

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Michigan Doctors' Political Action Committee		2. FEC IDENTIFICATION NUMBER 000001180
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 950		
CITY, STATE and ZIP CODE East Lansing, MI 48326-0950		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 184)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on Nov. 3 1998 in the State of MI

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Oct. 15</u> through <u>Nov. 23, 1998</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$166,814.06
(b) Cash on Hand at Beginning of Reporting Period	\$166,814.06	
(c) Total Receipts (from Line 19)	\$31,500	\$169,022.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$198,314.06	\$335,836.31
7. Total Disbursements (from Line 30)	\$40,052.14	\$99,286.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$158,261.92	\$236,549.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$25,000	

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: **Inad Haddad, MD**

Signature of Treasurer: *Inad Haddad, MD* Date: **Dec. 3 1998**

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE Michigan Doctors' Political Action Committee		REPORT COVERING PERIOD FROM Oct 15 to Nov. 23 1998	
		COLUMN A Total This Period	COLUMN B Calendar Year
Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	6,500	143,357
ii.	Unitemized		
iii.	Total (add i and ii) >		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a iii, b and c) >	6,500	143,357
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received	25,000	25,000
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)		665.25
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	31,500	169,022.25
20.	Total Federal Receipts (subtract line 18 from line 19) >		169,022.25
Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4):		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		18,989.71
c.	Total Operating Expenditures (add a i, a ii, and b) >		18,989.71
22.	Transfers to Affiliated/Other Party Committees		33,620
23.	Contributions to Federal Candidates/Committees and Other Political Committees	32,835	32,835
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (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 a, b and c) >		
29.	Other Disbursements	7,217.14	33,842.24
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	40,052.14	99,286.95
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		99,286.95
Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) from line 11d)	6,500	143,357
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from line 32)	6,500	143,357
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >		18,989.71
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from line 35) >		18,989.71

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7

FOR LINE NUMBER

1181

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Graciano Singson, MD 11250 E. 13 Mile Rd Warren, MI 48093		11/2/98	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deepak Agarwal, MD 4130 Maple Woods W Saginaw MI 48603-9308		11/11/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chai-Yakarn Sontharotak, MD 1020 W. Lette Dr. Saginaw MI 48603		11/12/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jason Bodzin, MD 31500 Telegraph Rd # 225 Bingham Farms, MI 48025		11/11/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Curtis Carl, MD 526 University Place Grosse Pointe, MI 48230		11/9/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl Hartwig, MD 127 Beechmont Dearborn, MI 48124		11/11/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gordon Beute, MD 6411 Wardell Ct. West Bloomfield MI 48324		11/9/98	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

925.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Michigan Doctors Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Phillips, MD 200 S. Wagona Ave Bay City, MI 48706	Occupation PHYSICIAN	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Byron Schoofield, MD 6-5067 W. Bristol Rd Flint, MI 48507	Occupation PHYSICIAN	11/12/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Springer, MD 7544 Hessler Dr. NE Rockford, MI 49341	Occupation PHYSICIAN	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Utarnachitt, MD 43555 Dulcome Dr. #1 Clinton Twp, MI 48038	Occupation PHYSICIAN	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cecelia Hissong, MD 23100 Cherry Hill Dearborn, MI 48124	Occupation PHYSICIAN	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Jackson, MD 7445 Allen Road #250 Allen Park MI 48101	Occupation PHYSICIAN	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Richards, MD 3403 Ludington St. STE 100 Escanaba, MI 49829	Occupation PHYSICIAN	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1050

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **7**
FOR LINE NUMBER

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nasir Khan, MD 260 Jefferson #300 M.D.B. Grand Rapids, MI 49503	Physician	11/9/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>membership dues</i>	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sarata Chandra, MD 400 W. Clarkston Rd STE B Lake Orion, MI 48362	Physician	11/9/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>membership dues</i>	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cynthia Cookingham, MD 6498 Phelan Clarkston, MI 48346	Physician	11/9/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>membership dues</i>	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter A. Teris, MD Alpena General Hospital 1501-1511 W. Chisholm St. Alpena, MI 49707	Physician	10/30/98	\$225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>membership dues</i>	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ralph Cram, MD 505 Keefe Drive Albion, MI 49224	Physician	10/22/98	\$100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>membership dues</i>	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel Quke, MD 401 S. Ballenger Hwy Flint, MI 48532	Physician	10/28/98	\$200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>membership dues</i>	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Sobr, Jr 7810 Bywater Ave W. Bloomfield, MI 48324	Physician	10/22/98	\$100.-
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)

1075

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Mackenzie, MD 1777 Artell Rd #202 Troy, MI 48084		10/22/98	\$200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Adelman, MD 3815 Ashham # 13 Dearborn, MI 48124		10/22/98	\$225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Schalckenbrand, MD 18101 Oakwood Blvd Box 2500 Dearborn, MI 48123-2500		10/22/98	\$100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Miguel Perez MD 5061 Villa Linda Pkwy Flint, MI 48532-3412		10/22/98	\$50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Smith MD Great Lakes Heart Center 1224y Sixth St. # 20 Livonia, MI 48150		10/27/98	\$50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William McCullough, MD 115 Clinton Potosky, MI 49770		10/22/98	\$25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Brettschneider, MD 1216 Richardson Port Huron, MI 48060		10/22/98	\$50.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Occupation: Physician Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

700

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Ekland, MD K-Lay Consultants, PC #10 10725 E. Saginaw St. Grand Blanc, MI 48439-8193	Physician	10/22/98	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Membership dues</i>	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Field, MD 1025 W. Grand River Okemos, MI 48864	Physician	10/28/98	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>dues</i>	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pauline Chee, MD 2638 Keys Rd. Gaylord, MI 49735	Physician	10/22/98	\$ 150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>dues</i>	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Nadeau, MD 3535 Park St. Muskegon, MI 49444	Physician	10/22/98	\$ 150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>dues</i>	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack deLong, MD 111 W. 24th St. Holland, MI 49423	Physician	10/27/98	\$ 150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>dues</i>	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clare Schauerer 1902 Tenth Avenue Fort Huron, MI 48060	Physician	10/28/98	\$ 150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>dues</i>	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Byrd 3677 Fort St. Lincoln Park, MI 48146	Physician	10/22/98	\$ 150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>dues</i>	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1050

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Harrington, MD 22201 Moross Rd #160 Detroit, MI 48236		10/22/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Physician Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Giordano, MD 1675 Leahy #401 Muskegon, MI 49441		10/28/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Physician Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Abdelkader Al Hawasli, MD 24911 Little Mack Ave St. Clair Shores, MI 48080		10/22/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Physician Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Clay, MD 468 Cadieux Rd Dept./Aves Grosse Pointe, MI 48230		10/15/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Physician Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Namuth, MD 800 Cooper St #4 Saginaw, MI 48602		10/22/98	\$225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Physician Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Kaha, MD 3424 Davenport Saginaw, MI 48602		10/22/98	\$225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Physician Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Garron Klepach, MD 34405 W. 12 Ave #177 Farmington Hills, MI 48331		10/20/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Physician Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1100

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Gignac, MD 133 S Main St. #13 Mt. Clemens, MI 48043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Physician Aggregate Year-to-Date > \$	10/23/98	\$150.-
Daniel Kistov, MD 1075 Leahy St. #328 Muskegon, MI 49442 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Physician Aggregate Year-to-Date > \$	10/23/98	\$150.-
John Cavendish, MD 2110 N. Morson Saginaw, MI 48602 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Physician Aggregate Year-to-Date > \$	10/15/98	\$150.-
Saib Istarabadi, MD 2770 Main St. Box 278 Marlette, MI 48453 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Physician Aggregate Year-to-Date > \$	10/15/98	\$150.-
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

600

TOTAL This Period (last page this line number only)

\$650.-

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 1 OF 1
 FOR LINE NUMBER 13

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NAME OF COMMITTEE (in Full)

Michigan Doctors' Political Action Committee

A. Full Name, Mailing Address and ZIP Code
*Michigan National Bank
 2777 Inlster Road
 Farmington Hills, MI 48334*

Receipt For:
 Other (specify): Primary General
LOAN

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation	<i>10/23/98</i>	<i>\$25,000.00</i>
Aggregate Year-to-Date \$		<i>LOAN</i>
Name of Employer		

B. Full Name, Mailing Address and ZIP Code
 Receipt For:
 Other (specify): Primary General

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date \$		
Name of Employer		

C. Full Name, Mailing Address and ZIP Code
 Receipt For:
 Other (specify): Primary General

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date \$		
Name of Employer		

D. Full Name, Mailing Address and ZIP Code
 Receipt For:
 Other (specify): Primary General

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date \$		
Name of Employer		

E. Full Name, Mailing Address and ZIP Code
 Receipt For:
 Other (specify): Primary General

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date \$		
Name of Employer		

F. Full Name, Mailing Address and ZIP Code
 Receipt For:
 Other (specify): Primary General

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date \$		
Name of Employer		

G. Full Name, Mailing Address and ZIP Code
 Receipt For:
 Other (specify): Primary General

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation		
Aggregate Year-to-Date \$		
Name of Employer		

at page this line number out

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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 committees.

NAME OF COMMITTEE (In Full)

Michigan Doctors' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pappageorge for State Representative 7302 Livernois, Troy, MI 48063	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$ 85.00
Prusi for State Representative Committee, RTE 3 Box 1034A Ishpeming, MI 49849	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$ 200.00
Citizens for Allen P.O. Box 205 Traverse City, MI 49685	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$ 250.00
Friends of Mike Hanley 203 S. Bates Saginaw, MI 48602	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$ 1,300.00
Committee to Elect MAURA CORNIA 47541 Walnut Ln. Rd Bloomfield Hills, MI 48304	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$ 28,000.00/100
Garcia for State Representative P.O. Box 186 St. Johns, MI 48879	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$ 300.00
Citizens for a Better Macomb County, 8303 W Waschull Washington, MI 48094-2333	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$ 250.00
Citizens for Raczkowski 33228 W. 12 MILE STE 229 Farmington Hills, MI 48334	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$ 250.00
Citizens for Law Committee 45209 Woodleigh Way Plymouth MI 48170	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/98	\$ 200.00

SUBTOTAL of Disbursements This Page (optional)

30,835.-

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Michigan Doctors' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
George Hart for Senator Committee 4200 Roamer, Dearborn, MI 48126	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	\$ 300
Tasanovich for State Representative RT 2 Box 758 Lansie, MI 49946	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	\$ 200
Friends of Maurin Keane-Doran One Prestwick Ct Dearborn, MI 48120	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	\$ 200
Committee to Elect Laura Hager 3978 Butternut Ct Port Huron, MI 49060	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	\$ 300
Tom Wright for Representative P.O. Box 123 Swartz Creek, MI 48473	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	\$ 200
Friends of Hansen Clarke for State Representative 65 Cadillac Sq STE 3200 Detroit, MI 48226	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/99	\$ 200
Committee to Elect Gene Dorossett P.O. Box 367, Saline MI, 48176	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$ 200
Neighbors for Taylor Committee 1005 Firwood Lansing MI 48917	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$ 300
People for Dianne Byrum P.O. Box 26191 Lansing MI 48909	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/98	\$ 100

SUBTOTAL of Disbursements This Page (optional)

2000

TOTAL This Period (last page this line number only)

32,835

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code A Movable Feast 149 Huron Street Mt. Clemens MI 48043	Purpose of Disbursement In-kind to Committee to Elect Maura Corrigan Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Catering Expense	11/10/98	\$ 227.89 in-kind
B. Full Name, Mailing Address and ZIP Code Grosse Pointe Yacht Club 788 Lake Shore Road Grosse Pointe Shores, MI 48236	Purpose of Disbursement in-kind to Committee to Elect Maura Corrigan Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Catering expense	11/10/98	\$ 714.63 in-kind
C. Full Name, Mailing Address and ZIP Code Alice Bickley 720 Plymouth S.E. Grand Rapids, MI 49506	Purpose of Disbursement in-kind to Sikkema for Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Catering	11/10/98	\$ 262.39 in-kind
D. Full Name, Mailing Address and ZIP Code Kent County Medical NE Society 1400 Michigan St. SE Grand Rapids, MI 49503	Purpose of Disbursement in-kind to Sikkema for Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) INVITATIONS	11/10/98	\$ 476.84 in-kind
E. Full Name, Mailing Address and ZIP Code Saginaw Club 219 N. Washington Saginaw MI 48607	Purpose of Disbursement in-kind to Friends of Mike Hawley Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Catering	10/19/98	340.92 in-kind
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2022.67

TOTAL This Period (last page this line number only)

\$2022.67

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Michigan Doctors' Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Abbott Press Inc. 120 W. Saginaw E. Lansing MI 48823	Operating expense	11/10/98	\$ 924.47
B. Full Name, Mailing Address and ZIP Code Michigan State Medical Society 120 W. Saginaw, E. Lansing MI 48823	Operating expense	11/10/98	\$ 250.40
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,174.47

TOTAL This Period (last page this line number only)

\$1,174.47

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee, 1101 Vermont Ave NW Washington DC 20005	Membership Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/30/98	\$ 1,970.-
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee, 1101 Vermont Ave NW Washington DC 20005	Membership Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/30/98	\$ 350.-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave NW Washington DC 20005	Membership Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/30/98	\$ 250.-
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Medical Political Action Committee 1101 Vermont Ave NW Washington DC 20005	Membership Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/30/98	\$ 1,450.-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$ 4020

TOTAL This Period (last page this line number only)

\$ 4020.-

LOANS

Name of Committee (in Full) <i>Michigan Doctor's Political Action Committee</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>Michigan National Bank 27777 Inlster Road Farmington Hills, MI 48334</i>	Original Amount of Loan <i>\$25,000.-</i>	Cumulative Payment To Date <i>00.00 NONE</i>	Balance Outstanding at Close of This Period <i>\$25,000.-</i>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred <i>10/23/95</i> Date Due <i>NONE</i> Interest Rate <i>8</i> % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A <i>NONE</i>			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (APR) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			<i>\$25,000.-</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) <i>Michigan Doctors' Political Action Committee</i>		FEC IDENTIFICATION NUMBER <i>000001180</i>	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) <i>Michigan National Bank 27777 InLester Road Farmington Hills, MI 48334</i>		AMOUNT OF LOAN <i>\$25,000.-</i>	INTEREST RATE (APR) <i>8</i>
		DATE INCURRED OR ESTABLISHED <i>10/23/98</i>	DATE DUE <i>NONE</i>

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: *Jan. 1, 1978* Location of account: *Michigan National Bank*

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER	DATE
TYPED NAME <i>Inad Haddad, MD</i> SIGNATURE <i>Inad Haddad, MD</i>	<i>DEC 3 '98</i>

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this Institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This Institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME SIGNATURE		

PROMISSORY NOTE

(Special Term Loan)

COPY

\$25,000.00

Note No.: _____

Lansing, Michigan

Due Date: October 23, 1998

Dated: October 23, 1998

FOR VALUE RECEIVED the undersigned, jointly and severally (the "Borrower"), promise to pay to the order of MICHIGAN NATIONAL BANK, a national banking association (the "Bank"), at its office set forth below or at such other place as Bank may designate in writing, the principal sum of TWENTY-FIVE THOUSAND AND NO/100----- DOLLARS (\$25,000.00), with interest as hereinafter provided, all in lawful money of the United States of America. The unpaid principal balance of this promissory note ("Note") shall bear interest computed upon the basis of a year of 360 days for the actual number of days elapsed in a month, at a rate of interest (the "Effective Interest Rate") which is equal to:

Zero percent (0.00%) per annum in excess of that rate of interest established by Michigan National Bank (the "Designee Bank") as its Prime rate (the "Index"), as such index may vary from time to time. Borrower understands and agrees that the Effective Interest Rate payable to Bank under this Note shall be determined by reference to the Index, and not by reference to the actual rate of interest charged by the Designee Bank to any particular borrowers. If the Index shall be increased or decreased, the Effective Interest Rate under this Note shall be increased or decreased by the same amount, effective upon the day of each increase or decrease in the Index. If at any time the Designee Bank shall abandon the rate of interest used as the Index for this Note, the Index shall be the base or prime commercial lending rate established by the Bank.

Principal and interest shall be paid to Bank in payments of interest only commencing upon the 23rd day of November, 1998, and continuing on the same day of each month thereafter until the Due Date, upon which date the entire unpaid principal balance of this Note, together with all accrued and unpaid interest, shall be due and payable to Bank in full.

If this Note provides for installment payments of principal and interest and a variable interest rate based upon changes in the Index, then upon any change in the Index the installment payments due hereunder shall be adjusted, as of the next installment due date after the Index change, to provide the same amortization of principal balance as was in effect prior to the Index change.

This Note may be prepaid, in full or in part, (X) at any time without penalty [] in accordance with the attached Yield Maintenance Addendum. All partial prepayments shall be applied against the last accruing installment or amount due under this Note and no partial prepayments shall affect the obligation of Borrower to continue making all payments specified in this Note until the entire unpaid principal and all accrued interest shall have been paid in full.

Borrower expressly assumes all risks of loss or delay in the delivery of any payment made by mail, and no course of conduct or dealing shall affect Borrower's assumption of these risks. Borrower shall not be required to pay interest at a rate greater than the maximum allowed by law and any interest payment received by Bank which exceeds the maximum legal rate shall be automatically credited upon the unpaid principal balance of this Note. If the Bank determines the Effective Interest Rate is, or may be, unlawful or otherwise limited by law, the unpaid balance of this Note shall, at Bank's option, become immediately due and payable.

Unless this Note is due upon demand, in which case the provisions of this paragraph shall not apply, upon the occurrence of any of the following events ("Events of Default") the Bank, at its option, and without notice to Borrower, may declare the entire unpaid principal balance of this Note and all accrued interest thereon, together with all other indebtedness of Borrower to Bank, to be immediately due and payable: (a) failure to pay any principal or interest payment to Bank when due; (b) any statement, warranty or representation made in any of the Related Documents or in any financial statement is false or misleading; (c) breach of any covenant, term, condition or agreement stated in this Note or in the Related Documents; (d) any cessation of Borrower's business or the termination of Borrower's existence by death, sale, dissolution, merger or otherwise; (e) any conveyance is made of substantially all of Borrower's assets, any assignment is made for the benefit of creditors, or if any insolvency, liquidation or reorganization proceeding shall be filed by or against Borrower under the Bankruptcy Code or otherwise; (f) any attachment, execution, levy, forfeiture, tax lien or similar writ or process is issued against any property of Borrower; (g) any criminal proceeding is brought against Borrower, the management of Borrower, or any guarantor; (h) Bank shall determine the interest rate charged on any loan to Borrower is unlawful or otherwise unlawful or limited; (i) any material adverse change occurs or is imminent the effect of which would be to substantially diminish Borrower's or any guarantor's financial condition, business, ability to perform their agreements with Bank, or the value of any collateral securing Borrower's indebtedness and other obligations to the Bank; (j) any other indebtedness to the Bank or any other creditor becomes due and remains unpaid after acceleration of the maturity or after the maturity stated.

Upon the occurrence of any Event of Default or upon non-payment of this Note after demand, the unpaid principal balance of this Note shall bear interest at a rate which is two percent (2%) greater than the Effective Interest Rate otherwise applicable. If any payment under this Note is not paid within ten (10) days after the date due, then, at the option of the Bank, a late charge of not more than five cents (\$0.05) for each dollar of the installment past due may be charged by Bank. In addition to any other security interests granted, Borrower grants Bank a security interest in all of Borrower's bank deposits, instruments, negotiable documents, and chattel paper which at any time are in the possession or control of Bank, and after the occurrence of any Event of Default, Bank may apply its own indebtedness or liability to Borrower or to any guarantor in payment of any indebtedness due under this Note.

Acceptance by Bank of any payment in an amount less than the amount then due shall be deemed an acceptance on account only, and Borrower's failure to pay the entire amount due shall be and continue to be an Event of Default. Borrower and all guarantors of this Note do hereby (i) jointly and severally waive presentment for payment, demand, notice of nonpayment, notice of protest or protest of this Note, any defenses under 3-605 of the Michigan Uniform Commercial Code, the release of any collateral or part thereof, with or without substitution, and any Bank diligence in collection or bringing suit, and do hereby consent to any and all extensions of time, renewals, waivers, or modifications as may be granted by Bank with respect to payment or any other provisions of this Note. The liability of Borrower under this Note shall be absolute and unconditional, without regard to the liability of any other person. Borrower agrees to pay all of Bank's costs incurred in the collection of this Note, including reasonable attorney fees. This Note shall be deemed to have been executed in, and all rights and obligations hereunder shall be governed by, the laws of the State of Michigan.

This Note is unsecured.

Reference is hereby made to the document(s) and agreement(s) described above (the "Related Documents") for additional terms and conditions relating to this Note.

BORROWER:

**MICHIGAN DOCTORS POLITICAL ACTION
COMMITTEE**
a voluntary, non-profit association

Borrower Address:

P.O. Box 769
East Lansing, MI 48823

By: 
Kevin A. Kelly, Executive Director

Bank Address:

124 W. Allegan St., P.O. Box 40780
Lansing, MI 48901-7986

38-6289094
(Tax I.D. or Social Security No.)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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