RECEIVED
FEC MAIL ROOM

2000 DEC 11 P 2:43

MICHIGAN Doctors'
Political Action Committee

December 6, 2000

Dominick Ciaraldi
Reports Analyst
Federal Election Commission
Washington, DC 20463

Dear Mr. Ciaraldi:

Please find the enclosed **30-Day Post Election Report,** covering the period October 19, 2000 through November 27, 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,

Michael A. Sandler, MD
Secretary-Treasurer, MDPAC

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

Copies of MDPAC and AMPAC reports are filed with the Federal Election Commission, Washington, D.C. If your practice is incorporated, *MDPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK.* Contributions to MDPAC are not deductible as charitable contributions for Federal income tax purposes.

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM
2000 DEC 11 P 2:43

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Michigan Doctors' Political Action Committee-
Michigan State Medical Society

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 769

CITY, STATE and ZIP CODE
East Lansing, MI 48826

2. FEC IDENTIFICATION NUMBER
C00001180

3. ☐ 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 _____ (Type of Election)
election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election
on Nov 7 in the State of MI.

(b) In this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Oct 19, 2000 through Nov 27, 2000		
6. (a) Cash on Hand January 1, 19 2000		$ 74,081.98
(b) Cash on Hand at Beginning of Reporting Period	$ 29,361.46	
(c) Total Receipts (from Line 19)	$ 2,459.22	$ 115,970.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,820.68	$ 190,052.66
7. Total Disbursements (from Line 30)	$ 3,200.42	$ 161,432.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 28,620.26	$ 28,620.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY 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 202-694-1100

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

Signature of Treasurer
Michael A. Sandler MD

Date
December 5, 2000

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-
-Michigan State Medical Society

REPORT COVERING PERIOD FROM Oct 19, 2000 TO Nov 27, 2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,125	19,475	11(a)(i)
ii. Unitemized	1,200	95,430	11(a)(ii)
iii. Total (add i and ii) ➤	2,325	114,905	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) ➤	2,325	115,055	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.)	92.00	92.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	42.22	823.68	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,459.22	115,970.68	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,459.22	115,970.68	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	1,350	38,580	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. Individuals/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	1850.42	123,775.67	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,200.42	123,775.67	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,200.42	123,775.67	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,325	115,055	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,325	115,055	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		426.73	35
36. Offsets to Operating Expenditures (from line 15)	92.00	92.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤		334.73	37

FE6AN1.03

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11ai

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. KAREN CUMMISKEY, MD 1000 E. PARIS AVE SE #210 GRAND RAPIDS, MI 49546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF PHYSICIAN Aggregate Year-to-Date $ 300	9/29/00	300.—
B. MARTIN M. PEVZNER, MD 4045 HARBEN WOODS DR. BLOOMFIELD HILLS, MI 48301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF PHYSICIAN Aggregate Year-to-Date $ 300	9/29/00	300.—
C. MARK MALNOR, MD 3230 EAGLE PARK DR #240 P.O. BOX 186 GRAND RAPIDS, MI 49501-0186 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF PHYSICIAN Aggregate Year-to-Date $ 225	9/6/00	225.—
D. JEFFREY L. ALLEN, MD 4005 ORCHARD DR. MIDLAND, MI 48640 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF PHYSICIAN Aggregate Year-to-Date $ 300	10/4/00	300
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1125

TOTAL This Period (last page this line number only) 1125

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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 Cmte - Michigan State Medical Society

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code CMTE TO ELECT KOWALL 7675 HIGHLAND RD WATERFORD, MI 48327	CONTRIBUTION Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/31/00	250.—
B. Full Name, Mailing Address and ZIP Code FRIENDS OF AMANDA HOWE P.O. box 5539 DEARBORN, MI 48128-5539	CONTRIBUTION Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/31/00	300.—
C. Full Name, Mailing Address and ZIP Code COMMITTEE TO RE-ELECT LAUREN HAGER 3478 BUTTERNUT CT PORT HURON, MI 48060	CONTRIBUTION Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/31/00	300.—
D. Full Name, Mailing Address and ZIP Code FRIENDS OF STEVE HABETLER 1942 FURHMAN AVE MUSKEGON, MI 49441	CONTRIBUTION Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/31/00	300.—
E. Full Name, Mailing Address and ZIP Code BIEDA, CMTE. TO ELECT STEVE P.O. BOX 1311 WARREN, MI 48090-1311	CONTRIBUTION Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/31/00	300.—
F. Full Name, Mailing Address and ZIP Code DETROITERS FOR DERRICK HALE P.O. BOX 19648 DETROIT, MI 48219	Purpose of Disbursement: TICKET PURCHASE CONTRIBUTION Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/24/00	250.—
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) ..... 1,700.—

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

FE8AN08A

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 29

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
ABBOTT PRESS 120 W. SAGINAW E. LANSING, MI 48823	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/15/00	94.62
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
GINA ROSS 120 W. SAGINAW E. LANSING, MI 48823	CATERING REIMBURSEMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/23/00	37.60
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MICHIGAN NATIONAL BANK 300 FRANDOR AVE. LANSING, MI 48912	SERVICE CHARGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/31/00	18.80
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 150.42

TOTAL This Period (last page this line number only) 1850.42

FEBAN504

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 22

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code AMPAC 1101 VERMONT AVE NW WASHINGTON DC 20005	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-15-00	400.-
B. Full Name, Mailing Address and ZIP Code AMPAC 1101 VERMONT AVE NW WASHINGTON DC 20005	DUES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-15-00	950.-
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1350

TOTAL This Period (last page this line number only) 1350

FE8AN064

System: 12/05/2000 11:00:42 AM
User Date: 12/05/2000

Michigan Doctors PAC
DETAILED TRIAL BALANCE FOR 2000
General Ledger

Page: 1
User ID: JEFF

FEC report

Ranges: From: To:
Date 10/19/2000 1/27/2000
Account 09-11-00-00-0030 09-11-00-00-0030

Sorted By: Segment 1
Include: Posting

Subtotal By: Month

* Inactive Account

Account		Beginning Balance	Account Description		Vendor Distribution Reference		
Trx Date	JN	Journal Reference	Debit	Credit	Net Change	Ending Balance	
09-11-00-00-0030			MSA CHECKING - POLITICAL FUND				
		$24,847.59					
10/24/200	285	Payment Entry		$250.00	Detroiters for Derrick Hale Cash		
10/25/200	286	Contributions 5/1-10/15/00	$1,775.00		Bank Transaction Entry		
10/31/200	289	US TREASURY/F-1120 REFUND	$92.00		Bank Transaction Entry		
10/31/200	290	Computer Checks		$300.00	Bleda Committee to Elect Steve Cash		
10/31/200	291	Computer Checks		$300.00	Haberler Friends of Steve Cash		
10/31/200	291	Computer Checks		$300.00	Committee to Re elect Cash		
10/31/200	292	Computer Checks		$200.00	Friends of Amanda Mono Cash		
10/31/200	293	Computer Checks		$250.00	Kowall Committee to Elect for Cash		
10/31/200	297	Reconcile Adjustments Entry	Interest $56.39		10/00 INTEREST		
10/31/200	298	Reconcile Adjustments Entry		$18.00	Service Charge 10/00 BANK FEE		
10 Entries		October Subtotals:	$1,403.39	$1,718.20	($314.81)	$24,532.78	
11/15/200	300	Payment Entry		$950.00	AMPAC Cash		
1 Entry		November Subtotals:	$0.00	$950.00	($950.00)	$23,582.78	
		Totals:	$1,403.39	$2,668.20	($1,264.81)	$23,582.78	
Grand Totals:		$24,847.59	$1,403.39	$2,668.20	($1,264.81)	$23,582.78	

Total Accounts: 1

System: 12/05/2000 11:03:05 AM
User Date: 12/05/2000

Michigan Doctors PAC
DETAILED TRIAL BALANCE FOR 2000
General Ledger

Page: 1
User ID: JEFF

Ranges: From: To:
Date 10/19/2000 11/29/2000
Account 09-11-00-00-0040 09 11 00 00 0040

Sorted By: Segment1 Subtotal By: Month
Include: Posting

* Inactive Account

Account		Beginning Balance	Account Description		Vendor Distribution Reference	
Tran Date	JN	Journal Reference	Debit	Credit	Net Change	Ending Balance
09-11-00-00-0040			FNB CHECKING - EDUCATION FUND			
		$3,296.09				
10/24/2000	284	Payment Entry		$37.00	Gina Ross Cash	
10/25/2000	287	Contributions 9/1-10/15/00	$1,050.00		Bank Transaction Entry	
10/31/2000	296	Reconcile Adjustments Entry	$5.83		Reconcile Bank Statement	
3 Entries		November Subtotals:	$1,055.83	$37.00	$1,018.23	$4,314.32
11/15/2000	301	Payment Entry		$400.00	AMPAC Cash	
11/15/2000	302	Payment Entry		$94.22	Abbott Press-EDU Cash	
2 Entries		November Subtotals:	$0.00	$494.22	($494.22)	$3,819.70
		Totals:	$1,055.83	$531.22	$523.61	$3,819.70
Grand Totals:		$3,296.09	$1,055.83	$531.22	$523.61	$3,819.70

Total Accounts: 1

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 12/6/00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR	12/11/00
PREPARER	DATE PREPARED

(6/2000)