

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER 2010 JUL 16 AM 10:31

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Friends of WSUSOM

ADDRESS (number and street)

PO Box 44406

Check if different than previously reported. (ACC)

Detroit

MI 48244-0406

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000452961

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)

May 20 (M5) Jun 20 (M6) Jul 20 (M7)

Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)

Nov 20 (M11) Dec 20 (M12) Jan 31 (YE)

(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)

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

Primary (12P) Convention (12C)

General (12G) Special (12S)

Runoff (12R)

Election on

MM/DD/YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

5. Covering Period

04 01 2010

through

06 30 2010

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

Douglas I. Skrzyniarz

Signature of Treasurer

[Handwritten Signature]

Date

07 14 2010

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

Office Use Only

FEC FORM 3X Rev. 12/2004

10050373896

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Friends of WSUSOM

Report Covering the Period: From: **04 01 2010** To: **06 30 2010**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		10,509.79
(b) Cash on Hand at Beginning of Reporting Period	7,360.07	
(c) Total Receipts (from Line 19)	12,100.00	12,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19,460.07	22,709.79
7. Total Disbursements (from Line 31)	12,412.72	15,662.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,047.35	7,047.35
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	

10030373897

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. 06/2004)

Page 3

Write or Type Committee Name

Friends of WSUSOM

Report Covering the Period: From:

04 01 2010

To:

06 30 2010

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).....

1,300.00

1,300.00

(ii) Unitemized.....

250.00

350.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1,550.00

1,650.00

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)..... ▶

1,550.00

1,650.00

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

550.00

550.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

12,100.00

12,200.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

12,100.00

12,200.00

10030373898

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	5,012.72	5,762.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5,012.72	5,762.44
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	3,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements	5,400.00	6,400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12,412.72	15,662.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12,412.72	15,662.44

10030373899

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)	11,550.00	11,650.00
34. Total Contribution Refunds (from Line 28(d))	550.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11,000.00	11,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5,012.72	5,762.44
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5,012.72	5,762.44

10030373900

**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 1 OF 7	
<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)
Friends of WSUSOM

A. Lucas, Charlie
 Full Name (Last, First, Middle Initial)
 Mailing Address: **19331 Strathcona**
 City: **Detroit** State: **MI** Zip Code: **48203**
 Date of Receipt: **05 20 2010**
 Amount of Each Receipt this Period: **500.00**
 Name of Employer: **Retired** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500.00**
 FEC ID number of contributing federal political committee: **C**

B. Tancer, Manuel
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1262 Whittier Rd.**
 City: **Grosse Pointe** State: **MI** Zip Code: **48230**
 Date of Receipt: **05 20 2010**
 Amount of Each Receipt this Period: **1,000.00**
 Name of Employer: **Wayne State U.** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**
 FEC ID number of contributing federal political committee: **C**

C. Marsh, H. Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address: **356 Lakeland Ave**
 City: **Grosse Pointe** State: **MI** Zip Code: **48230**
 Date of Receipt: **05 21 2010**
 Amount of Each Receipt this Period: **1,000.00**
 Name of Employer: **Wayne State U.** Occupation: **Physician**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**
 FEC ID number of contributing federal political committee: **C**

SUBTOTAL of Receipts This Page (optional) **2,500.00**
TOTAL This Period (last page this line number only)

10030373901

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 7

(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)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Schenk, Mary Jean

Mailing Address

6639 Belle River Rd.

City
China

State
MI

Zip Code
48054

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 30 2010

Amount of Each Receipt this Period

1,000.00

Name of Employer

Wayne State U.

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Full Name (Last, First, Middle Initial)

B. Walz, Daniel

Mailing Address

1023 Yorkshire Rd.

City
Grosse Pointe

State
MI

Zip Code
48230

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 30 2010

Amount of Each Receipt this Period

250.00

Name of Employer

Wayne State U.

Occupation

Researcher

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

C. Balon, Richard

Mailing Address

43445 Mound Rd.

City
Shelby Twp.

State
MI

Zip Code
48317

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 30 2010

Amount of Each Receipt this Period

250.00

Name of Employer

Macomb Family Services

Occupation

Psychiatrist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

10030373902

**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 3 OF 7	
<input 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)

Full Name (Last, First, Middle Initial) A. White, Suzanne		Date of Receipt 05 30 2010
Mailing Address 23701 Wilmarth		Amount of Each Receipt this Period 1,000.00
City Farmington	State Zip Code MI 48335	
FEC ID number of contributing federal political committee. C		
Name of Employer Wayne State U.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) B. Berk, William		Date of Receipt 05 30 2010
Mailing Address 4201 St. Antoine		Amount of Each Receipt this Period 400.00
City Detroit	State Zip Code MI 48201	
FEC ID number of contributing federal political committee. C		
Name of Employer DMC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) c. Mehregan, Darius		Date of Receipt 09 30 2010
Mailing Address 5425 Teakwood Blvd		Amount of Each Receipt this Period 1,000.00
City Monroe	State Zip Code MI 48161	
FEC ID number of contributing federal political committee. C		
Name of Employer Wayne State U.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2,400.00
TOTAL This Period (last page this line number only).....▶	

10030373903

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

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

FOR LINE NUMBER: PAGE **4** OF **7**
(check only one)

11a 11b 11c 12 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Altshuler, Jeff

Mailing Address
10 Winward Place

City **Grosse Pointe** State **MI** Zip Code **48236**

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

Name of Employer **St. John Health** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 10 2010

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Pieper, Dave

Mailing Address
1356 Yorkshire

City **Grosse Pointe** State **MI** Zip Code **48230**

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

Name of Employer **Wayne State U.** Occupation **Administrator**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 10 2010

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Morawa, Lawrence

Mailing Address
1131 Hillcrest

City **Dearborn** State **MI** Zip Code **48124**

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

Name of Employer **Oakwood Health** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
06 10 2010

Amount of Each Receipt this Period
1,000.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1,750.00

10030373904

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 **5** OF **7**

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. **Leonard, Robert**

Mailing Address

4 Cameron Place

City **Grosse Pointe**

State **MI** Zip Code **48230**

FEC ID number of contributing federal political committee.

C

Name of Employer

St. John Health

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 14 / 2018

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. **Boe, Thomas**

Mailing Address

39124 Mellony

City **Livonia**

State **MI** Zip Code **48154**

FEC ID number of contributing federal political committee.

C

Name of Employer

Hendry Ford Hospital

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 14 / 2018

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **Philbrick, Michael**

Mailing Address

20350 Mauer St.

City **St. Clair Shores**

State **MI** Zip Code **48080**

FEC ID number of contributing federal political committee.

C

Name of Employer

Hall Mender

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 14 / 2018

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶

1,150.00

TOTAL This Period (last page this line number only).....▶

1,150.00

10030373905

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

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

FOR LINE NUMBER: PAGE **6** OF **7**
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Friends of WSUSOM

A. Full Name (Last, First, Middle Initial)
See, Ken
Mailing Address
1181 Sheffield Pl
City
Lexington State
NY Zip Code
40509
FEC ID number of contributing federal political committee.
C
Name of Employer
Wayne State U. Occupation
Administrator
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date
250.00

Date of Receipt
06 22 2010
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Schwartz, Kendra
Mailing Address
25779 Ridgewood Dr.
City
Farmington Hills State
MI Zip Code
48336
FEC ID number of contributing federal political committee.
C
Name of Employer
Wayne State U. Occupation
Physician
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date
750.00

Date of Receipt
06 22 2010
Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Jones, Ted
Mailing Address
3990 John H.
City
Detroit State
MI Zip Code
48201
FEC ID number of contributing federal political committee.
C
Name of Employer
Wayne State U. Occupation
Physician
Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date
500.00

Date of Receipt
06 22 2010
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1,500.00**
TOTAL This Period (last page this line number only).....

10030373906

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 7

<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	

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NAME OF COMMITTEE (In Full)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Commins-Tzoumakas, Kim

Mailing Address

1170 Fairfax

Birmingham

State MI Zip Code 49009

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 22 2010

Amount of Each Receipt this Period

500.00

Name of Employer

Hall Hendes

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

11,300.00

10030373907

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)
Friends of WSUSOM

A. Full Name (Last, First, Middle Initial)
Friends of Roger Kahn

Mailing Address
P.O. Box 1627

City **Saginaw** State **MI** Zip Code **48605**

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

Name of Employer **Reimbursement of Contribution** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
06 / 01 / 2010

Amount of Each Receipt this Period
550.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

550.00

550.00

10030373908

**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 2
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Friends of WSUSOM

A. Detroit Institute of Arts

Full Name (Last, First, Middle Initial)

Mailing Address: **5200 N. Woodward**

City: **Detroit** State: **MI** Zip Code: **48202**

Purpose of Disbursement: **Fundraising Expenses**

Candidate Name: **NA**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **05 10 2010**

Amount of Each Disbursement this Period: **3,100.00**

Category/Type: **003**

B. U.S. Postal Service

Full Name (Last, First, Middle Initial)

Mailing Address: **16925 Magonic**

City: **Fraser** State: **MI** Zip Code: **48026**

Purpose of Disbursement: **Stamps**

Candidate Name: **NA**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **05 21 2010**

Amount of Each Disbursement this Period: **272.80**

Category/Type: **003**

C. Staples

Full Name (Last, First, Middle Initial)

Mailing Address: **33319 Van Dyke Ave**

City: **Sterling Heights** State: **MI** Zip Code: **48312**

Purpose of Disbursement: **Invitations**

Candidate Name: **NA**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **05 21 2010**

Amount of Each Disbursement this Period: **412.42**

Category/Type: **003**

SUBTOTAL of Disbursements This Page (optional).....▶ **3785.22**

TOTAL This Period (last page this line number only).....▶ **3785.22**

10030373909

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

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NAME OF COMMITTEE (In Full)
Friends of WSUSOM

A. Full Name (Last, First, Middle Initial)
Donation Pages . Com

Mailing Address
1101 Pennsylvania Ave NW 6th Fl

City **Washington DC** State **DC** Zip Code **20004**

Purpose of Disbursement
On-line Giving Charges

Candidate Name
NA

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
06 / 22 / 2010

Amount of Each Disbursement this Period
339.40

Category/Type
003

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ **339.40**

TOTAL This Period (last page this line number only) ▶ **4,129.62**

10030373910

**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 1

<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)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. America's Leadership PAC

Mailing Address

607 14th St. NW, Ste 800

City: Washington State Zip Code: DC 20005

Purpose of Disbursement

Fundraiser

Candidate Name

NA

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

06 03 2010

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Kilpatrick for Congress

Mailing Address

P.O. Box 32175

City: Detroit State: MI Zip Code: 48232

Purpose of Disbursement

Fundraiser

Candidate Name

Carolyn Cheeks-Kilpatrick

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District: 13

Date of Disbursement

06 11 2010

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. McDowell for Congress

Mailing Address

10820 Glen Street

City: Rudyard State: MI Zip Code: 49780

Purpose of Disbursement

Fundraiser

Candidate Name

Gary McDowell

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District: 1

Date of Disbursement

06 21 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements: This Page (optional).....▶

2,000.00

TOTAL This Period (last page; this line number only).....▶

2,000.00

10030373911

**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 4

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Friends of WSUGOM

A. MI Senate Democratic Fund

Date of Disbursement: **04/13/2010**

Mailing Address: **PO Box 11111**

City: **Lansing** State: **MI** Zip Code: **48901**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Amount of Each Disbursement this Period: **500.00**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

B. MI House Democratic Fund

Date of Disbursement: **04/13/2010**

Mailing Address: **PO Box 16193**

City: **Lansing** State: **MI** Zip Code: **48901**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Amount of Each Disbursement this Period: **500.00**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

C. Friends of Deb Kennedy

Date of Disbursement: **04/13/2010**

Mailing Address: **19054 Seaton Dr.**

City: **Brownstown Twp** State: **MI** Zip Code: **49123**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Amount of Each Disbursement this Period: **250.00**

Candidate Name: **Deb Kennedy**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **1,250.00**

TOTAL This Period (last page this line number only)

10030373912

**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 4

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

Friends of WSUSOM

Full Name (Last, First, Middle Initial)

A. Pam Byrnes for State Rep.

Mailing Address

17381 NM-52

City

Chelsea

State

MI

Zip Code

48118

Purpose of Disbursement

Fundraiser

Candidate Name

Pam Byrnes

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 13 2010

Amount of Each Disbursement this Period

290.00

Full Name (Last, First, Middle Initial)

B. Marc Corrieau for State Rep

Mailing Address

343 South Rogers St.

City

Northville

State

MI

Zip Code

48167

Purpose of Disbursement

Fundraiser

Candidate Name

Marc Corrieau

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 13 2010

Amount of Each Disbursement this Period

290.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Darwin Booker

Mailing Address

PO Box 971

City

Ewart

State

MI

Zip Code

49631

Purpose of Disbursement

Fundraisers

Candidate Name

Darwin Booker

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

04 13 2010

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

690.00

690.00

10030373913

**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 4
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
Friends of WSUSOM

A. Friends to Elect Martha Scott

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 03314**

City: **Highland Park** State: **MI** Zip Code: **48203**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Martha Scott**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09/13/2010**

Amount of Each Disbursement this Period: **0 200.00**

B. Committee to Elect Irina Clark Coleman

Full Name (Last, First, Middle Initial)

Mailing Address: **21689 Oakman Blvd**

City: **Detroit** State: **MI** Zip Code: **48238**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Irina Clark Coleman**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09/13/2010**

Amount of Each Disbursement this Period: **200.00**

C. Friends of Jim Ananich

Full Name (Last, First, Middle Initial)

Mailing Address: **931 Maxine**

City: **Flint** State: **MI** Zip Code: **48503**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Jim Ananich**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **09/13/2010**

Amount of Each Disbursement this Period: **100.00**

SUBTOTAL of Disbursements This Page (optional) **500.00**

TOTAL This Period (last page this line number only)

10030373914

**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 4 OF 4			
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Friends of WSUSOM

A. Hoekstra for Governor

Full Name (Last, First, Middle Initial): **Hoekstra for Governor**

Date of Disbursement: **06 21 2010**

Mailing Address: **PO Box 1287**

City: **Holland** State: **MI** Zip Code: **49422**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Pete Hoekstra** Amount of Each Disbursement this Period: **2,500.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: _____ District: _____

B. Proos for State Senate

Full Name (Last, First, Middle Initial): **Proos for State Senate**

Date of Disbursement: **06 21 2010**

Mailing Address: **P.O. Box 271**

City: **St. Joseph** State: **MI** Zip Code: **49085**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **John Proos** Amount of Each Disbursement this Period: **0 250.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: _____ District: _____

C. Friends of Lampas

Full Name (Last, First, Middle Initial): **Friends of Lampas**

Date of Disbursement: **06 30 2010**

Mailing Address: **43304 Vinsetta Dr**

City: **Sterling Heights** State: **MI** Zip Code: **48313**

Purpose of Disbursement: **Fundraiser** Category/Type: **011**

Candidate Name: **Ken Lampas** Amount of Each Disbursement this Period: **250.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify)

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only) **5,400.00**

10030373915

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>7/15/10</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMP
 PREPARER

7/16/10
 DATE PREPARED

10030373916