

**FEC
FORM 3X**

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

RECEIVED

2014 FEB 12 AM 9:42

Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

Wisconsin Medical Society Political Action Committee

12FE4M5

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

C00000422

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)
- 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) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

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

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 [MM/DD/YYYY] through [MM/DD/YYYY]

07 / 01 / 2013 through 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Chris Rasch

Signature of Treasurer *Chris Rasch* Date [MM/DD/YYYY] 01 / 29 / 2014

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

14031182958

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Wiscpsn Medical Society Political Action Committee

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

14031182959

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<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="\$9,526.00"/>	<input type="text" value="\$9,526.00"/>
(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="\$9,526.00"/>	<input type="text" value="\$9,526.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="\$9,526.00"/>	<input type="text" value="\$9,526.00"/>
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Wisconsin Medical Society Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y
07 01 / 2013 To: M M / D D / Y Y Y Y
12 31 / 2013

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).....	\$9,526.00	\$9,526.00
(ii) Unitemized.....	\$0.00	\$0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	\$9,526.00	\$9,526.00
(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 Totale to Line 33, page 5).....▶	\$9,526.00	\$9,526.00
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)).....▶	\$9,526.00	\$9,526.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	\$9,526.00	\$9,526.00

14031182960

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	\$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.....	\$9,526.00	\$9,526.00
24. Independent Expenditures (use Schedule E).....	\$0.00	\$0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	\$0.00	\$0.00
30. Federal Election Activity (2 U.S.C. §431(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))..	\$9,526.00	\$9,526.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$9,526.00	\$9,526.00

14031182961

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)	\$9,526.00	\$9,526.00
34. Total Contribution Refunds (from Line 28(d))	\$0.00	\$0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$9,526.00	\$9,526.00
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

14031182962

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Kenneth J Pechman MD, PhD

Date of Receipt: 09 / 16 / 2013

Mailing Address: 2080 Sweet Fern Dr
City: Green Bay State: WI Zip Code: 54313-4366

FEC ID number of contributing federal political committee: C

Name of Employer: Dermatology Associates of Wisconsin - Occupation: Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼: \$75.00

Amount of Each Receipt this Period: \$75.00

Earmark for The Sensenbrenner Committee

B. Steven Charles Bergin MD

Date of Receipt: 09 / 16 / 2013

Mailing Address: 617 Linwood Ave
City: Stevens Point State: WI Zip Code: 54481-4428

FEC ID number of contributing federal political committee: C

Name of Employer: Aspirus Stevens Point Clinic - Occupation: Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼: \$100.00

Amount of Each Receipt this Period: \$100.00

Earmark for The Sensenbrenner Committee

C. Steven Charles Bergin MD

Date of Receipt: 09 / 16 / 2013

Mailing Address: 617 Linwood Ave
City: Stevens Point State: WI Zip Code: 54481-4428

FEC ID number of contributing federal political committee: C

Name of Employer: Aspirus Stevens Point Clinic - Occupation: Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼: \$200.00

Amount of Each Receipt this Period: \$100.00

Earmark for Citizens for Tom Petri

SUBTOTAL of Receipts This Page (optional) ▶ \$275.00

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

14031182963

**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 28

(check only one)

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

Full Name (Last, First, Middle Initial) A. Thomas Derrig MD		Date of Receipt 09 / 16 / 2013
Mailing Address 36078 Ravinia Park Blvd		Amount of Each Receipt this Period \$100.00
City Summit	State WI	
Zip Code 53066-9204		Earmark for The Sensenbrenner Committee
FEC ID number of contributing federal political committee. C		
Name of Employer AMG Aurara Wilkinson Medical Clinic -	Occupation Chief of Staff	Earmark for The Sensenbrenner Committee
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) B. Charles Estes Holmburg MD, FACP		Date of Receipt 09 / 16 / 2013
Mailing Address 1589 Hillside Rd		Amount of Each Receipt this Period \$100.00
City Hubertus	State WI	
Zip Code 53033-9793		Earmark for The Sensenbrenner Committee
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Associates Health Center	Occupation Physician	Earmark for The Sensenbrenner Committee
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) C. Charles Estes Holmburg MD, FACP		Date of Receipt 09 / 16 / 2013
Mailing Address 1589 Hillside Rd		Amount of Each Receipt this Period \$100.00
City Hubertus	State WI	
Zip Code 53033-9793		Earmark for Citizens for Tom Petri
FEC ID number of contributing federal political committee. C		
Name of Employer Medical Associates Health Center	Occupation Physician	Earmark for Citizens for Tom Petri
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$200.00	

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

14031182964

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

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

FOR LINE NUMBER: PAGE 3 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

A. Full Name (Last, First, Middle Initial) Paul A Wertsch MD		Date of Receipt 09 / 16 / 2013
Mailing Address 4221 Venetian Ln		Amount of Each Receipt this Period \$50.00
City Madison	State WI	
Zip Code 53718-6655		Earmark for The Sensenbrenner Committee
FEC ID number of contributing federal political committee. C		
Name of Employer Wildwood Family Clinic SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$50.00	

B. Full Name (Last, First, Middle Initial) Paul A Wertsch MD		Date of Receipt 09 / 16 / 2013
Mailing Address 4221 Venetian Ln		Amount of Each Receipt this Period \$100.00
City Madison	State WI	
Zip Code 53718-6655		Earmark for Citizens for Tom Petri
FEC ID number of contributing federal political committee. C		
Name of Employer Wildwood Family Clinic SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$150.00	

C. Full Name (Last, First, Middle Initial) Bruce Neal MD, FACS		Date of Receipt 09 / 16 / 2013
Mailing Address PO Box 8900		Amount of Each Receipt this Period \$100.00
City Green Bay	State WI	
Zip Code 54308-8900		Earmark for The Sensenbrenner Committee
FEC ID number of contributing federal political committee. C		
Name of Employer BayCare Clinic Urological Surgeons	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	

14031182965

**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 28
(check only one)

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Bruce Neal MD, FACS		Date of Receipt 09 / 16 / 2013
Mailing Address PO Box 8900		Amount of Each Receipt this Period \$100.00
City Green Bay	State Zip Code WI 54308-8900	
FEC ID number of contributing federal political committee. C		Earmarked for Citizens for Tom Petri
Name of Employer BayCare Clinic Urological Surgeons	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$200.00	

Full Name (Last, First, Middle Initial) B. Charles James Rainey MD, JD, FC		Date of Receipt 09 / 16 / 2013
Mailing Address 9590 N Range Line Rd		Amount of Each Receipt this Period \$200.00
City River Hills	State Zip Code WI 53217-1019	
FEC ID number of contributing federal political committee. C		Earmarked for The Sensenbrenner Committee
Name of Employer No Clinic Information Listed Milwaukee	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$200.00	

Full Name (Last, First, Middle Initial) C. Gregory A Shove MD		Date of Receipt 09 / 16 / 2013
Mailing Address 1444 Valley View Dr		Amount of Each Receipt this Period \$25.00
City Mount Pleasant	State Zip Code WI 53405-1743	
FEC ID number of contributing federal political committee. C		Earmarked for The Sensenbrenner Committee
Name of Employer Retired	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$25.00	

SUBTOTAL of Receipts This Page (optional)	\$325.00
TOTAL This Period (last page this line number only)	

14031182966

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

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

FOR LINE NUMBER: PAGE 5 OF 28
(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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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

Full Name (Last, First, Middle Initial) A. Barbara A Hummel MD		Date of Receipt 09 / 16 / 2013
Mailing Address 2424 S 90th St Ste 302		Amount of Each Receipt this Period \$50.00
City West Allis	State Zip Code WI 53227-2455	
FEC ID number of contributing federal political committee. C		Earmark for Citizens for Tom Petri
Name of Employer Barbara Hummel MD SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$50.00	

Full Name (Last, First, Middle Initial) B. Mary Jo Freeman MD,FACP		Date of Receipt 09 / 16 / 2013
Mailing Address 425 Pine Ridge Blvd Ste 305B		Amount of Each Receipt this Period \$50.00
City Wausau	State Zip Code WI 54401-4124	
FEC ID number of contributing federal political committee. C		Earmark for Citizens for Tom Petri
Name of Employer Aspirus Freeman Adult Health	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$50.00	

Full Name (Last, First, Middle Initial) C. Mary Jo Freeman MD,FACP		Date of Receipt 09 / 16 / 2013
Mailing Address 425 Pine Ridge Blvd Ste 305B		Amount of Each Receipt this Period \$50.00
City Wausau	State Zip Code WI 54401-4124	
FEC ID number of contributing federal political committee. C		Earmark for The Sensenbrenner Committee
Name of Employer Aspirus Freeman Adult Health	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

SUBTOTAL of Receipts This Page (optional).....▶	\$150.00
TOTAL This Period (last page this line number only).....▶	

14031182967

**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 28
(check only one)

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wiscansin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Donn Dexter MD		Date of Receipt 09 / 16 / 2013
Mailing Address 1400 Bellinger St		Amount of Each Receipt this Period \$100.00
City Eau Claire	State WI	
Zip Code 54703-5222		Earmark for The Sensenbrenner Committee
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic Health System - Luther Cam	Occupation Vice Chief Medical Officer	Aggregate Year-to-Date \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Martin Hoffmann MD		Date of Receipt 09 / 16 / 2013
Mailing Address W7876 Highway O		Amount of Each Receipt this Period \$100.00
City Mauston	State WI	
Zip Code 53948-9328		Earmark for The Sensenbrenner Committee
FEC ID number of contributing federal political committee. C		
Name of Employer Mile Bluff Medical Center	Occupation Physician	Aggregate Year-to-Date \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Erik Gundersen MD,MA		Date of Receipt 09 / 16 / 2013
Mailing Address 3111 Gundersen Dr		Amount of Each Receipt this Period \$25.00
City Onalaska	State WI	
Zip Code 54650-8447		Earmark for The Sensenbrenner Committee
FEC ID number of contributing federal political committee. C		
Name of Employer Gundersen Onalaska Clinic	Occupation Physician	Aggregate Year-to-Date \$25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶

\$225.00

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

14031182968

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

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

FOR LINE NUMBER: PAGE 7 OF 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

A. Timothy G McAvoy MD

Full Name (Last, First, Middle Initial)
Mailing Address
1751 E Main St
City State Zip Code
Waukesha WI 53186-3940

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

Name of Employer Occupation
Timothy G McAvoy MD SC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$50.00

Date of Receipt
09 / 23 / 2013

Amount of Each Receipt this Period
\$50.00

Earmark for Jorge Bonilla for U.S. Congress

B. Elizabeth A Pritts MD

Full Name (Last, First, Middle Initial)
Mailing Address
3146 Deming Way 3146 Deming Way
City State Zip Code
Middleton WI 53562-1461

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

Name of Employer Occupation
Wisconsin Fertility Institute Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$125.00

Date of Receipt
09 / 26 / 2013

Amount of Each Receipt this Period
\$125.00

Earmark for Pocan for Congress

C. Steven Charles Bergin MD

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

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

Name of Employer Occupation
Aspirus Stevens Point Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$300.00

Date of Receipt
10 / 16 / 2013

Amount of Each Receipt this Period
\$100.00

Earmark for Duffy for Congress

SUBTOTAL of Receipts This Page (optional) **\$275.00**

TOTAL This Period (last page this line number only)

14031182969

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

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

FOR LINE NUMBER: PAGE 8 OF 28
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Thomas Derrig MD
Full Name (Last, First, Middle Initial)
Mailing Address
36078 Ravinia Park Blvd
City State Zip Code
Summit WI 53066-9204
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
AMG Aurora Wilkinson Medical Clinic - Chief of Staff
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$200.00

Date of Receipt
10 / 16 / 2013
Amount of Each Receipt this Period
\$100.00
Earmark for Duffy for Congress

B. David C Murdy
Full Name (Last, First, Middle Initial)
Mailing Address
3200 E Racine St
City State Zip Code
Janesville WI 53546-2343
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Dean Clinic - Janesville East Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$50.00

Date of Receipt
10 / 16 / 2013
Amount of Each Receipt this Period
\$50.00
Earmark for Duffy for Congress

C. William (Rick) Abrams
Full Name (Last, First, Middle Initial)
Mailing Address
330 E Lakeside St
City State Zip Code
MADISON WI 53715-2074
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Wisconsin Medical Society CEO
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
10 / 16 / 2013
Amount of Each Receipt this Period
\$250.00
Earmark for Duffy for Congress

SUBTOTAL of Receipts This Page (optional) ▶ \$400.00
TOTAL This Period (last page this line number only) ▶

14031182970

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

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

FOR LINE NUMBER: PAGE 9 OF 28

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
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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. Linda Syth
Full Name (Last, First, Middle Initial)

Mailing Address
330 E Lakeside St PO Box 1109

City State Zip Code
Madison WI 53715-2074

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

Name of Employer Occupation
Wisconsin Medical Society Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$100.00

Date of Receipt
10 / 24 / 2013

Amount of Each Receipt this Period
\$100.00

Earmark for Ribble for Congress

B. G. Yuri Ripeckyj
Full Name (Last, First, Middle Initial)

Mailing Address
1221 Whipple St PO Box 5

City State Zip Code
Eau Claire WI 54702-0005

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

Name of Employer Occupation
Mayo Clinic Health System - Eau Claire Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
11 / 06 / 2013

Amount of Each Receipt this Period
\$250.00

Earmark for Kind for Congress

C. Jennifer L Hablewitz Kirsch
Full Name (Last, First, Middle Initial)

Mailing Address
425 Country Club Lane

City State Zip Code
Onalaska WI 54650-8793

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

Name of Employer Occupation
Gundersen Lutheran Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$250.00

Date of Receipt
11 / 06 / 2013

Amount of Each Receipt this Period
\$250.00

Earmark for Kind for Congress

SUBTOTAL of Receipts This Page (optional) **\$600.00**

TOTAL This Period (last page this line number only)

14031182971

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

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

FOR LINE NUMBER: PAGE 10 OF 28

<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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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

Full Name (Last, First, Middle Initial) A. Daniel D Bennett MD		Date of Receipt 11 / 06 / 2013
Mailing Address 528 Wingra St		Amount of Each Receipt this Period \$100.00
City Madison	State Zip Code WI 53715-1658	
FEC ID number of contributing federal political committee. C		Earmark <i>el</i> for Kind for Congress
Name of Employer UW Health-West Clinic	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) B. Timothy G McAvoy MD		Date of Receipt 11 / 06 / 2013
Mailing Address 1751 E Main St		Amount of Each Receipt this Period \$50.00
City Waukesha	State Zip Code WI 53186-3940	
FEC ID number of contributing federal political committee. C		Earmark <i>el</i> for Kind for Congress
Name of Employer Timothy G McAvoy MD SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) C. Timothy G McAvoy MD		Date of Receipt 11 / 06 / 2013
Mailing Address 1751 E Main St		Amount of Each Receipt this Period \$50.00
City Waukesha	State Zip Code WI 53186-3940	
FEC ID number of contributing federal political committee. C		Earmark <i>el</i> for Duffy for Congress
Name of Employer Timothy G McAvoy MD SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$150.00	

SUBTOTAL of Receipts This Page (optional)	\$200.00
TOTAL This Period (last page this line number only)	

14031182972

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

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

FOR LINE NUMBER: PAGE 11 OF 28
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

Wiscansin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Mark W Kehrberg MD		Date of Receipt 11 06 2013
Mailing Address 1570 Midway Rd		Amount of Each Receipt this Period \$100.00
City Menasha	State WI	
Zip Code 54952-1165		Earmark <i>el</i> for Kind for Congress
FEC ID number of contributing federal political committee. C		
Name of Employer Mercy Medical Center	Occupation Senior Vice President and Chief Medical Officer	Aggregate Year-to-Date \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Galbis-Reig MD		Date of Receipt 11 06 2013
Mailing Address 1301 53rd Ave		Amount of Each Receipt this Period \$100.00
City Kenosha	State WI	
Zip Code 53144-5201		Earmark <i>el</i> for Duffy for Congress
FEC ID number of contributing federal political committee. C		
Name of Employer Wheaton Franciscan Medical Group - Fam	Occupation Physician	Aggregate Year-to-Date \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Clarence Paul Chou MD		Date of Receipt 11 06 2013
Mailing Address 10028 N Miller Dr 2W		Amount of Each Receipt this Period \$25.00
City Mequon	State WI	
Zip Code 53092-6186		Earmark <i>el</i> for Duffy for Congress
FEC ID number of contributing federal political committee. C		
Name of Employer Clarence P Chou MD	Occupation Assoc. Clinical Professor	Aggregate Year-to-Date \$25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶

\$225.00

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

14031182973

**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 12 OF 28
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Clarence Paul Chou MD			Date of Receipt 11 / 06 / 2013
Mailing Address 10028 N Miller Dr 2W			Amount of Each Receipt this Period \$25.00
City Mequon	State WI	Zip Code 53092-6186	
FEC ID number of contributing federal political committee. C			Earmark <i>al</i> for Kind for Congress
Name of Employer Clarence P Chou MD		Occupation Assoc. Clinical Professor	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$50.00		

B. Full Name (Last, First, Middle Initial) Timothy Lisle Bartholow MD			Date of Receipt 11 / 06 / 2013
Mailing Address 330 E Lakeside St PO Box 1109			Amount of Each Receipt this Period \$200.00
City Madison	State WI	Zip Code 53715-2074	
FEC ID number of contributing federal political committee. C			Earmark <i>al</i> for Kind for Congress
Name of Employer Wisconsin Medical Society		Occupation Chief Medical Officer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$200.00		

C. Full Name (Last, First, Middle Initial) Timothy Lisle Bartholow MD			Date of Receipt 11 / 06 / 2013
Mailing Address 330 E Lakeside St PO Box 1109			Amount of Each Receipt this Period \$100.00
City Madison	State WI	Zip Code 53715-2074	
FEC ID number of contributing federal political committee. C			Earmark <i>al</i> for Duffy for Congress
Name of Employer Wisconsin Medical Society		Occupation Chief Medical Officer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$300.00		

SUBTOTAL of Receipts This Page (optional)	\$325.00
TOTAL This Period (last page this line number only)	

14031182974

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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

14031182975

Full Name (Last, First, Middle Initial) A. Martha (Molli) L Rolli Rolli, MD			Date of Receipt 11 / 06 / 2013	
Mailing Address 4322 Rolla Ln			Amount of Each Receipt this Period \$100.00	
City Madison	State WI	Zip Code 53711-2812	Earmark for Kind for Congress	
FEC ID number of contributing federal political committee. C				
Name of Employer Mendota Mental Health Inst		Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$100.00		

Full Name (Last, First, Middle Initial) B. Edith Anne McFadden MD, MA, MA, F			Date of Receipt 11 / 06 / 2013	
Mailing Address 3201 S 16th St Ste 400			Amount of Each Receipt this Period \$50.00	
City Milwaukee	State WI	Zip Code 53215-4532	Earmark for Kind for Congress	
FEC ID number of contributing federal political committee. C				
Name of Employer Ear Nose Throat & Allergy Center		Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ \$50.00		

Full Name (Last, First, Middle Initial) C. Daniel T Kincaid			Date of Receipt 11 / 06 / 2013	
Mailing Address 4441 S Lowes Creek Rd			Amount of Each Receipt this Period \$1,000.00	
City Eau Claire	State WI	Zip Code 54701-7494	Earmark for Kind for Congress	
FEC ID number of contributing federal political committee. C				
Name of Employer Mayo Clinic Health System - Eau Claire		Occupation Physician		
Receipt For: <input checked="" 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) ▶	\$1,150.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 28
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Mark Edstrom

Full Name (Last, First, Middle Initial)
Date of Receipt: 11 / 06 / 2013

Mailing Address: 2121 Andrew Dr
Amount of Each Receipt this Period: \$250.00

City: Eau Claire State: WI Zip Code: 54701-9156
Earmark for Kind for Congress

FEC ID number of contributing federal political committee: C
Name of Employer: Mayo Health System Occupation: Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: \$250.00

B. Richard D Hanna

Full Name (Last, First, Middle Initial)
Date of Receipt: 11 / 06 / 2013

Mailing Address: 3616 Wintergreen Ct
Amount of Each Receipt this Period: \$250.00

City: Eau Claire State: WI Zip Code: 54701-9218
Earmark for Kind for Congress

FEC ID number of contributing federal political committee: C
Name of Employer: Mayo Health System Occupation: Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: \$250.00

C. Jill G Lenhart

Full Name (Last, First, Middle Initial)
Date of Receipt: 11 / 06 / 2013

Mailing Address: 327 Irvine Court
Amount of Each Receipt this Period: \$100.00

City: Chippewa Falls State: WI Zip Code: 54729-3183
Earmark for Kind for Congress

FEC ID number of contributing federal political committee: C
Name of Employer: Mayo Clinic Health System Occupation: Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date: \$100.00

SUBTOTAL of Receipts This Page (optional) ▶ \$600.00

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

14031182976

**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 15 OF 28
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15

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

Full Name (Last, First, Middle Initial) A. John T Bolger MD		Date of Receipt 11 / 06 / 2013
Mailing Address W287S4485 Woods Rd		Amount of Each Receipt this Period \$100.00
City Waukesha	State Zip Code WI 53189-9050	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Orthopaedic Associates of Wisconsin SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) B. John T Bolger MD		Date of Receipt 11 / 06 / 2013
Mailing Address W287S4485 Woods Rd		Amount of Each Receipt this Period \$50.00
City Waukesha	State Zip Code WI 53189-9050	
FEC ID number of contributing federal political committee. C		Earmark for Duffy for Congress
Name of Employer Orthopaedic Associates of Wisconsin SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$150.00	

Full Name (Last, First, Middle Initial) C. Louis-Marcel A Cesar MD		Date of Receipt 11 / 06 / 2013
Mailing Address PO Box 180253		Amount of Each Receipt this Period \$100.00
City Delafield	State Zip Code WI 53018-0253	
FEC ID number of contributing federal political committee. C		Earmark for Duffy for Congress
Name of Employer Emergency Medicine Specialists SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	

14031182977

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

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

FOR LINE NUMBER: PAGE 16 OF 28

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

Full Name (Last, First, Middle Initial) A. Richard A Dart MD		Date of Receipt 11 / 06 / 2013
Mailing Address 9050 Ader Ln		Amount of Each Receipt this Period \$75.00
City Marshfield	State Zip Code WI 54449-9652	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Marshfield Clinic	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$75.00	

Full Name (Last, First, Middle Initial) B. Mr. Bob Foulks Jr., CPA		Date of Receipt 11 / 06 / 2013
Mailing Address 330 E Lakeside St PO Box 1109		Amount of Each Receipt this Period \$75.00
City Madison	State Zip Code WI 53715-2074	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Wisconsin Medical Society	Occupation CFO & Sr VP of Administration	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$75.00	

Full Name (Last, First, Middle Initial) C. Gurdon H Hamilton MD		Date of Receipt 11 / 06 / 2013
Mailing Address 3133 Channel Dr		Amount of Each Receipt this Period \$100.00
City Stevens Point	State Zip Code WI 54481-4925	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Marshfield Clinic	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

SUBTOTAL of Receipts This Page (optional) ▶

\$250.00

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

14031182978

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

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

FOR LINE NUMBER: PAGE 17 OF 28

(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Wiscansin Medical Society Political Action Committee

A. Gurdon H Hamilton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3133 Channel Dr
 City State Zip Code
 Stevens Point WI 54481-4925
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Marshfield Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$200.00

Date of Receipt
 11 / 06 / 2013
 Amount of Each Receipt this Period
 \$100.00
 Earmark *el* for Duffy for Congress

B. John Hartman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address
 1521 Belle Plane Cir
 City State Zip Code
 Green Bay WI 54313-3211
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Visonex Vice President of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$250.00

Date of Receipt
 11 / 06 / 2013
 Amount of Each Receipt this Period
 \$250.00
 Earmark *el* for Duffy for Congress

C. Andrea Chung Hillerud MD
 Full Name (Last, First, Middle Initial)
 Mailing Address
 1420 Kingswood Ponds Rd
 City State Zip Code
 Saint Paul MN 55122-2877
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Marshfield Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$100.00

Date of Receipt
 11 / 06 / 2013
 Amount of Each Receipt this Period
 \$100.00
 Earmark *el* for Duffy for Congress

SUBTOTAL of Receipts This Page (optional) ▶

\$450.00

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

14031182979

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

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

FOR LINE NUMBER: PAGE 18 OF 28

(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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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

Full Name (Last, First, Middle Initial) A. Charles V. Ihle, MD		Date of Receipt 11 / 06 / 2013
Mailing Address 1400 Bellinger St		Amount of Each Receipt this Period \$50.00
City Eau Claire	State WI	
Zip Code 54703-5222		Earmark for Duffy for Congress
FEC ID number of contributing federal political committee. C		
Name of Employer Maya Clinic Health System - Luther Cam	Occupation Physician	Aggregate Year-to-Date ▼ \$50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. George Melvin Lange MD, FACP		Date of Receipt 11 / 06 / 2013
Mailing Address 1200 W Green Tree Rd		Amount of Each Receipt this Period \$100.00
City River Hills	State WI	
Zip Code 53217-3721		Earmark for Duffy for Congress
FEC ID number of contributing federal political committee. C		
Name of Employer CSM Westgate Medical Group	Occupation Medical Director	Aggregate Year-to-Date ▼ \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. George Melvin Lange MD, FACP		Date of Receipt 11 / 06 / 2013
Mailing Address 1200 W Green Tree Rd		Amount of Each Receipt this Period \$100.00
City River Hills	State WI	
Zip Code 53217-3721		Earmark for Kind for Congress
FEC ID number of contributing federal political committee. C		
Name of Employer CSM Westgate Medical Group	Occupation Medical Director	Aggregate Year-to-Date ▼ \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	\$250.00
TOTAL This Period (last page this line number only)	

14031182980

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

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

FOR LINE NUMBER: PAGE 19 OF 28

(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			

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

Full Name (Last, First, Middle Initial)

A. Bruce Neal MD, FACS

Mailing Address
PO Box 8900

City State Zip Code
Green Bay WI 54308-8900

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Clinic Urological Surgeons

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$325.00

Date of Receipt

11 / 06 / 2013

Amount of Each Receipt this Period

\$125.00

Earmark^{ed} for Duffy for Congress

Full Name (Last, First, Middle Initial)

B. Bruce Neal MD, FACS

Mailing Address
PO Box 8900

City State Zip Code
Green Bay WI 54308-8900

FEC ID number of contributing federal political committee.

C

Name of Employer

BayCare Clinic Urological Surgeons

Occupation

Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$400.00

Date of Receipt

11 / 06 / 2013

Amount of Each Receipt this Period

\$75.00

Earmark^{ed} for Kind for Congress

Full Name (Last, First, Middle Initial)

C. Patrick L Remington MD, PhD

Mailing Address
1214 Dartmouth Rd

City State Zip Code
Madison WI 53705-2214

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Sciences Learning Center

Occupation

Associate Dean for Public Health

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

\$50.00

Date of Receipt

11 / 06 / 2013

Amount of Each Receipt this Period

\$50.00

Earmark^{ed} for Kind for Congress

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

\$250.00

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

14031182981

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

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

FOR LINE NUMBER: PAGE 20 OF 28

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

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

Full Name (Last, First, Middle Initial) A. John D Riesch MD		Date of Receipt 11 / 06 / 2013
Mailing Address W148N12919 Pleasant View Dr		Amount of Each Receipt this Period \$100.00
City Germantown	State Zip Code WI 53022-1519	
FEC ID number of contributing federal political committee. C		Earmark for Duffy for Congress
Name of Employer Riesch Surgical Science LLC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) B. Jeffrey E Rodzak MD		Date of Receipt 11 / 06 / 2013
Mailing Address 3111 Gundersen Dr		Amount of Each Receipt this Period \$100.00
City Onalaska	State Zip Code WI 54650-8447	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Gundersen Onalaska Clinic	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) C. Linda Syth		Date of Receipt 11 / 06 / 2013
Mailing Address 330 E Lakeside St PO Box 1109		Amount of Each Receipt this Period \$101.00
City Madison	State Zip Code WI 53715-2074	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Wisconsin Medical Society	Occupation Chief Operating Officer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$201.00	

SUBTOTAL of Receipts This Page (optional).....▶	\$301.00
TOTAL This Period (last page this line number only).....▶	

14031182982

**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 21 OF 28
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15

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)
Wiscensin Medical Society Political Action Committee

A. David Bruce Tange MD, FACP

Full Name (Last, First, Middle Initial)
David Bruce Tange MD, FACP

Mailing Address
924 River Rd

City State Zip Code
Mosinee WI 54455-9278

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

Name of Employer Occupation
Aspirus Kronenwetter Clinic Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$100.00

Date of Receipt
11 / 06 / 2013

Amount of Each Receipt this Period
\$100.00

Earmark for Duffy for Congress

B. Mark Kenyon Belknap MD

Full Name (Last, First, Middle Initial)
Mark Kenyon Belknap MD

Mailing Address
922 2nd Ave W

City State Zip Code
Ashland WI 54806-3130

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

Name of Employer Occupation
Essentia Health Ashland Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$100.00

Date of Receipt
11 / 06 / 2013

Amount of Each Receipt this Period
\$100.00

Earmark for Kind for Congress

C. William J Listwan MD

Full Name (Last, First, Middle Initial)
William J Listwan MD

Mailing Address
N19W26595 Honeysuckle Ct #A

City State Zip Code
Pewaukee WI 53072-5414

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

Name of Employer Occupation
Retired Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$100.00

Date of Receipt
11 / 06 / 2013

Amount of Each Receipt this Period
\$100.00

Earmark for Duffy for Congress

SUBTOTAL of Receipts This Page (optional) ▶

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

\$300.00

14031182983

**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 22 OF 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. William J Listwan MD		Date of Receipt 11 / 06 / 2013
Mailing Address N19W26595 Honeysuckle Ct #A		Amount of Each Receipt this Period \$100.00
City Pewaukee	State Zip Code WI 53072-5414	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Retired	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$200.00	

Full Name (Last, First, Middle Initial) B. Duane J Myklejord MD		Date of Receipt 11 / 06 / 2013
Mailing Address 314 Magnolia Dr		Amount of Each Receipt this Period \$100.00
City Marshfield	State Zip Code WI 54449-3380	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Marshfield Clinic	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

Full Name (Last, First, Middle Initial) C. Tosha B Wetterneck MD		Date of Receipt 11 / 06 / 2013
Mailing Address 4209 Manitou Way		Amount of Each Receipt this Period \$100.00
City Madison	State Zip Code WI 53711-3703	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer University of Wisconsin Hospital and C	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

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

14031182984

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 OF 28	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Barbara A Hummel MD		Date of Receipt 11 / 06 / 2013
Mailing Address 2424 S 90th St Ste 302		Amount of Each Receipt this Period \$50.00
City West Allis	State WI	
Zip Code 53227-2455		
FEC ID number of contributing federal political committee. C		\$100.00
Name of Employer Barbara Hummel MD SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Michael Miller MD		Date of Receipt 11 / 06 / 2013
Mailing Address 34700 Valley Rd		Amount of Each Receipt this Period \$75.00
City Oconomowoc	State WI	
Zip Code 53066-4500		
FEC ID number of contributing federal political committee. C		\$75.00
Name of Employer Rogers Memorial Hospital - Oconomowoc	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Donn Dexter MD		Date of Receipt 11 / 06 / 2013
Mailing Address 1400 Bellinger St.		Amount of Each Receipt this Period \$250.00
City Eau Claire	State WI	
Zip Code 54703-5222		
FEC ID number of contributing federal political committee. C		\$350.00
Name of Employer Mayo Clinic Health System - Luther Cam	Occupation Vice Chief Medical Officer	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	\$375.00
TOTAL This Period (last page this line number only)	

14031182985

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

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

FOR LINE NUMBER: PAGE 24 OF 28

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

A. Susan Kinast-Porter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address
 2302 11th St
 City State Zip Code
 Monroe WI 53566-1811
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Mercy Hospital and Trauma Center Physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$150.00

Date of Receipt
 11 06 2013
 Amount of Each Receipt this Period
 \$150.00
 Earmark for Kind for Congress

B. Claudia Louise Reardon
 Full Name (Last, First, Middle Initial)
 Mailing Address
 2402 Van Hise Ave
 City State Zip Code
 Madison WI 53726-3848
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 UW Health-Wisconsin Psychiatric Instit Physician
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$25.00

Date of Receipt
 11 06 2013
 Amount of Each Receipt this Period
 \$25.00
 Earmark for Kind for Congress

C. Mr. Jeff Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address
 330 E Lakeside St PO Box 1109
 City State Zip Code
 Madison WI 53715-2074
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Wisconsin Medical Society Director of Membership & Professional
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 \$100.00

Date of Receipt
 11 06 2013
 Amount of Each Receipt this Period
 \$100.00
 Earmark for Kind for Congress

SUBTOTAL of Receipts This Page (optional) ▶ \$275.00
TOTAL This Period (last page this line number only) ▶

14031182986

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

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

FOR LINE NUMBER: PAGE 25 OF 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) A. Joseph Francis Boero MD		Date of Receipt 11 / 06 / 2013
Mailing Address 1691 Cty Rd J		Amount of Each Receipt this Period \$50.00
City Custer	State Zip Code WI 54423-9642	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Physician	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$50.00	

Full Name (Last, First, Middle Initial) B. Angela C Janis		Date of Receipt 11 / 06 / 2013
Mailing Address 4720 Poplar Creek Dr		Amount of Each Receipt this Period \$75.00
City Madison	State Zip Code WI 53718-2126	
FEC ID number of contributing federal political committee. C		Earmark for Kind for Congress
Name of Employer Dean Clinic - Janesville East	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$75.00	

Full Name (Last, First, Middle Initial) C. Arne T Lagus MD		Date of Receipt 11 / 06 / 2013
Mailing Address 231 Day Rd N		Amount of Each Receipt this Period \$100.00
City Saint Croix Falls	State Zip Code WI 54024-9133	
FEC ID number of contributing federal political committee. C		Earmark for Duffy for Congress
Name of Employer River Valley Medical Group	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	

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

14031182987

**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 26 OF 28
<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"/>	<input type="checkbox"/> 17

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

A. Robert Peck
Full Name (Last, First, Middle Initial)

Mailing Address
1512 Edgewood Dr

City State Zip Code
Altoona WI 54720-2524

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Mayo Clinic Health System - Luther Cam Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$500.00

Date of Receipt
11 / 19 / 2013

Amount of Each Receipt this Period
\$500.00

Earmark for Kind for Congress

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

Mailing Address
330 E Lakeside St

City State Zip Code
MADISON WI 53715-2074

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wisconsin Medical Society Donor Relations/Program Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$75.00

Date of Receipt
12 / 09 / 2013

Amount of Each Receipt this Period
\$75.00

Earmark for Pocan for Congress

C. Jay A Gold
Full Name (Last, First, Middle Initial)

Mailing Address
2909 Landmark Pl Ste 300

City State Zip Code
Madison WI 53713-4227

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MetaStar Inc Sr Vice President & Chief Medical Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$50.00

Date of Receipt
12 / 09 / 2013

Amount of Each Receipt this Period
\$50.00

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional) ▶ \$625.00

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

14031182988

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

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

FOR LINE NUMBER: PAGE 27 OF 28
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wisconsin Medical Society Political Action Committee

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

Full Name (Last, First, Middle Initial)
Mailing Address
1108 Nishishin Trail 1108 Nishishin Trail

City: **Monona** State: **WI** Zip Code: **53716-2953**

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

Name of Employer: _____ Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$100.00

Date of Receipt: **12 / 09 / 2013**

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

Earmark for Pocan for Congress

B. Sandra L Osborn MD

Full Name (Last, First, Middle Initial)
Mailing Address
2085 County Road J

City: **Verona** State: **WI** Zip Code: **53593-8829**

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

Name of Employer: **UW School of Medicine and Public Health** Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$75.00

Date of Receipt: **12 / 09 / 2013**

Amount of Each Receipt this Period: **\$75.00**

Earmark for Pocan for Congress

C. Alan I Schwartzstein MD

Full Name (Last, First, Middle Initial)
Mailing Address
929 Harding St

City: **Oregon** State: **WI** Zip Code: **53575-2881**

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

Name of Employer: **Dean Clinic - Oregon** Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$50.00

Date of Receipt: **12 / 09 / 2013**

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

Earmark for Pocan for Congress

SUBTOTAL of Receipts This Page (optional) **\$225.00**

TOTAL This Period (last page this line number only)

14031182989

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

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

FOR LINE NUMBER: PAGE 28 OF 28
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Linda Syth

Mailing Address
330 E Lakeside St PO Box 1109

City State Zip Code
Madison WI 53715-2074

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

Name of Employer Occupation
Wisconsin Medical Society Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$301.00

Date of Receipt
12 09 2013

Amount of Each Receipt this Period
\$100.00

Earmark for Pocan for Congress

B. Full Name (Last, First, Middle Initial)
Barbara A Hummel MD

Mailing Address
2424 S 90th St Ste 302

City State Zip Code
West Allis WI 53227-2455

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

Name of Employer Occupation
Barbara Hummel MD SC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
\$150.00

Date of Receipt
12 09 2013

Amount of Each Receipt this Period
\$50.00

Earmark for Pocan for Congress

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) ▶ **\$150.00**

TOTAL This Period (last page this line number only) ▶ **\$9,526.00**

14031182990

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

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

Full Name (Last, First, Middle Initial)

A. Citizens for Tom Petri

Mailing Address
1707 Prince St., #5

City **Alexandria** State **VA** Zip Code **22314**

Purpose of Disbursement
Earmark by S Bergin, C Holmburg, P Wertsch, B Neal, B Hummel, and MJ Freeman

Candidate Name
Tom Petri

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: WI District: 06

Date of Disbursement
09 / 16 / 2013

Amount of Each Disbursement this Period
\$500.00

Earmark by S Bergin, C Holmburg, P Wertsch, B Neal, B Hummel, and MJ Freeman

B. The Sensenbrenner Committee

Mailing Address
PO Box 575

City **Brookfield** State **WI** Zip Code **53008**

Purpose of Disbursement
Earmark by (See additional description)

Candidate Name
James Sensenbrenner

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: WI District: 09

Date of Disbursement
09 / 16 / 2013

Amount of Each Disbursement this Period
\$1,025.00

Earmark by (See additional description)

C. Jorge Bonilla for U.S. Congress, Inc.

Mailing Address
P.O. Box 772549

City **Orlando** State **FL** Zip Code **32877**

Purpose of Disbursement
Earmark by Timothy McAvoy

Candidate Name
Jorge Bonilla

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: FL District: 09

Date of Disbursement
09 / 23 / 2013

Amount of Each Disbursement this Period
\$50.00

Earmark by Timothy McAvoy

SUBTOTAL of Disbursements This Page (optional)	\$1,575.00
TOTAL This Period (last page this line number only)	

14031182991

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pocan for Congress

Mailing Address
PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
Earmark by Elizabeth Pritts

Candidate Name
Mark Pocan

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: WI District: 02

Date of Disbursement
09 / 26 / 2013

Amount of Each Disbursement this Period
\$125.00

Earmark by Elizabeth Pritts

B. Duffy for Congress

Mailing Address
P.O. Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Earmark by Steven Bergin, Thomas Derrig, David Murdy, and William Abrams

Candidate Name
Sean Duffy

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: WI District: 07

Date of Disbursement
10 / 16 / 2013

Amount of Each Disbursement this Period
\$500.00

Earmark by Steven Bergin, Thomas Derrig, David Murdy, and William Abrams

C. Ribble for Congress

Mailing Address
PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement
Earmark by Linda Syth

Candidate Name
Reid Ribble

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: WI District: 08

Date of Disbursement
10 / 24 / 2013

Amount of Each Disbursement this Period
\$100.00

Earmark by Linda Syth

SUBTOTAL of Disbursements This Page (optional)	\$725.00
TOTAL This Period (last page this line number only)	

14031182992

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

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind for Congress

Mailing Address
P.O. Box 184

City State Zip Code
La Crosse WI 54602-0184

Purpose of Disbursement
Earmark by (See additional description)

Candidate Name
Ron Kind

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

11 / 06 / 2013

Amount of Each Disbursement this Period

\$4,676.00

Earmark by (See additional description)

B. Duffy for Congress

Mailing Address
P.O. Box 538

City State Zip Code
Wausau WI 54402

Purpose of Disbursement
Earmark by (See additional description)

Candidate Name
Sean Duffy

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: WI District: 07

Date of Disbursement

11 / 06 / 2013

Amount of Each Disbursement this Period

\$1,550.00

Earmark by (See additional description)

C. Kind for Congress

Mailing Address
P.O. Box 184

City State Zip Code
La Crosse WI 54602-0184

Purpose of Disbursement
Earmark by Robert Peck

Candidate Name
Ron Kind

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement

11 / 19 / 2013

Amount of Each Disbursement this Period

\$500.00

Earmark by Robert Peck

SUBTOTAL of Disbursements This Page (optional) ▶

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

\$6,726.00

14031182993

**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 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

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

Full Name (Last, First, Middle Initial) A. Pocan for Congress		Date of Disbursement 12 / 09 / 2013
Mailing Address PO Box 327		Amount of Each Disbursement this Period \$500.00
City Madison	State WI	
Zip Code 53701	Purpose of Disbursement Earmark by E Wilson, J Gold, S Manning, S Osborn, A Schwartzstein, L Syth, & B Hummel	Earmark by E Wilson, J Gold, S Manning, S Osborn, A Schwartzstein, L Syth, & B Hummel
Candidate Name Mark Pocan	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 02	

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

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

SUBTOTAL of Disbursements This Page (optional)	\$500.00
TOTAL This Period (last page this line number only)	\$9,526.00

14031182994

MEMOS

FORM/SCHEDULE: F3XN

TEXT: 9/16 disbursement to Sensenbrenner Earmarked by Kenneth Pechman, Steven Bergin, Thomas Derrig, Charles Holmburg, Paul Wertsch, Bruce Neal, Charles Rainey, Gregory Shove, Mary Jo Freeman, Donn Dexter, David Hoffmann, & Erik Gundersen 11/6 disbursement to Kind Earmarked by G. Yri Ripeckyj, Jennifer Kirsch, Daniel Bernett, Timothy McAvoy, Mark Kehrberg, Clarence Chou, Timothy Bartholow, Martha Rolli, Edlth McFadden, Daniel Kincaid, Mark Edstrom, Richard Hanna, Jill Lenhart, John Bolger, Richard Dart, Bob Foulks, Gurdon Hamilton, George Lange, Bruce Neal, Patrick Remington, Jeffrey Redzak, Linda Syth, Mark Belknap, William Listwan, Duane Mykløjord, Tasha Wetterneck, Barbara Hummel, Michael Miller, Donn Dexter, Susan Porter, Claudia Reardon, Jeff Nelson, Joseph Boero, and Angela Janis 11/6 disbursement to Duffy Earmarked by Arne Lagus, William Listwan, David Tange, John Riesch, Bruce Neal, George Lange, Charles Ihle, Andrea Hilerud, John Hartman, Gurdon Hamilton, Louis Cesar, John Bolger, Timothy Bartholow, Clarence Chou, David Reig, and Timothy McAvoy

END OF MEMOS

FEC File Validator Version 8.1

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Direct dial: 202-694-1642, Toll free: 1-800-424-9530 x 1642

=== Identification Section =====

Committee ID: C00000422
Committee Name: Wisconsin Medical Society Political Action Committee
Filing Type: F3XN
From/Through: 20130701 - 20131231

Software/Ver#: Vocus PAC Management / Ver# 8.00.5825

=== Results Section =====

>>>----> FEC data file PASSED validation! <----<<<

=== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
6A 2013		0.00
6B	0.00	
6C	9,526.00	9,526.00

14031182995

14031182996

6D	9,526.00	9,526.00
7	9,526.00	9,526.00
8	0.00	0.00
9	0.00	
10	0.00	
11Ai	9,526.00	9,526.00
11Aii	0.00	0.00
11Aiii	9,526.00	9,526.00
11B	0.00	0.00
11C	0.00	0.00
11D	9,526.00	9,526.00
12	0.00	0.00
13	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	0.00	0.00
17	0.00	0.00
18A	0.00	0.00
18B	0.00	0.00
18C	0.00	0.00
19	9,526.00	9,526.00
20	9,526.00	9,526.00
21Ai	0.00	0.00
21Aii	0.00	0.00
21B	0.00	0.00
21C	0.00	0.00
22	0.00	0.00
23	9,526.00	9,526.00
24	0.00	0.00
25	0.00	0.00
26	0.00	0.00
27	0.00	0.00
28A	0.00	0.00
28B	0.00	0.00
28C	0.00	0.00
28D	0.00	0.00
29	0.00	0.00
30Ai	0.00	0.00
30Aii	0.00	0.00
30B	0.00	0.00
30C	0.00	0.00
31	9,526.00	9,526.00
32	9,526.00	9,526.00
33	9,526.00	9,526.00
34	0.00	0.00
35	9,526.00	9,526.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00



Medical Society
Director. Your Health.

330 East Lakeside Street
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	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

 2/12/14

PREPARER DATE PREPARED

14031182998