

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:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____

in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COVERING PERIOD	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	Nov. 24 1998 through Dec. 31 1998		
6. (a) Cash on Hand January 1, 19 ⁹⁸			\$88,546.64
(b) Cash on Hand at Beginning of Reporting Period		\$86,596.54	
(c) Total Receipts (from Line 19)		\$3,800	\$165,672.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$90,396.54	\$ 254,218.89
7. Total Disbursements (from Line 30)		\$12,453.10	\$ 176,275.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$77,943.44	\$ 77,943.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20483 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)		\$	

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

3-23-99

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

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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	REPORT COVERING PERIOD		
Michigan Doctors' Political Action Committee	FROM NOV. 24 1998	TO: Dec. 31, 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)	3,800	10,300	11(b)
ii. Unitemized		129,707	11(c)
iii. Total (add i and ii) >	3,800	140,007	11(d)
b. Political Party Committees			11(e)
c. Other Political Committees (such as PACs)			11(f)
d. Total Contributions (add a ii, b and c) >	3,800	140,007	12
12. Transfers From Affiliated/Other Party Committees		25,000	13
13. All Loans Received			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	3,800	165,672.25	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,800	165,672.25	20
20. Total Federal Receipts (subtract line 18 from line 19) >	3,800	165,672.25	
II. Disbursements			
21. Operating Expenditures:			21(a)
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(b)
i. Federal Share			21(c)
ii. Non-Federal Share	4,614.27	24,778.85	21(d)
b. Other Federal Operating Expenditures	4,614.27	24,778.85	22
c. Total Operating Expenditures (add a i, a ii, and b) >	3,940	26,190	23
22. Transfers to Affiliated/Other Party Committees		32,835	24
23. Contributions to Federal Candidates/Committees and Other Political Committees			25
24. Independent Expenditures (use Schedule E)			26
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			27
26. Loan Repayments Made			28(a)
27. Loans Made			28(b)
28. Refunds of Contributions To:			28(c)
a. Individual/Persons Other Than Political Committees			28(d)
b. Political Party Committees			28(e)
c. Other Political Committees (such as PACs)			28(f)
d. Total Contribution Refunds (add a, b and c) >	3,898.83	92,471.60	29
29. Other Disbursements	12,453.10	176,275.45	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,453.10	176,275.45	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,800	140,007	32
33. Total Contribution Refunds (from line 28d)	3,800	140,007	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,614.27	24,778.85	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)	4,614.27	24,778.85	36
Operating Expenditures (subtract line 36 from 35) >			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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
Michigan National Bank P.O. Box 79001 DETROIT MI 48279-2722	Operating Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Interest payment	11/30/98	172.22
B. 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
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)	172.22
TOTAL This Period (last page this line number only)	12,453.10

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 3-24-99
<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	
 PREPARER	3-30-99 DATE PREPARED