REPORT OF RECEIPTS AND DISBURSEMENTS

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 ___/___/___ 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 Jan 1, 1999 through June 30, 1999		
6. (a) Cash on Hand January 1, 19 99		$ 28,057.27
(b) Cash on Hand at Beginning of Reporting Period	$ 28,057.27	
(c) Total Receipts (from Line 19)	$ 107,137.50	$ 107,137.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 135,194.77	$ 135,194.77
7. Total Disbursements (from Line 30)	$ 71,917.51	$ 71,917.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 63,277.26	$ 63,277.26
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)	$ 10,000	

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 Sandler MD

Date June 6, 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 8/99)

FEBAN121

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 Jan 1, 1999 TO: June 30, 1999

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	107,137.50	107,137.50	11(a)(i)
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	107,137.50	107,137.50	11(a)(ii)
iii. Total (add i and ii) ➤			11(a)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) ➤	107,137.50	107,137.50	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	107,137.50	107,137.50	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	107,137.50	107,137.50	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	32,620.00	32,620.00	22
22. Transfers to Affiliated/Other Party Committees	10,025.00	10,025.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	15,500.00	15,500.00	26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:	325.00	325.00	28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)	325.00	325.00	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	13,447.51	13,447.51	29
29. Other Disbursements	71,917.51	71,917.51	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	71,917.51	71,917.51	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	107,137.50	107,137.50	32
33. Total Contribution Refunds (from line 28d)	325.00	325.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	106,812.50	106,812.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
Michigan Doctors' Political Action Committee - Michigan State Med. Society

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Edward Rutkowski, MD 1221 Sixth St. #212 Traverse City, MI 49684 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 225	1-15-99	225.-
B. Paul Kenyon, MD 150 S. East Ave Jackson, MI 49204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 250	2-25-99	250.00
C. Michael Andary, MD 8401 W. Fee Hall East Lansing, MI 48824 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 375	4-2-99 6-8-99	225.00 150.00
D. Augustine James-Kole, MD 3956 Mt. Elliott Detroit, MI 48207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300	6-23-99	300.00
E. Imad Haddad, MD 4204 W. Maple Ave Adrian, MI 49221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 75.00	5-5-99	75.00
F. John MacKeigan, MD 215 Morningside SE Grand Rapids, MI 49506 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300.-	1-27-99 5-12-99	225.- 75.-
G. Ali Esfahani, MD 6044 Winged Foot Drive Grand Blanc, MI 48439 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300	6-2-99	300.-

SUBTOTAL of Receipts This Page (optional) 1,825

TOTAL This Period (last page this line number only) 1,825

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
MICHIGAN DOCTORS' POLITICAL ACTION COMMITTEE – MICHIGAN STATE MEDICAL SOCIETY

A. Full Name, Mailing Address and ZIP Code Casey Bartman, MD 751 Kenmoor SE Grand Rapids, MI 49546	Purpose of Disbursement refund of over-payment Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 6-20-99	Amount of Each Disbursement This Period 250.00
B. 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
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) 250.-

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

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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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
State of Michigan Bureau of Elections Lansing MI, 48901	Late Filing Fee Disbursement for: Primary General Other (specify)	2-8-99	50.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express Corp Road 942 South Shady Memphis TN 38120	Shipping Fee Disbursement for: Primary General Other (specify)	6-3-99	21.75
C. 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)	6-30-99	58.98
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan State Medical Society 120 W. Saginaw E. Lansing, MI 48826	administrative expense Disbursement for: Primary General Other (specify)	6-30-99	1,503.60
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) 1,634.33

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

FE7AN97

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) MICHIGAN DOCTORS' POLITICAL ACTION COMMITTEE – MICHIGAN STATE MEDICAL SOCIETY

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
A. AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues	3-4-99	4,970.00
B. AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues	6-30-99 6-30-99	250.00 1,050.00
C. AMPAC 1101 Vermont Ave NW Washington DC 20005	PAC Dues	6-30-99 6-30-99	900.- 2,650.00
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 9820.-

TOTAL This Period (last page this line number only)

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Citizens for Shirley Johnson	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	2-10-99	1,500.-
B. Full Name, Mailing Address and ZIP Code Citizens for State Senator Bill Bullard	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-30-99	150.-
C. Full Name, Mailing Address and ZIP Code Debrow Leadership Fund	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-30-99	200.-
D. Full Name, Mailing Address and ZIP Code Northwoods Leadership Fund	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-30-99	150.-
E. Full Name, Mailing Address and ZIP Code Senator John Cherry's Genesee Fund	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-30-99	100.-
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) 2,100.-

TOTAL This Period (last page this line number only) 2,100.-

FE7AH047

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 6-7-00
☐	Registered/Certified Mail	POSTMARKED
☐	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	

JMW — PREPARER

6-9-00 — DATE PREPARED

(4/98)