

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		<input type="text" value="10382.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10382.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8650.00"/>	<input type="text" value="8650.00"/>
(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="19032.95"/>	<input type="text" value="19032.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3600.00"/>	<input type="text" value="3600.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15432.95"/>	<input type="text" value="15432.95"/>
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

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: 01 / 01 / 2018 To: 03 / 31 / 2018

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).....	5600.00	5600.00
(ii) Unitemized	3050.00	3050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8650.00	8650.00
(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)	8650.00	8650.00
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)).....▶	8650.00	8650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8650.00	8650.00

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.....	0.00	0.00
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).....	3600.00	3600.00
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)) ..	3600.00	3600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3600.00	3600.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8650.00	8650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8650.00	8650.00
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 11
	<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Adeleye, Anthony, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20905 Greenfield Rd #707
 City Southfield State MI Zip Code 48075-5348
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 12 / 2018
Transaction ID : SA11AI.19412
 Amount of Each Receipt this Period 300.00
 Memo Item
 Direct contribution

B. Blight, Cathy, O., Doctor,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Hurley Plaza Dept of Pathology
 City Flint State MI Zip Code 48503-5902
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Pathology Associates, PC Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 16 / 2018
Transaction ID : SA11AI.19403
 Amount of Each Receipt this Period 500.00
 Memo Item
 Direct Contribution

C. Colone, Pino, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6777 W Maple Rd
 City West Bloomfield State MI Zip Code 48322
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Henry Ford Hospital Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2018
Transaction ID : SA11AI.19430
 Amount of Each Receipt this Period 500.00
 Memo Item
 Direct Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Derr, Frank, N., Doctor,		Date of Receipt
Mailing Address 375 Barclay Circle		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City Rochester Hills	State MI	Zip Code 48307
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19415
Name of Employer (for Individual) Millman-Derr Center for Eyecare PC		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item Direct contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Fody, Edward, , ,		Date of Receipt
Mailing Address 6574 Partridge Lane		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2018"/>
City Holland	State MI	Zip Code 49423
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19429
Name of Employer (for Individual) Edward Fody, MD		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Occupation (for Individual) PHYSICIAN		<input type="checkbox"/> Memo Item Direct Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jones, Theodore, , ,		Date of Receipt
Mailing Address 18101 Oakwood Dlvd		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2018"/>
City Dearborn	State MI	Zip Code 48124
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.19394
Name of Employer (for Individual) Selfemployed		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Physician		<input type="checkbox"/> Memo Item Direct contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<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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Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kumar, Ponon, , , MD			Date of Receipt MM / DD / YYYY 01 / 22 / 2018 Transaction ID : SA11AI.19402		
Mailing Address 1221 Pine Grove Ave.			Amount of Each Receipt this Period 1000.00		
City Port Huron	State MI	Zip Code 48060	Memo Item <input type="checkbox"/> Direct contribution		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00			
Name of Employer (for Individual) Ponon Kumar, MD		Occupation (for Individual) Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ramirez, Rose M, Rose, , , MD			Date of Receipt MM / DD / YYYY 03 / 31 / 2018 Transaction ID : SA11AI.19433		
Mailing Address 6290 Jupiter Ave Suite A			Amount of Each Receipt this Period 300.00		
City Belmont	State MI	Zip Code 49306	Memo Item <input type="checkbox"/> Direct Contribution		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00			
Name of Employer (for Individual) SELF		Occupation (for Individual) PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Schultz, Richard, , ,			Date of Receipt MM / DD / YYYY 03 / 21 / 2018 Transaction ID : SA11AI.19418		
Mailing Address 1213 W Front Street			Amount of Each Receipt this Period 300.00		
City Traverse City	State MI	Zip Code 49684	Memo Item <input type="checkbox"/> Direct contribution		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00			
Name of Employer (for Individual) SELF		Occupation (for Individual) PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Schwartz, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 251 Central St.
 City Battle Creek State MI Zip Code 49017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) John Schwarz MD Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2018
Transaction ID : SA11AI.19416
 Amount of Each Receipt this Period 300.00
 Memo Item
 Direct contribution

B. SPRAGUE, F, Remington, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Clinton
 City Muskegon State MI Zip Code 49442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Genearl Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2018
Transaction ID : SA11AI.19401
 Amount of Each Receipt this Period 500.00
 Memo Item
 Direct contribution

C. SPRINGER, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3210 Eagle Run #200
 City Grand Rapids State MI Zip Code 49525-7051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 25 / 2018
Transaction ID : SA11AI.19396
 Amount of Each Receipt this Period 300.00
 Memo Item
 Direct Contribution

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wise, Phillip, , ,

Mailing Address **8694 Wallinwood Farms Ave.**

City Jenison	State MI	Zip Code 48428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Phillip Wise MD	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 13 / 2018

Transaction ID : SA11AI.19411

Amount of Each Receipt this Period
500.00

Memo Item
Direct contribution

B. 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

Amount of Each Receipt this Period

Memo Item

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)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	5600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Compete Michigan

Full Name (Last, First, Middle Initial)

Mailing Address 113 W. Michigan Suite 113

City Jackson State MI Zip Code 49201

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB29.19390

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. CTE Dr. John Bizon

Full Name (Last, First, Middle Initial)

Mailing Address 114 Castle Ridge Dr.

City Battle Creek State MI Zip Code 49015

Purpose of Disbursement Direct Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB29.19389

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. CTE Edward Canfield

Full Name (Last, First, Middle Initial)

Mailing Address 933 E. Main St.

City Sebewaing State MI Zip Code 48759

Purpose of Disbursement Direct contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB29.19388

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	3500.00