

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Michigan Doctors Political Action Committee - Michigan State Medical Society

ADDRESS (number and street) P.O. Box 769
Check if different than previously reported. (ACC) East Lansing MI 48826

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00001180 3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
X July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 04 01 2002 through 06 30 2002

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 Dr. James Grant, MD
Signature of Treasurer Electronically Filed by Dr. James Grant, MD Date 12 19 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: ^h0^h4^h ^D0^D1^D ^v2^v0^v0^v2^v To: ^h0^h6^h ^D0^D3^D0^D ^v2^v0^v0^v2^v

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2 ^v 0 ^v 0 ^v 2 ^v		205203.37
(b) Cash on Hand at Beginning of Reporting Period	238825.02	
(c) Total Receipts (from Line 19)	39494.28	78109.63
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	278319.30	283313.00
7. Total Disbursements (from Line 30)	32025.00	37018.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	246294.30	246294.30
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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 (Revised 1/2001)

Page 3

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From: ^W04 ^D01 ^Y2002 To: ^W06 ^D30 ^Y2002

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)	6675.00	
(ii) Unitemized	32470.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	39145.00	77200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	349.28	349.28
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	39494.28	77549.28
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 36, page 4)	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	560.35
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	39494.28	78109.63
20. Total Federal Receipts (subtract Line 18 from Line 19)	39494.28	78109.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	7600.00	7600.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100.00	100.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	450.00
(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	450.00
29. Other Disbursements.....	24325.00	28868.70
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	32025.00	37018.70
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	32025.00	37018.70
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	39494.28	77549.28
33. Total Contribution Refunds (from Line 28(d)).....	0.00	450.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	39494.28	77099.28
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 / 29
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
Dr. John Addy

Mailing Address
1433 E. Michigan Ave

City State Zip Code
Lansing MI 48912

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Physician	Contribution
--------------------------	-------------------------	--------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4121

B. Full Name (Last, First, Middle Initial)
Dr. Susan Adelman

Mailing Address
28820 Woodland Dr.

City State Zip Code
Southfield MI 48034

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2002

Amount of Each Receipt this Period
450.00

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Physician	Contribution
--------------------------	-------------------------	--------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: SA11A1.4145

C. Full Name (Last, First, Middle Initial)
Dr. Jan Drik

Mailing Address
4005 Orchard

City State Zip Code
Midland MI 48970

Date of Receipt
M M / D D / Y Y Y Y
04 / 18 / 2002

Amount of Each Receipt this Period
225.00

FEC ID number of contributing federal political committee.

Name of Employer Self	Occupation Physician	Contribution
--------------------------	-------------------------	--------------

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: SA11A1.4099

SUBTOTAL of Receipts This Page (optional)	▶	975.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. Dr. Paul Fecko

Mailing Address

189 Townsend #302

City

Birmingham

State

MI

Zip Code

49009

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period

225.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation
Physician

Contribution

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.4101

Full Name (Last, First, Middle Initial)

B. Dr. Mario Galchalian

Mailing Address

3333 Evergreen Dr. NE

City

Grand Rapids

State

MI

Zip Code

49525

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period

225.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation
Physician

Contribution

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.4103

Full Name (Last, First, Middle Initial)

C. Dr. Lawrence Grennan

Mailing Address

2377 Westwood

City

Muskegon

State

MI

Zip Code

49441

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period

225.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation
Physician

Contribution

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.4105

SUBTOTAL of Receipts This Page (optional) ▶

675.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 29	
	<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
Dr. Saiful Hasan

Mailing Address
43700 Woodward Ave. Ste. 210

City State Zip Code
Bloomfield Hills MI 48302

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4123

B. Full Name (Last, First, Middle Initial)
Dr. Charles Huebner

Mailing Address
580 W. Mitchell, Ste. 580

City State Zip Code
Petosky MI 49770

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2002

Amount of Each Receipt this Period
225.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: SA11A1.4107

C. Full Name (Last, First, Middle Initial)
Dr. Courtney Jones

Mailing Address
4956 N. Quail Crest Dr. SE

City State Zip Code
Grand Rapids MI 49546

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2002

Amount of Each Receipt this Period
225.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Transaction ID: SA11A1.4109

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 29	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
Dr. Mark Kinack

Mailing Address
1717 Shaffer Street Ste. #124

City State Zip Code
Kalamazoo MI 49048

Date of Receipt
M M / D D / Y Y Y Y
05 / 16 / 2002

Amount of Each Receipt this Period
225.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: SA11A1.4111

B. Full Name (Last, First, Middle Initial)
Dr. David Louwma

Mailing Address
118 E. Oliver St.

City State Zip Code
Owosso MI 48867

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4125

C. Full Name (Last, First, Middle Initial)
Dr. David Lowry

Mailing Address
414 Plymouth NE

City State Zip Code
Grand Rapids MI 49505

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

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

Transaction ID: SA11A1.4119

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 29

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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
Dr. Roger McNeill

Mailing Address
63 Kercheval #202

City State Zip Code
Grosse Pointe Farm MI 48236

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4127

B. Full Name (Last, First, Middle Initial)
Dr. Fred Patterson

Mailing Address
3831 Penberton

City State Zip Code
Ann Arbor MI 48105

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4129

C. Full Name (Last, First, Middle Initial)
Dr. James Relf

Mailing Address
4007 Orchard Dr. #2003

City State Zip Code
Midland MI 48840

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Contribution

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: SA11A1.4131

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Rightmire

Mailing Address

221 Michigan St. NE #300

City

Grand Rapids

State

MI

Zip Code

49503

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 6 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

Physician

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.4133

Full Name (Last, First, Middle Initial)

B. Dr. Frank Ritter

Mailing Address

2875 Englave Dr.

City

Ann Arbor

State

MI

Zip Code

48103

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period

225.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

Physician

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: SA11A1.4113

Full Name (Last, First, Middle Initial)

C. Dr. Carolina G. Scott

Mailing Address

4215 Fashion Square Blvd. #1

City

Saginaw

State

MI

Zip Code

48603

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 6 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self

Occupation

Physician

Contribution

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: SA11A1.4135

SUBTOTAL of Receipts This Page (optional) ▶

825.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 29

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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. Dr. Mark Shebuski

Mailing Address

3D1 W. Lake Ave.

City

State

Zip Code

Houghton

MI

49031

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

375.00

Name of Employer
Self

Occupation
Physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Transaction ID: SA11A1.4143

Full Name (Last, First, Middle Initial)

B. Dr. Jean Sirkoff

Mailing Address

24311 Majestic

City

State

Zip Code

Oak Park

MI

48237

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

225.00

Name of Employer
Self

Occupation
Physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Contribution

Transaction ID: SA11A1.4115

Full Name (Last, First, Middle Initial)

C. Dr. F. Remington Sprague

Mailing Address

1700 Oak Ave.

City

State

Zip Code

Muskegon

MI

49442

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
Self

Occupation
Physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Contribution

Transaction ID: SA11A1.4137

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 29
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)
A. Dr. Bruce Springer

Mailing Address
1840 Wealthy St. SE MC426

City State Zip Code
Grand Rapids MI 49506

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: SA11A1.4141

Full Name (Last, First, Middle Initial)
B. Dr. George Sugiura

Mailing Address
2207 Onokama S.E.

City State Zip Code
Grand Rapids MI 49506

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
225.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 225.00

Contribution

Transaction ID: SA11A1.4117

Full Name (Last, First, Middle Initial)
C. Dr. Peter Thoms

Mailing Address
G-4007 W. Court Street

City State Zip Code
Flint MI 48532

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.4139

SUBTOTAL of Receipts This Page (optional)	▶	875.00
TOTAL This Period (last page this line number only)	▶	6675.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 29	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)
A. Capital National Bank

Mailing Address
200 Washington Square North P.O. Box 26068
City State Zip Code
Lansing MI 48901-2577

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period
119.45

FEC ID number of contributing federal political committee.

Name of Employer Occupation Interest on Account

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 119.45

Transaction ID: SA11C.5036

Full Name (Last, First, Middle Initial)
B. Capital National Bank

Mailing Address
200 Washington Square North P.O. Box 26068
City State Zip Code
Lansing MI 48901-2577

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period
133.96

FEC ID number of contributing federal political committee.

Name of Employer Occupation Interest on account

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 253.41

Transaction ID: SA11C.5038

Full Name (Last, First, Middle Initial)
C. Capital National Bank

Mailing Address
200 Washington Square North P.O. Box 26068
City State Zip Code
Lansing MI 48901-2577

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period
95.87

FEC ID number of contributing federal political committee.

Name of Employer Occupation Interest on account

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 349.28

Transaction ID: SA11C.5039

SUBTOTAL of Receipts This Page (optional)	▶	349.28
TOTAL This Period (last page this line number only)	▶	349.28

**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 14 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. AMPAC		Date of Disbursement 06 / 07 / 2002	
Mailing Address 1101 Vermont AVE. NW City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 7600.00	
Purpose of Disbursement		Candidate Name	
Office Sought: House Senate President		Disbursement For: 2002 X Primary General Other (specify) ▼	
State: District:		Category/Type	
		Transaction ID: SB22.4250	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	7600.00
TOTAL This Period (last page this line number only)	7600.00

**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)

PAGE 15 / 29

<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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial)

A. Fund for Michigan's Future

Mailing Address

P.O. Box 374

City

Midland

State

MI

Zip Code

48640

Purpose of Disbursement

Date of Disbursement

05 / 15 / 2002

Amount of Each Disbursement this Period

100.00

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

Other (specify) ▼

State:

District:

Transaction ID: SB23.6050

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

100.00

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

100.00

**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)

PAGE 18 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Alan Sanborn for Senate		Date of Disbursement 06 / 19 / 2002
Mailing Address 48945 Van Dyke Rd. # 10-A City: Shelby Twp. State: MI Zip Code: 48317		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4993
State: District:		

Full Name (Last, First, Middle Initial) B. Bill Huizenga for State Representative Committee		Date of Disbursement 06 / 19 / 2002
Mailing Address PO Box 254 City: Zeeland State: MI Zip Code: 49464		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4994
State: District:		

Full Name (Last, First, Middle Initial) C. Brian Palmer for State Representative		Date of Disbursement 06 / 19 / 2002
Mailing Address PO Box 236 City: Romeo State: MI Zip Code: 48065		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4995
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1250.00
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)

PAGE 17 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Chris Kolb for State Representative		Date of Disbursement 06 / 19 / 2002	
Mailing Address 803 Edgewood Blvd. City: Ann Arbor State: MI Zip Code: 48103		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4996	
State: District:			

Full Name (Last, First, Middle Initial) B. Citizens for Dianne Byrum		Date of Disbursement 06 / 19 / 2002	
Mailing Address 4833 Belleview Rd. City: Onondaga State: MI Zip Code: 48264		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4997	
State: MI District: 67			

Full Name (Last, First, Middle Initial) C. Citizens for Shirley Johnson		Date of Disbursement 06 / 19 / 2002	
Mailing Address 4222 Sheridan Dr. City: Royal Oak State: MI Zip Code: 48073		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.4998	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)

PAGE 18 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Citizens to Elect Edward J. Gaffney		Date of Disbursement 06 / 19 / 2002	
Mailing Address 283 Kenwood Court City State Zip Code GrossePointeFarms MI 48236		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5B29.4998	
State: District:			

Full Name (Last, First, Middle Initial) B. Committee to Elect Buzz Thomas		Date of Disbursement 06 / 07 / 2002	
Mailing Address P.O. Box 14854 City State Zip Code Detroit MI 48214		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5B29.4992	
State: District:			

Full Name (Last, First, Middle Initial) C. Committee to Elect Rick Johnson		Date of Disbursement 06 / 19 / 2002	
Mailing Address 2302 Whitetail CR City State Zip Code Cadillac MI 49601		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5B29.5001	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1150.00
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)

PAGE 19 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Committee to Elect Shelly Goodman Taub		Date of Disbursement 05 / 30 / 2002	
Mailing Address 1859 Shore Hill Dr. City: Bloomfield Hills State: MI Zip Code: 48302		Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4989	
State: District:			

Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Gene DeRussell		Date of Disbursement 06 / 19 / 2002	
Mailing Address PO Box 367 City: Saline State: MI Zip Code: 48178		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5002	
State: District:			

Full Name (Last, First, Middle Initial) C. CTE Ima Clark State Senator		Date of Disbursement 06 / 19 / 2002	
Mailing Address 2658 Oakman Blvd. City: Detroit State: MI Zip Code: 48238		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5000	
State: MI District: 2			

SUBTOTAL of Disbursements This Page (optional) ▶	1050.00
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)

PAGE 20 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Friends for David Farhat		Date of Disbursement 06 / 19 / 2002	
Mailing Address 3461 Whispering Woods Drive City Muskegon State MI Zip Code 49444		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5003	
State: District:			

Full Name (Last, First, Middle Initial) B. Friends of Bev Hammerstrom		Date of Disbursement 06 / 19 / 2002	
Mailing Address 1183 Oakmont Dr. City Temperance State MI Zip Code 48182		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4988	
State: District:			

Full Name (Last, First, Middle Initial) C. Friends of Gerald Van Woerkom		Date of Disbursement 06 / 19 / 2002	
Mailing Address 4218 Harbor Point Dr. City Muskegon State MI Zip Code 49441		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5004	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
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)

PAGE 21 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Friends of Jason Allen			Date of Disbursement 06 / 19 / 2002	
Mailing Address PO Box 2155 City Traverse City			Amount of Each Disbursement this Period 1000.00	
State MI			Zip Code 49685	
Purpose of Disbursement Campaign Contribution			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB29.5005	
State: District:				

Full Name (Last, First, Middle Initial) B. Friends of Jim Barcia			Date of Disbursement 06 / 30 / 2002	
Mailing Address 3190 Hidden Road City Bay City			Amount of Each Disbursement this Period 250.00	
State MI			Zip Code 48708	
Purpose of Disbursement Campaign Contribution			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB29.4990	
State: District:				

Full Name (Last, First, Middle Initial) C. Friends of Jim Barcia			Date of Disbursement 06 / 19 / 2002	
Mailing Address 3190 Hidden Road City Bay City			Amount of Each Disbursement this Period 1000.00	
State MI			Zip Code 48708	
Purpose of Disbursement Campaign Contribution			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: SB29.5006	
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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)

PAGE 22 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Friends of John Modenear		Date of Disbursement 06 / 19 / 2002	
Mailing Address 2203 Cranbrook Dr. City: Midland State: MI Zip Code: 48642		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: SB29.5007	
State: District:			

Full Name (Last, First, Middle Initial) B. Friends of Wayne Creelman for State Representative		Date of Disbursement 06 / 07 / 2002	
Mailing Address P.O. Box 15D155 City: Grand Rapids State: MI Zip Code: 49515-0155		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: SB29.4987	
State: District:			

Full Name (Last, First, Middle Initial) C. Friends of Wayne Creelman for State Representative		Date of Disbursement 06 / 30 / 2002	
Mailing Address P.O. Box 15D155 City: Grand Rapids State: MI Zip Code: 49515-0155		Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: SB29.4988	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1575.00
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)

PAGE 23 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Friends of Wayne Creelman for State Representative		Date of Disbursement 06 / 07 / 2002
Mailing Address P.O. Box 150155 City: Grand Rapids State: MI Zip Code: 49515-0155		Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4985
State: District:		

Full Name (Last, First, Middle Initial) B. Friends to Elect Bill McConico		Date of Disbursement 06 / 19 / 2002
Mailing Address 18134 Dequindre City: Detroit State: MI Zip Code: 48234		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5008
State: District:		

Full Name (Last, First, Middle Initial) C. Go Mike Bishop		Date of Disbursement 06 / 30 / 2002
Mailing Address 803 W. University Drive City: Rochester State: MI Zip Code: 48307		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4991
State: MI District: 14		

SUBTOTAL of Disbursements This Page (optional)	850.00
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)

PAGE 24 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. John Pappageorge for State Representative			Date of Disbursement 06 / 19 / 2002	
Mailing Address 1246 Provincial Drive City Troy State MI Zip Code 48064			Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:		Transaction ID: SB29.5008		

Full Name (Last, First, Middle Initial) B. Joseph Rivet for State Representative			Date of Disbursement 06 / 19 / 2002	
Mailing Address 4481 W. Park Dr. City Bay City State MI Zip Code 48708			Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name			Category/ Type	
Office Sought: House Senate President		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:		Transaction ID: SB29.5010		

Full Name (Last, First, Middle Initial) C. Larry Julian for State Representative			Date of Disbursement 06 / 19 / 2002	
Mailing Address 257 N. M-13 City Lennon State MI Zip Code 48449			Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name			Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: 85		Transaction ID: SB29.5011		

SUBTOTAL of Disbursements This Page (optional) ▶	750.00
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)

PAGE 25 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Laura M. Toy for State Senate		Date of Disbursement 06 / 21 / 2002	
Mailing Address 32663 Five Mile Rd. City Livonia State MI Zip Code 48154		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: SB29.5024	
State: MI District: 8			

Full Name (Last, First, Middle Initial) B. Laurie Stupak for Rep.		Date of Disbursement 06 / 19 / 2002	
Mailing Address PO Box 873 City Menominee State MI Zip Code 49858		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: SB29.5013	
State: MI District: 99			

Full Name (Last, First, Middle Initial) C. Paul DeWeese for State Senate		Date of Disbursement 06 / 19 / 2002	
Mailing Address 3898 N. Williamston Rd. City Williamston State MI Zip Code 48895		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House X Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: SB29.5014	
State: MI District: 23			

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
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)

PAGE 28 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Paul Gielegem for State Rep		Date of Disbursement 06 / 19 / 2002	
Mailing Address 38134 Sarnette City State Zip Code Clinton Twp. MI 48036		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5015	
State: MI District: 26			

Full Name (Last, First, Middle Initial) B. Paul Muxlow for State Representative		Date of Disbursement 06 / 19 / 2002	
Mailing Address PO Box 70 City State Zip Code Brown City MI 48416		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5016	
State: District:			

Full Name (Last, First, Middle Initial) C. Raymond E. Basham for Senate		Date of Disbursement 06 / 19 / 2002	
Mailing Address 12406 Telegraph Rd. City State Zip Code Taylor MI 48180		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5017	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

PAGE 27 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" 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)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Re-Elect John Stewart State Representative		Date of Disbursement 06 / 19 / 2002
Mailing Address 14956 Maplewood City Plymouth State MI Zip Code 48170		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5018
State: District:		

Full Name (Last, First, Middle Initial) B. Scott Shackleton C. C.		Date of Disbursement 06 / 30 / 2002
Mailing Address 2762 W. 18th Ave. City Sault Ste. Marie State MI Zip Code 49783		Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5019
State: MI District: 99		

Full Name (Last, First, Middle Initial) C. Scott Shackleton C. C.		Date of Disbursement 06 / 19 / 2002
Mailing Address 2762 W. 18th Ave. City Sault Ste. Marie State MI Zip Code 49783		Amount of Each Disbursement this Period 250.00
Purpose of Disbursement Campaign Contribution		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.5020
State: MI District: 99		

SUBTOTAL of Disbursements This Page (optional)	600.00
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)

PAGE 28 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Shulman for State Representative		Date of Disbursement 06 / 19 / 2002	
Mailing Address 4838 Rolling Ridge Court City: W. Bloomfield State: MI Zip Code: 48323		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5021	
State: District:			

Full Name (Last, First, Middle Initial) B. Stephen Adamini C. C.		Date of Disbursement 06 / 19 / 2002	
Mailing Address 27 Oak Hill Dr. City: Marquette State: MI Zip Code: 49856		Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5022	
State: MI District: 99			

Full Name (Last, First, Middle Initial) C. Tony Stamas for State Senate		Date of Disbursement 06 / 19 / 2002	
Mailing Address 5915 Eastman Ave. #10D City: Midland State: MI Zip Code: 48640		Amount of Each Disbursement this Period 1200.00	
Purpose of Disbursement Campaign Contribution Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB29.5023	
State: MI District: 38			

SUBTOTAL of Disbursements This Page (optional) ▶	2450.00
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)

PAGE 29 / 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Michigan Doctors Political Action Committee - Michigan State Medical Society

Full Name (Last, First, Middle Initial) A. Justice Robert Young		Date of Disbursement 05 / 07 / 2002
Mailing Address P.O. Box 700859 City Plymouth State MI Zip Code 48170		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4353
State: District:		

Full Name (Last, First, Middle Initial) B. Justice Robert Young		Date of Disbursement 05 / 30 / 2002
Mailing Address P.O. Box 700859 City Plymouth State MI Zip Code 48170		Amount of Each Disbursement this Period 700.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4354
State: District:		

Full Name (Last, First, Middle Initial) C. Justice Robert Young		Date of Disbursement 06 / 19 / 2002
Mailing Address P.O. Box 700859 City Plymouth State MI Zip Code 48170		Amount of Each Disbursement this Period 400.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: SB29.4355
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	3600.00
TOTAL This Period (last page this line number only)	▶	22525.00