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MICHIGAN Doctors' *Political Action Committee*

October 26, 2000

Dominick Ciaraldi
Reports Analyst
Federal Election Commission
Washington, DC 20463

Dear Mr. Ciaraldi:

Please find the enclosed **12-Day Pre-Election Report**, covering the period October 1-18, 2000.

If you have any questions, please contact Matthew C. Hedberg, Chief, Political Affairs, at (517) 336-5719 or at mhedberg@msms.org.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Sandler, MD". The signature is fluid and cursive.

Michael A. Sandler, MD
Secretary-Treasurer, MDPAC

c: Matthew C. Hedberg, Chief, Political Affairs, MSMS Specialist
Kevin A. Kelly, Executive Director, MDPAC
William E. Madigan, Executive Director, MSMS

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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2000 OCT 29 A 10:08

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Michigan Doctors' Political Action Committee- Michigan State Medical Society		2. FEC IDENTIFICATION NUMBER 00001180
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 769		
CITY, STATE and ZIP CODE East Lansing, MI 48826		
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
- 12-Day Pre-Election Report for the General
(Type of Election)
election on Nov 7 in the State of MI
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Oct 1, 2000</u> through <u>Oct 18, 2000</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 74,081.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 32,157.16	
(c) Total Receipts (from Line 19)	\$ 600.00	\$ 113,511.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32,757.16	\$ 187,593.44
7. Total Disbursements (from Line 30)	\$ 3,395.70	\$ 158,231.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 29,361.46	\$ 29,361.46
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 202-894-1100
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 Michael A. Sandler, MD	Date October 26, 2000
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 9/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
Michigan Doctors' Political Action Committee Michigan State Medical Society	FROM Oct 1 2000	TO: Oct 18 2000	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	300.00	18,350	11(a)(i)
ii. Unitemized	300.00	94,230	11(a)(ii)
iii. Total (add i and ii) >	600.00	112,580	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		150	11(c)
d. Total Contributions (add a iii, b and c) >	600.00	112,730	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)		781.46	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	600.00	113,511.46	19
20. Total Federal Receipts (subtract line 18 from line 19) >	600.00	113,511.46	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		426.73	21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures		426.73	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		426.73	21(c)
22. Transfers to Affiliated/Other Party Committees		37,230	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	3,395.70	120,575.25	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,395.70	120,575.25	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,395.70	120,575.25	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	600.00	112,730	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from line 32)	600.00	112,730	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		426.73	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from line 35) >		426.73	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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 - Michigan State Medical Society

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Jeffrey L. Allen, MD 4005 Orchard Dr. Midland, MI 48640</i>	<i>Self</i>	<i>10/4/00</i>	<i>300.-</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Physician</i>	Aggregate Year-to-Date > \$ <i>300</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

300

TOTAL This Period (last page this line number only)

300

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
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 - Michigan State Medical Society

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bernero for State Rep. 6017 LaPorte Dr. LANSING MI	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	300.-
CHRIS KOLB FOR STATE REP 803 EDGEWOOD PLACE ANN ARBOR, MI 48103	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	75.-
SCHAVER HOUSE LEADERSHIP CMTE 15 N. Broad St. Battle Creek MI 49017	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	200.-
DOUGLAS J. SPADE FOR STATE REP 768-2 N. MAPLE ST. ADRIAN, MI 49221	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	500.-
JIM HOWELL FOR STATE REP. 7001 Andrews ST. CHARLES, MI 48655	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/00	300.-
CITIZENS FOR MARK SCHAEVER P.O. Box 1455 Battle Creek, MI 48016-1455	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	1,000.-
FRIENDS OF PAUL DEWEESE 3896 N. Williamston Rd. Williamston, MI 48895	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	1,000.-

SUBTOTAL of Disbursements This Page (optional)

3,375.-

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 **3** OF **3**
FOR LINE NUMBER **1**

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ABBOTT PRESS. 120 W. Saginaw East Lansing, MI 48826	administrative expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	20.70
B. 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)		
C. 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)		
D. 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)		
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)

20.70

TOTAL This Period (last page this line number only)

3,395.70

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>10-26-00</i>
<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>JMD</i> PREPARER	<i>10-29-00</i> DATE PREPARED