

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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 ▲
C 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2019 through 06 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Green, Heidi, , Ms.,
Type or Print Name of Treasurer

Signature of Treasurer Green, Heidi, , Ms., [Electronically Filed] Date 07 / 10 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2019"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3400.00"/>	<input type="text" value="4400.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3400.00"/>	<input type="text" value="4400.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3400.00"/>	<input type="text" value="4400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	3400.00	4400.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3400.00	4400.00
(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)	3400.00	4400.00
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)).....▶	3400.00	4400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3400.00	4400.00

DETAILED SUMMARY PAGE

of Disbursements

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3400.00	4400.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3400.00	4400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3400.00	4400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	3400.00	4400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3400.00	4400.00
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

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 6 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Wisconsin Medical Society Political Action Committee

A. Osborn, Sandra, L., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2085 County Road J

City Verona	State WI	Zip Code 53593-8829
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2019

Transaction ID : 10135149

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Doug Jones for Senate

B. Wertsch, Paul, A., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4221 Venetian Ln

City Madison	State WI	Zip Code 53718-6655
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Wildwood Family Clinic SC	Occupation (for Individual) Physician
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2019

Transaction ID : 10135151

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Pete for America

C. Bedi, Gurdes, S., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1550 Amundson Ln

City Stillwater	State MN	Zip Code 55082-4135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Croix Regional Medical Center	Occupation (for Individual) Physician
---	--

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2019

Transaction ID : 10135153

Amount of Each Receipt this Period
300.00

Memo Item

Earmark for Kind for Congress

SUBTOTAL of Receipts This Page (optional).....	500.00
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: (check only one)	PAGE 7 OF 14
<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. Bedi, Gurdesh, S., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1550 Amundson Ln

City Stillwater	State MN	Zip Code 55082-4135
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Croix Regional Medical Center	Occupation (for Individual) Physician
---	--

Receipt For: 2024
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2019

Transaction ID : 10135155

Amount of Each Receipt this Period
300.00

Memo Item

Earmark for Tammy Baldwin for Senate

B. Dexter, Donn, David, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7410 Lakeview Dr

City Eau Claire	State WI	Zip Code 54701-8329
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mayo Clinic Health System - Eau Claire	Occupation (for Individual) Physician
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2019

Transaction ID : 10135157

Amount of Each Receipt this Period
500.00

Memo Item

Earmark for Kind for Congress

C. Lee, Don, Suk, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9751 W Prairie Grass Way

City Franklin	State WI	Zip Code 53132-7201
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CSM Inpatient Medicine Program - Milwa	Occupation (for Individual) Physician
---	--

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2019

Transaction ID : 10165989

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Steil for Wisconsin

SUBTOTAL of Receipts This Page (optional).....	900.00
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: (check only one)	PAGE 8 OF 14
<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. Chumbley, Clyde, Marion, Doctor, II
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2274 N Waterstone Cir

City Oconomowoc	State WI	Zip Code 53066-8304
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wisconsin Medical Society	Occupation (for Individual) Physician
--	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2019

Transaction ID : 10203881

Amount of Each Receipt this Period
500.00

Memo Item

Earmark for Pocan for Congress

B. Janis, Angela, Christine, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Wisconsin Ave Apt 1005

City Madison	State WI	Zip Code 53703-4171
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mendota Mental Health Inst	Occupation (for Individual) Physician
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2019

Transaction ID : 10203883

Amount of Each Receipt this Period
500.00

Memo Item

Earmark for Pocan for Congress

C. Byrne, Frank, Dewey, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5413 Tonyawatha Trail

City Monona	State WI	Zip Code 53716-2922
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Mary's Hospital	Occupation (for Individual) Physician
---	--

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2019

Transaction ID : 10203885

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional).....	1250.00
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: (check only one)	PAGE 9 OF 14
<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. Gold, Jay, A., Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3100 Lake Mendota Dr. #705

City Madison	State WI	Zip Code 53705-1462
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MetaStar Inc	Occupation (for Individual) Physician
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2019

Transaction ID : 10203887

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Pocan for Congress

B. Roberts, Richard, Guy, , MD,JD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1121 BellWest Blvd

City Belleville	State WI	Zip Code 53508-9433
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UW Health-Belleville Family Medical Cl	Occupation (for Individual) Physician
---	--

Receipt For: 2020
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2019

Transaction ID : 10203889

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Pocan for Congress

C. Bartholow, Timothy, Lisle, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 714 Dunning St

City Madison	State WI	Zip Code 53704-5614
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WEA Trust	Occupation (for Individual) Physician
--	--

Receipt For: 2020
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2019

Transaction ID : 10203891

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	3400.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

A. Doug Jones For Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 131025

City Birmingham State AL Zip Code 35213

Purpose of Disbursement
Earmark by Sandra Osborn; PAC limited unaffected

Candidate Name
Doug Jones For Senate Committee

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: AL District:

Date of Disbursement: 04 / 22 / 2019

FEC Identification Number: C00640623
Transaction ID : 10135159
Amount of Each Disbursement this Period: 100.00

Memo Item Earmark by Sandra Osborn; PAC limited unaffected

B. Pete for America

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1226

City South Bend State IN Zip Code 46624

Purpose of Disbursement
Earmark by Paul Wertsch; PAC limits unaffected

Candidate Name
Buttigieg, Pete, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 22 / 2019

FEC Identification Number: C
Transaction ID : 10135160
Amount of Each Disbursement this Period: 100.00

Memo Item Earmark by Paul Wertsch; PAC limits unaffected

C. Tammy Baldwin for Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmark by Gurdesch Bedi; PAC limits unaffected

Candidate Name
Baldwin, Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 04 / 22 / 2019

FEC Identification Number: C00326801
Transaction ID : 10135161
Amount of Each Disbursement this Period: 300.00

Memo Item Earmark by Gurdesch Bedi; PAC limits unaffected

SUBTOTAL of Disbursements This Page (optional)..... ▶ 500.00

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Kind for Congress

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement
Earmark by (see memo entries) PAC limits unaffected

011
Category/Type

Candidate Name
Kind, Ron, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement
MM / DD / YYYY
04 / 15 / 2019

FEC Identification Number

C00312017

Transaction ID : 10135162
Amount of Each Disbursement this Period

800.00

Memo Item Earmark by (see memo entries) PAC limits unaffected

Full Name (Last, First, Middle Initial)

B. Kind for Congress

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement
Earmark by Gurdesh Bedi

011
Category/Type

Candidate Name
Kind, Ron, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement
MM / DD / YYYY
04 / 15 / 2019

FEC Identification Number

C00312017

Transaction ID : 10135163
Amount of Each Disbursement this Period

300.00

(Memo Entry)

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind for Congress

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement
Earmark by Donn Dexter; PAC limited unaffected

011
Category/Type

Candidate Name
Kind, Ron, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 03

Date of Disbursement
MM / DD / YYYY
04 / 15 / 2019

FEC Identification Number

C00312017

Transaction ID : 10135164
Amount of Each Disbursement this Period

500.00

(Memo Entry)

Memo Item

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

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

800.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Steil For Wisconsin, Inc.

Mailing Address 1818 Milton Avenue #1448

City Janesville State WI Zip Code 53545

Purpose of Disbursement
Earmark by Don Lee; PAC limits unaffected

Category/
Type

Candidate Name
Steil, Bryan, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 01

Date of Disbursement
MM / DD / YYYY
05 / 16 / 2019

FEC Identification Number

Transaction ID : 10165992
Amount of Each Disbursement this Period

Memo Item Earmark by Don Lee; PAC limits unaffected

Full Name (Last, First, Middle Initial)

B. Pocan for Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmark by (see memo entries) PAC limits unaffected

Category/
Type

Candidate Name
Pocan, Mark, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 02

Date of Disbursement
MM / DD / YYYY
06 / 10 / 2019

FEC Identification Number

Transaction ID : 10203893
Amount of Each Disbursement this Period

Memo Item Earmark by (see memo entries) PAC limits unaffected

Full Name (Last, First, Middle Initial)

C. Pocan for Congress

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmark by Frank Byrne; PAC limits unaffected

Category/
Type

Candidate Name
Pocan, Mark, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: WI District: 02

Date of Disbursement
MM / DD / YYYY
06 / 10 / 2019

FEC Identification Number

Transaction ID : 10203894
Amount of Each Disbursement this Period

Memo Item (Memo Entry)

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

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 MM / DD / YYYY 06 / 10 / 2019
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 10203895
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Jay Gold; PAC limits unaffected		011 Category/ Type
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

Full Name (Last, First, Middle Initial) B. Pocan for Congress		Date of Disbursement MM / DD / YYYY 06 / 10 / 2019
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 10203896
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Richard Roberts; PAC limits unaffected		011 Category/ Type
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

Full Name (Last, First, Middle Initial) C. Pocan for Congress		Date of Disbursement MM / DD / YYYY 06 / 10 / 2019
Mailing Address PO Box 327		FEC Identification Number C00502179 Transaction ID : 10203897
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Tim Bartholow; PAC limits unaffected		011 Category/ Type
Candidate Name Pocan, Mark, , ,		Amount of Each Disbursement this Period 250.00 (Memo Entry)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: WI	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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 MM / DD / YYYY 06 / 18 / 2019
Mailing Address PO Box 327		FEC Identification Number C C00502179 Transaction ID : 10203898
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by (see memo entries) PAC limits unaffected		Amount of Each Disbursement this Period 1000.00
Candidate Name Pocan, Mark, , ,		Memo Item <input type="checkbox"/> Earmark by (see memo entries) PAC limits unaffected
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	Category/Type 011

Full Name (Last, First, Middle Initial) B. Pocan for Congress		Date of Disbursement MM / DD / YYYY 06 / 18 / 2019
Mailing Address PO Box 327		FEC Identification Number C C00502179 Transaction ID : 10203899
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Clyde Chumbley; PAC limits unaffected		Amount of Each Disbursement this Period 500.00 (Memo Entry)
Candidate Name Pocan, Mark, , ,		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI	District: 02	Category/Type 011

Full Name (Last, First, Middle Initial) C. Pocan for Congress		Date of Disbursement MM / DD / YYYY 06 / 18 / 2019
Mailing Address PO Box 327		FEC Identification Number C C00502179 Transaction ID : 10203900
City Madison	State WI	Zip Code 53701
Purpose of Disbursement Earmark by Angela Janis; PAC limits unaffected		Amount of Each Disbursement this Period 500.00 (Memo Entry)
Candidate Name Pocan, Mark, , ,		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	Category/Type 011

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	3400.00