\_\_\_  
 Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
 M M / D D / Y Y Y Y  
 Amount of Each Disbursement this Period  
 \_\_\_\_\_  
 Category/Type  
 \_\_\_\_\_

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

500.00  
 2,150.00

1-800-4-A-MAIL

UPS Worldwide Express®  
UPS 2nd Day Air®

theupsstore.com or call 1-800-PICK-UPS® (1-800-742-5877)

and a location near you.

**Domestic Shipments**

Qualify for the Letter rate, UPS Express Envelopes may only contain correspondence, urgent documents, and/or electronic media, and must weigh 8 oz. or less. UPS Express Envelopes containing items other than those listed or weighing more than 8 oz. will be billed by weight.

**International Shipments**

UPS Express Envelope may be used only for documents of no commercial value. Certain countries consider electronic media as documents. Visit [www.ups.com/importexport](http://www.ups.com/importexport) to verify if your shipment is classified as a document.

Qualify for the Letter rate, the UPS Express Envelope must weigh 8 oz. or less. Express Envelopes weighing more than 8 oz. will be billed by weight.

Express Envelopes are not recommended for shipments of electronic media containing sensitive personal information or breakable items. Do not send cash or its equivalent.

Apply shipping documents on this side.

Do not use this envelope for:

- UPS Ground
- UPS Standard
- UPS 3 Day Select®
- UPS Worldwide Expedited®

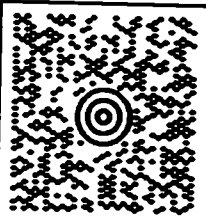
DOUG SKRZYNIARZ  
(586) 873-5926  
14469 MAISANO  
STERLING HEIGHT MI 48312

0.3 LBS LTR 1 OF 1  
SHP WT: LTR  
DATE: 15 OCT 2014

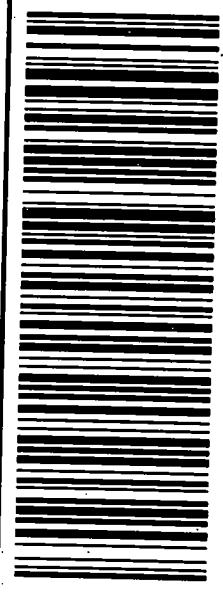
SHIP FEDERAL ELECTION COMMISSION  
TO: 999 E ST NW

WASHINGTON DC 20463-0001

MD 201 9-83



UPS NEXT DAY AIR 1  
TRACKING #: 1Z 451 509 01 3553 4481



BILLING: P/P

19M 13.00M 22P 450 54.5V 7/2014

SEE NOTICE ON ENVELOPE REGARDING UPS TERMS, AND NOTICE OF LIMITATION OF LIABILITY. USE WHEN ALLOWED BY LAW. SHIPPER AUTHORIZES UPS TO ACT AS FORWARDING AGENT FOR EXPORT CONTROL AND CUSTOMS PURPOSES. IF EXPORTED FROM THE U.S., SHIPPER CERTIFIES THAT THE COMMODITIES, TECHNOLOGY OR SERVICES WERE EXPORTED FROM THE U.S. IN ACCORDANCE WITH THE EXPORT ADMINISTRATION REGULATIONS. DIVISION CONTRARY TO U.S. LAW PROHIBITED. 800 4 0714

RECEIVED  
OCT 16 AM 11:19  
FEC MAIL CENTER

UPS Stores, Inc. is a UPS company. The UPS Store® locations are independently owned and operated by franchisees of Mail Boxes Etc., Inc. in the USA and by its master licensee and its franchisees in Canada. Services, pricing and hours of operation may vary by location. Copyright © 2011 Mail Boxes Etc., Inc. 410260000509

International Shipping Notice — Carriage hereunder may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Unification of Certain Rules Relating to International Carriage by Sea (the "Hague-Visby Convention"). These commodities, technology or software were exported from the U.S. in accordance with the Export Administration Regulations. Division contrary to U.S. law prohibited.

01880250709 12/11 PAC United Parcel Service, Louisville, KY

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <u>UPS</u>	Shipping Date <u>10/15/14</u>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]  
 PREPARER  
 (8/2013)

10/16/14  
 DATE PREPARED

430001 4114 11/14/14