

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAR 29 1 51 PM '99

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 checked="" type="checkbox"/> Check if different than previously reported P.O. Box 769		
CITY, STATE and ZIP CODE East Lansing, MI 48826-0769		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

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:

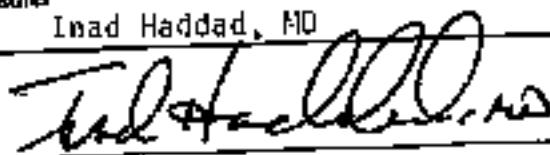
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day 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
6. Covering Period <u>Oct. 15, 1998</u> through <u>Nov. 23, 1998</u>		\$ 88,546.64
(a) Cash on Hand January 1, 19 <u>98</u>	\$ 95,149.08	
(b) Cash on Hand at Beginning of Reporting Period	\$ 31,500	\$ 161,872.25
(c) Total Receipts (from Line 19)	\$ 126,649.08	\$ 250,418.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 40,052.54	\$ 163,822.35
7. Total Disbursements (from Line 30)	\$ 86,596.54	\$ 86,596.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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	Date 3/23/99
Signature of Treasurer 	

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

FEC FORM 3X
(revised 9/93)

**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, 98	TO Nov 23 1998	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)
i.	Itemized (use Schedule A)	6,500	6,500	11(b)
ii.	Unitemized		129,707	11(b)
iii.	Total (add i and ii) >	6,500	136,207	11(b)
b.	Political Party Committees			11(c)
c.	Other Political Committees (such as PACs)			11(d)
d.	Total Contributions (add a iii, b and c) >	6,500	136,207	12
12.	Transfers From Affiliated/Other Party Committees			13
13.	All Loans Received	25,000	25,000	14
14.	Loan Repayments Received			15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		665.25	17
17.	Other Federal Receipts (Dividends, Interest, etc.)			18
18.	Transfers from Nonfederal Account for Joint Activity			19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	31,500	161,872.25	20
20.	Total Federal Receipts (subtract line 18 from line 19) >	31,500	161,872.25	
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i.	Federal Share			21(a)
ii.	Non-Federal Share	1,174.87	20,164.58	21(b)
b.	Other Federal Operating Expenditures	1,174.87	20,164.58	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	2,349.74	40,329.16	22
22.	Transfers to Affiliated/Other Party Committees	2,020	22,250	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	32,835	32,835	24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			28(a)
a.	Individuals/Persons Other Than Political Committees			28(b)
b.	Political Party Committees			28(c)
c.	Other Political Committees (such as PACs)			28(d)
d.	Total Contribution Refunds (add a, b and c) >	2,022.67	88,572.77	29
29.	Other Disbursements			30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	40,052.64	163,822.35	31
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	40,052.64	163,822.35	
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	6,500	136,207	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	6,500	136,207	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,174.87	20,164.58	35
36.	Offsets to Operating Expenditures (from line 15)	1,174.87	20,164.58	36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7

FOR LINE NUMBER 11a

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	SELF	11/2/98	150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>membership dues</u>	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 150		
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	Saginaw Medical Radiologists, PC	11/11/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>membership dues</u>	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 150		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chai-Yakarn Sontharotke, MD 1020 W. Delta Dr. Saginaw MI 48603	Neonatal Associate of E. Central Michigan	11/12/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>membership dues</u>	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 150		
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	SELF	11/11/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>membership dues</u>	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 300		
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	Grosse Pointe Anesthesiologists PC	11/9/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>membership dues</u>	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl Hartwig, MD 124 Beechmont Dearborn, MI 48124	SELF	11/11/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>membership dues</u>	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 300		
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	SELF	11/9/98	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>membership dues</u>	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 25		

925.

SUBTOTAL of Receipts This Page (optional)

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

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
David Phillips, MD 200 S. Wagona Ave Bay City MI 49706	Occupation Physician Aggregate Year-to-Date > \$ 150	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues			
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	Internal Medical Associates of Flint, PC Occupation Physician Aggregate Year-to-Date > \$ 200	11/12/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues			
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	SELF Occupation Physician Aggregate Year-to-Date > \$ 500	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues			
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 Dalsom Dr. #1 Clinton Twp, MI 48038	SELF Occupation Physician Aggregate Year-to-Date > \$ 300	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cecelia Hassong, MD 23100 Cherry Hill Dearborn, MI 48124	Occupation Physician Aggregate Year-to-Date > \$ 150	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues			
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 Aggregate Year-to-Date > \$ 150	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues			
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 Aggregate Year-to-Date > \$ 150	11/9/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues			

1050

SUBTOTAL of Receipts This Page (optional)

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.O.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): membership dues	Aggregate Year-to-Date > \$ 150		
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 SEB Lake Orion, MI 48362	SELF	11/9/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$ 300		
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	Clarkston Allergy and Asthma	11/9/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter Aletaris, MD Alpena General Hospital 1501-1511 W. Chisholm St. Alpena, MI 49707	Alpena General Hospital 1501-1511 W. Chisholm St. Alpena, MI 49707	10/30/98	\$225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$ 225		
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 Keeler 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): membership dues	Aggregate Year-to-Date > \$ 100		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel Onke, MD 401 S. Ballenger Hwy Flint, MI 48532	Self: 401 S. Ballenger Hwy Flint, MI 48532	10/28/98	\$200.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership dues	Aggregate Year-to-Date > \$ 350		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Bohr, MD 7810 Bywater Ave W. Bloomfield, MI 48324	Michigan Pain Management Consultants	10/20/98	\$100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		

1075

SUBTOTAL of Receipts This Page (optional)

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

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
James Mackenzie, MD 1777 Artell Rd #202 Troy, MI 48064	SELF	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 > \$ 200		
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 Palham # 13 Dearborn, MI 48124	University of Michigan Dept of Surgery	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 > \$ 225		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Schaldenbrand, MD 18101 Oakwood Blvd Box 2500 Dearborn, MI 48123-2500	Mainwaring Pathology Group PC	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 > \$ 250		
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 > \$ 50		
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 1226 Sixth St # 204 Farmington Hills, MI 48334		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 > \$ 50		
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 Petoskey, 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 > \$ 25		
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 > \$ 50		

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

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Eklund, MD X-Ray Consultants, PC #0 10775 S. 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): membership dues	Aggregate Year-to-Date > \$ 150		
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): dues	Aggregate Year-to-Date > \$ 150		
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 Elys 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): dues	Aggregate Year-to-Date > \$ 150		
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): dues	Aggregate Year-to-Date > \$ 150		
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): dues	Aggregate Year-to-Date > \$ 150		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clare Schauerer 1002 Tenth Avenue Port Huron, MI 48060	Physician	10/28/98	\$ 150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Byrd 3077 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): dues	Aggregate Year-to-Date > \$ 150		

SUBTOTAL of Receipts This Page (optional)

1050

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS

SCHEDULE A

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
Steven Harrington, MD 22201 Moross Rd #160 Detroit, MI 48236	Physician	10/22/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
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	Physician	10/28/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
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	Physician	10/22/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
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./Anes Grosse Pointe, MI 48230	Physician	10/15/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Danuth, MD 800 Cooper St #4 Saginaw, MI 48602	SELF Physician	10/22/98	\$225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 225		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Kahn, MD 3424 Davenport Saginaw, MI 48602	THE HEART GROUP, PC Physician	10/22/98	\$225.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 375		
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 Mile #177 Farmington Hills, MI 48331	Physician	10/20/98	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 50		

1100

SUBTOTAL of Receipts This Page (optional)

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

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
Thomas Gignac, MD 133 S Harm St. #15 Mt. Clemens, MI 48043	Internal Medicine Assoc. of Mt. Clemens, PC Occupation: Physician	10/23/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Kistov, MD 1675 Leahy St. #328 Muskegon, MI 49442	Occupation: Physician	10/23/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cavendish, MD 2110 N. Morson Saginaw, MI 48602	Occupation: Physician	10/15/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Saib Istarabadi, MD 2770 Main St. Box 278 Marlette, MI 48453	Occupation: Physician	10/15/98	\$150.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Aggregate Year-to-Date > \$ 150		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

600

TOTAL This Period (last page this line number only)

\$6500.-

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) Michigan DOctors' Political Action Committee		FEC IDENTIFICATION NUMBER 000001180	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) Michigan National Bank 27777 Inkster Road Farmington Hills, MI 48334		AMOUNT OF LOAN \$25,000.00	INTEREST RATE (APR) 8.0%
		DATE INCURRED OR ESTABLISHED 10/23/98	DATE DUE 10/23/99

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
 TYPED NAME Inad Haddad, MD SIGNATURE  DATE 3/23/99

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  TYPED NAME <u>E S STARNES JR.</u>	TITLE <u>CITY PRESIDENT - LANSING GROUP MANAGER.</u>	DATE <u>3/23/99</u>
---	---	------------------------

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-27-99
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i>	3-30-99
PREPARER	DATE PREPARED