

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**
Wisconsin Medical Society Political Action Committee

ADDRESS (number and street) 330 E. Lakeside Street
Check if different than previously reported. (ACC) Madison WI 53715

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00548438 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) 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 []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 10 / 01 / 2017 through [MM] / [DD] / [YYYY] 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Green, Heidi, , Ms.,
Type or Print Name of Treasurer

Signature of Treasurer *Green, Heidi, , Ms.,* [Electronically Filed] Date [MM] / [DD] / [YYYY] 01 / 29 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

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="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3125.00"/>	<input type="text" value="16705.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3125.00"/>	<input type="text" value="16705.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3125.00"/>	<input type="text" value="16705.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

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).....	3125.00	16705.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3125.00	16705.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3125.00	16705.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3125.00	16705.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3125.00	16705.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3125.00	16705.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	3125.00	16705.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3125.00	16705.00

DETAILED SUMMARY PAGE
of Disbursements

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)	3125.00	16705.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3125.00	16705.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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)
Wisconsin Medical Society Political Action Committee

A. Dexter, Donn, David, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7410 Lakeview Dr

City Eau Claire	State WI	Zip Code 54701-8329
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858034

Amount of Each Receipt this Period
500.00

Memo Item

Earmark for Kind for Congress

B. Gold, Jay, A., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3100 Lake Mendota Dr. #705

City Madison	State WI	Zip Code 53705-1462
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MetaStar Inc	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858380

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Tammy Baldwin for Senate

C. Janis, Angela, Christine, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 100 Wisconsin Ave Apt 1005

City Madison	State WI	Zip Code 53703-4171
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University Health Services Clinic	Occupation (for Individual) Physician
--	--

Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858631

Amount of Each Receipt this Period
500.00

Memo Item

Earmark for Tammy Baldwin for Senate

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

A. McFadden, Edith, Anne, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2823 N Summit Ave

City Milwaukee	State WI	Zip Code 53211-3439
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ear Nose Throat & Allergy Center	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858643

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Tammy Baldwin for Senate

B. Levin, Allan, Bertram, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4585 Fox Bluff Lane

City Middleton	State WI	Zip Code 53562-2327
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858645

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Tammy Baldwin for Senate

C. Bruce, Calvin, S., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 710 Baltzell Street

City Madison	State WI	Zip Code 53711-1831
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858652

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Tammy Baldwin for Senate

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

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

A. Schwartzstein, Alan, I., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 929 Harding St

City Oregon	State WI	Zip Code 53575-2881
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dean Clinic - Oregon	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858688

Amount of Each Receipt this Period
50.00

Memo Item

Earmark for Tammy Baldwin for Senate

B. Osborn, Sandra, L., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2085 County Road J

City Verona	State WI	Zip Code 53593-8829
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858694

Amount of Each Receipt this Period
25.00

Memo Item

Earmark for Tammy Baldwin for Senate

C. Peebles, Jon, Klinton, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 Post Rd Apt 111

City Madison	State WI	Zip Code 53713-4244
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UW Health-20 S Park St - Dermatology	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2017

Transaction ID : 8858697

Amount of Each Receipt this Period
500.00

Memo Item

Earmark for Tammy Baldwin for Senate

SUBTOTAL of Receipts This Page (optional).....	575.00
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 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

A. Hegde, Hemant, K., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3620 Wintergreen Ct

City Eau Claire	State WI	Zip Code 54701-9218
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : 8948923

Amount of Each Receipt this Period
150.00

Memo Item

Earmark for Kind for Congress

B. Hegde, Hemant, K., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3620 Wintergreen Ct

City Eau Claire	State WI	Zip Code 54701-9218
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : 8948925

Amount of Each Receipt this Period
150.00

Memo Item

Earmark for Tammy Baldwin for Senate

C. Fagan, Julie, Ruth, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Chequamegon Bay

City Madison	State WI	Zip Code 53719-3028
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UW Health-West Clinic	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : 8948927

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Tammy Baldwin for Senate

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

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

A. Boero, Joseph, Francis, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1691 Cty Rd J

City Custer	State WI	Zip Code 54423-9642
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

Transaction ID : 9476767

Amount of Each Receipt this Period
150.00

Memo Item

Earmark for Tammy Baldwin for Senate

B. Boero, Joseph, Francis, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1691 Cty Rd J

City Custer	State WI	Zip Code 54423-9642
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2017

Transaction ID : 9476769

Amount of Each Receipt this Period
150.00

Memo Item

Earmark for Kind for Congress

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	3125.00

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

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Kind for Congress				Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address P.O. Box 184					
City La Crosse		State WI	Zip Code 54602-0184		
Purpose of Disbursement Earmark by Donn Dexter; PAC limits unaffected				011	
Candidate Name Kind, Ron, , ,					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District: 03		FEC Identification Number C C00312017 Transaction ID : 8858044 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item Earmark by Donn Dexter; PAC limits unaffected			

Full Name (Last, First, Middle Initial) B. Tammy Baldwin for Senate				Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address PO Box 696					
City Madison		State WI	Zip Code 53701		
Purpose of Disbursement Earmark by (see memo entries) PAC limites unaffected				011	
Candidate Name Baldwin, Tammy, , ,					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: WI District:		FEC Identification Number C C00326801 Transaction ID : 8858701 Amount of Each Disbursement this Period 1925.00 <input type="checkbox"/> Memo Item Earmark by (see memo entries) PAC limites unaffected			

Full Name (Last, First, Middle Initial) C. Tammy Baldwin for Senate				Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address PO Box 696					
City Madison		State WI	Zip Code 53701		
Purpose of Disbursement Earmark by Jay Gold; PAC limited unaffected				011	
Candidate Name Baldwin, Tammy, , ,					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: WI District:		FEC Identification Number C C00326801 Transaction ID : 8858704 Amount of Each Disbursement this Period 250.00 (Memo Entry) <input checked="" type="checkbox"/> Memo Item			

SUBTOTAL of Disbursements This Page (optional).....▶				2425.00	
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Tammy Baldwin for Senate		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO Box 696		FEC Identification Number C00326801 Transaction ID : 8859330
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Angela Janis; PAC limited unaffected		011 Category/Type
Candidate Name Baldwin, Tammy, , ,		Amount of Each Disbursement this Period 500.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District:	

Full Name (Last, First, Middle Initial) B. Tammy Baldwin for Senate		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO Box 696		FEC Identification Number C00326801 Transaction ID : 8859457
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Edith McFadden; PAC limited unaffected		011 Category/Type
Candidate Name Baldwin, Tammy, , ,		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District:	

Full Name (Last, First, Middle Initial) C. Tammy Baldwin for Senate		Date of Disbursement MM / DD / YYYY 10 / 04 / 2017
Mailing Address PO Box 696		FEC Identification Number C00326801 Transaction ID : 8859458
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Allan Levin; PAC limited unaffected		011 Category/Type
Candidate Name Baldwin, Tammy, , ,		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin for Senate

Mailing Address PO Box 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Earmark by Calvin Bruce; PAC limited unaffected

011

Category/
Type

Candidate Name

Baldwin, Tammy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

FEC Identification Number

C C00326801

Transaction ID : 8859686

Amount of Each Disbursement this Period

100.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin for Senate

Mailing Address PO Box 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Earmark by Alan Schwartzstein; PAC limited unaffected

011

Category/
Type

Candidate Name

Baldwin, Tammy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify)

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

FEC Identification Number

C C00326801

Transaction ID : 8859837

Amount of Each Disbursement this Period

50.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin for Senate

Mailing Address PO Box 696

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement
Earmark by Sandra Osborn; PAC limited unaffected

011

Category/
Type

Candidate Name

Baldwin, Tammy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2017			

FEC Identification Number

C C00326801

Transaction ID : 8859838

Amount of Each Disbursement this Period

25.00

(Memo Entry)

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin for Senate

Mailing Address PO Box 696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	6		2	0	1	7		

City Madison State WI Zip Code 53701

FEC Identification Number

C C00326801

Transaction ID : 8859840

Amount of Each Disbursement this Period

500.00

(Memo Entry)

Memo Item

Purpose of Disbursement
Earmark by Jon Peebles; PAC limited unaffected

011
Category/ Type

Candidate Name
Baldwin, Tammy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: WI District:

Full Name (Last, First, Middle Initial)

B. Kind for Congress

Mailing Address P.O. Box 184

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	1	7		

City La Crosse State WI Zip Code 54602-0184

FEC Identification Number

C C00312017

Transaction ID : 8948929

Amount of Each Disbursement this Period

150.00

Earmark by Hemant Hegde; PAC limited unaffected

Memo Item

Purpose of Disbursement
Earmark by Hemant Hegde; PAC limited unaffected

011
Category/ Type

Candidate Name
Kind, Ron, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: WI District: 03

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin for Senate

Mailing Address PO Box 696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	7		2	0	1	7		

City Madison State WI Zip Code 53701

FEC Identification Number

C C00326801

Transaction ID : 8948930

Amount of Each Disbursement this Period

250.00

Earmarked by (see memo entries); PAC limited unaffected

Memo Item

Purpose of Disbursement
Earmarked by (see memo entries); PAC limited unaffected

011
Category/ Type

Candidate Name
Baldwin, Tammy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: WI District:

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

400.00

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

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmark by Julie Fagan; PAC limited unaffected

Category/
Type

Candidate Name
Baldwin, Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: WI District:

Date of Disbursement
MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number
C C00326801
Transaction ID : 8948931
Amount of Each Disbursement this Period
100.00
(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

B. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmark by Hemant Hegdel PAC limits unaffected

Category/
Type

Candidate Name
Baldwin, Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify)
State: WI District:

Date of Disbursement
MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number
C C00326801
Transaction ID : 8948932
Amount of Each Disbursement this Period
150.00
(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin for Senate

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmarked by Joseph Boero; PAC limited unaffected

Category/
Type

Candidate Name
Baldwin, Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: WI District:

Date of Disbursement
MM / DD / YYYY
12 / 11 / 2017

FEC Identification Number
C C00326801
Transaction ID : 9476771
Amount of Each Disbursement this Period
150.00
Earmarked by Joseph Boero; PAC limited unaffected

Memo Item

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

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

150.00

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

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind for Congress

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement
Earmarked by Joseph Boero; PAC limited unaffected

Category/
Type

Candidate Name
Kind, Ron, , ,

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 11 / 2017

FEC Identification Number

Transaction ID : 9476772
Amount of Each Disbursement this Period

Memo Item Earmarked by Joseph Boero; PAC limited unaffected

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
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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
M M / D D / Y Y Y Y Y Y

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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