

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2014 OCT 27 AM 9:32
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5
Wisconsin Medical Society Political Action Committee

ADDRESS (number and street) 330 E. Lakeside Street
 Check if different than previously reported. (ACC)
Madison WI 53715

2. **FEC IDENTIFICATION NUMBER** ▼ **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲
C00548438

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

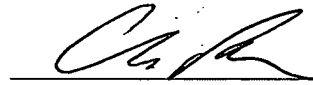
Election on 11 / 04 / 2014 in the State of WI

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 Mr. Chris Rasch
Signature of Treasurer  Date 10 / 21 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Wisconsin Medical Society Political Action Committee

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="2014"/>		\$0.00
(b) Cash on Hand at Beginning of Reporting Period.....	\$0.00	
(c) Total Receipts (from Line 19).....	\$1,225.00	\$9,750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$1,225.00	\$9,750.00
7. Total Disbursements (from Line 31).....	\$1,225.00	\$9,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$0.00	\$0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Wisconsin Medical Society Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2014

To:

MM / DD / YYYY
10 / 15 / 2014

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).....

\$1,225.00

\$9,750.00

(ii) Unitemized.....

\$0.00

\$0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

\$1,225.00

\$9,750.00

(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).....▶

\$1,225.00

\$9,750.00

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)).....▶

\$1,225.00

\$9,750.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

\$1,225.00

\$9,750.00

FORM 1000-0000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	\$1,225.00	\$9,750.00
34. Total Contribution Refunds (from Line 28(d))	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$1,225.00	\$9,750.00
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

FORM 3X 00000

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

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

FOR LINE NUMBER: PAGE 1 OF 3
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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)
Wisconsin Medical Society Political Action Committee

A. Eileen Wilson
Full Name (Last, First, Middle Initial)
Mailing Address
330 E Lakeside St
City MADISON State WI Zip Code 53715-2074
FEC ID number of contributing federal political committee. **C**
Name of Employer Wisconsin Medical Society Occupation Donor Relations/Program Coordinator
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$25.00

Date of Receipt
10 / 01 / 2014
Amount of Each Receipt this Period
\$25.00
Earmarked for Pocan for Congress

B. Steven K Kulick MD
Full Name (Last, First, Middle Initial)
Mailing Address
13206 N Hawthorne Ct
City Mequon State WI Zip Code 53097-1902
FEC ID number of contributing federal political committee. **C**
Name of Employer Waukesha Health Care - Waukesha Memorial Occupation Medical Director, Quality Medical Staff
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
10 / 01 / 2014
Amount of Each Receipt this Period
\$250.00
Earmarked for Harris for Wisconsin

C. Doctor George Melvin Lange
Full Name (Last, First, Middle Initial)
Mailing Address
1200 W Green Tree Rd
City River Hills State WI Zip Code 53217-3721
FEC ID number of contributing federal political committee. **C**
Name of Employer CSM Westgate Medical Group Occupation Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
10 / 01 / 2014
Amount of Each Receipt this Period
\$250.00
Earmarked for ACP Services PAC

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

\$525.00

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

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

FOR LINE NUMBER: PAGE 2 OF 3
(check only one)

<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)
Wisconsin Medical Society Political Action Committee

A. Doctor Yakub Abdulmasih Ellias

Full Name (Last, First, Middle Initial)
Mailing Address
1123 Onstad Dr
City Marshfield State WI Zip Code 54449-1732

FEC ID number of contributing federal political committee: **C**

Name of Employer: Marshfield Clinic Occupation: Physician

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$200.00**

Date of Receipt: **10 / 08 / 2014**

Amount of Each Receipt this Period: **\$100.00**

Earmarked for Ribble for Congress

B. Dr. Steven Charles Bergin

Full Name (Last, First, Middle Initial)
Mailing Address
617 Linwood Ave
City Stevens Point State WI Zip Code 54481-4428

FEC ID number of contributing federal political committee: **C**

Name of Employer: Aspirus Stevens Point Clinic Occupation: Physician

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$150.00**

Date of Receipt: **10 / 08 / 2014**

Amount of Each Receipt this Period: **\$150.00**

Earmarked for Kind for Congress

C. Mrs. Mrs. Susan Manning JD,RHIA,RH

Full Name (Last, First, Middle Initial)
Mailing Address
1108 Nishishin Trail 1108 Nishishin Trail
City Monona State WI Zip Code 53716-2953

FEC ID number of contributing federal political committee: **C**

Name of Employer Occupation: Physician

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **\$50.00**

Date of Receipt: **10 / 08 / 2014**

Amount of Each Receipt this Period: **\$50.00**

Earmarked for Pocan for Congress

SUBTOTAL of Receipts This Page (optional) **\$300.00**

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: PAGE 3 OF 3
(check only one)

<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)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Doctor Sridhar V. Vasudevan		Date of Receipt 10 / 15 / 2014
Mailing Address 5200 Upper Lakeview Ridge Rd		Amount of Each Receipt this Period \$100.00
City Belgium	State Zip Code WI 53004-9001	
FEC ID number of contributing federal political committee. C		Earmarked for Glenn Grothman for Congress
Name of Employer Froedtert & The Medical College of Wis	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$700.00	

Full Name (Last, First, Middle Initial) B. Dr. Arne T. Lagus		Date of Receipt 10 / 15 / 2014
Mailing Address 231 Day Rd N		Amount of Each Receipt this Period \$100.00
City Saint Croix Falls	State Zip Code WI 54024-9133	
FEC ID number of contributing federal political committee. C		Earmarked for Duffy for Congress
Name of Employer River Valley Medical Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) C. Dr. Gurdes S. Bedi		Date of Receipt 10 / 15 / 2014
Mailing Address 235 State St		Amount of Each Receipt this Period \$200.00
City Saint Croix Falls	State Zip Code WI 54024-4117	
FEC ID number of contributing federal political committee. C		Earmarked for Duffy for Congress
Name of Employer St Croix Regional Medical Center-Hospi	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$200.00	

SUBTOTAL of Receipts This Page (optional).....	\$400.00
TOTAL This Period (last page this line number only).....	\$1,225.00

2014-11-11 11:11:11

**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)	PAGE 1 OF 3
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b
<input type="checkbox"/> 24	<input type="checkbox"/> 28c	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Pocan for Congress		Date of Disbursement 10 / 01 / 2014
Mailing Address PO Box 327		Amount of Each Disbursement this Period \$25.00
City Madison	State WI	
Zip Code 53701		Amount of Each Disbursement this Period \$25.00
Purpose of Disbursement		
Candidate Name Mark Pocan	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	

Full Name (Last, First, Middle Initial) B. Harris For Wisconsin		Date of Disbursement 10 / 01 / 2014
Mailing Address 2425 Sandstone Ct		Amount of Each Disbursement this Period \$250.00
City Oshkosh	State WI	
Zip Code 54904		Amount of Each Disbursement this Period \$250.00
Purpose of Disbursement		
Candidate Name Mark Harris	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 06	

Full Name (Last, First, Middle Initial) C. ACP Services PAC		Date of Disbursement 10 / 01 / 2014
Mailing Address 25 Massachusetts Avenue NW		Amount of Each Disbursement this Period \$250.00
City Washington DC	State DC	
Zip Code 20001-7401		Amount of Each Disbursement this Period \$250.00
Purpose of Disbursement		
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	\$525.00
TOTAL This Period (last page this line number only)	

140001-140001-00000

**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)	PAGE 2 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Pocan for Congress		Date of Disbursement 10 / 08 / 2014
Mailing Address PO Box 327		Amount of Each Disbursement this Period \$50.00
City Madison	State WI	
Zip Code 53701		Category/ Type 011
Purpose of Disbursement		
Candidate Name Mark Pocan	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 02	

Full Name (Last, First, Middle Initial) B. Ribble for Congress		Date of Disbursement 10 / 08 / 2014
Mailing Address PO Box 7200		Amount of Each Disbursement this Period \$100.00
City Appleton	State WI	
Zip Code 54912		Category/ Type 011
Purpose of Disbursement		
Candidate Name Reid Ribble	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 08	

Full Name (Last, First, Middle Initial) C. Kind for Congress		Date of Disbursement 10 / 08 / 2014
Mailing Address P.O. Box 184		Amount of Each Disbursement this Period \$150.00
City La Crosse	State WI	
Zip Code 54602-0184		Category/ Type 011
Purpose of Disbursement		
Candidate Name Ron Kind	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: 03	

SUBTOTAL of Disbursements This Page (optional)	\$300.00
TOTAL This Period (last page this line number only)	

**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)	PAGE 3 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Duffy for Congress		Date of Disbursement 10 / 15 / 2014
Mailing Address P.O. Box 538		Amount of Each Disbursement this Period \$300.00
City Wausau	State WI	
Zip Code 54402	Purpose of Disbursement 011	Amount of Each Disbursement this Period \$300.00
Candidate Name Sean Duffy	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 07	

Full Name (Last, First, Middle Initial) B. Glenn Grothman for Congress		Date of Disbursement 10 / 15 / 2014
Mailing Address P.O. Box 1215		Amount of Each Disbursement this Period \$100.00
City Fond du Lac	State WI	
Zip Code 54936	Purpose of Disbursement 011	Amount of Each Disbursement this Period \$100.00
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	\$400.00
TOTAL This Period (last page this line number only).....▶	\$1,225.00

11/03/14 11:11:00 AM

30C	0.00	0.00
31	1,225.00	9,750.00
32	1,225.00	9,750.00
33	1,225.00	9,750.00
34	0.00	0.00
35	1,225.00	9,750.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00

=== Errors & Warnings Section =====

Validation Errors & Warnings

ERROR Messages...

No Errors

WARNING Messages...

Form(Item): SB23 (ACP Services PAC)
 Field Name: #018 Election Type Code
 Warning Election Code missing: ?

1400110001

WISMedDIRECT

PO Box 2295
Madison, WI 53701

MADISON

WI 535

21 OCT '14

PM 11

RECEIVED

21 OCT 27 AM 9:32

FEC MAIL CENTER

neopost

10/21/2014

US POSTAGE



FIRST-CLASS MAIL

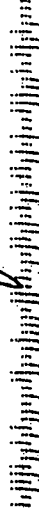
\$00.69

ZIP 53715
041L1124690E

Federal Election Commission

999 E. Street, NW

Washington, DC 20463



20463

UNPOSTED MAIL

