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2000 OCT 17 P 3:48

MICHIGAN Doctors'
Political Action Committee

October 13, 2000

Dominick Ciaraldi
Reports Analyst
Federal Election Commission
Washington, DC 20463

Dear Mr. Ciaraldi:

Please find the enclosed **October 15 Quarterly Report, covering the period July 20, 2000 through September 30, 2000.**

If you have any questions, please contact Matthew C. Hedberg, Chief, Political Affairs, at (517) 336-5719 or at mhedberg@msms.org.

Thank you.

Sincerely,

Michael A. Sandler, MD
Secretary-Treasurer, MDPAC

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

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
East Lansing, MI 48826

2. FEC IDENTIFICATION NUMBER
C00011180

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report.

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period July 20, 2000 through September 30, 2000		
6. (a) Cash on Hand January 1, 19 2000		$ 74,081.98
(b) Cash on Hand at Beginning of Reporting Period	$ 113,438.67	
(c) Total Receipts (from Line 19)	$ 11,698.06	$ 112,911.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 125,136.73	$ 186,993.44
7. Total Disbursements (from Line 30)	$ 92,979.57	$ 154,836.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 32,157.16	$ 32,157.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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

Type or Print Name of Treasurer Michael A. Sandler, MD

Signature of Treasurer [signature] Date October 13, 2000

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
Michigan Doctors' Political Action Committee-
Michigan State Medical Society

REPORT COVERING PERIOD FROM July 20 TO: Sept. 30, 2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	2,725	18,050	11(a)(i)
i. Itemized (use Schedule A)	8,500	93,930	11(a)(ii)
ii. Unitemized	11,225	111,980	11(a)(iii)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees	150	150	11(c)
c. Other Political Committees (such as PACs)	11,375	112,130	11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	323.06	781.46	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	11,698.06	112,911.46	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,698.06	112,911.46	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		426.73	21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share		426.73	21(b)
b. Other Federal Operating Expenditures		426.73	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	5,950	37,230	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤	87,029.57	117,179.55	29
29. Other Disbursements	92,979.57	154,836.28	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	92,979.57	154,836.28	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,375		32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,375		34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 12

FOR LINE NUMBER 11a i

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

NAME OF COMMITTEE (in Full): Michigan Doctors' Political Action Committee - Michigan State Medical Society

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Karen C. Cummiskey, MD 1000 E. Paris Ave SE #210 Grand Rapids, MI 49546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300	9/29/00	300.-
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Martin M. Pevzner, MD 4045 Hidden Woods Dr. Bloomfield Hills, MI 48301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300	9/29/00	300.-
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark D. Malnar, MD 3230 Eagle Park Dr #202 Grand Rapids, MI 49501-0186 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 225	9/6/00	225.-
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert E. Hillyer, MD 1010 Three Mile Rd. Grosse Pointe Park, MI 48230 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300	7/30/00	300.-
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles J. Lanek, MD 7941 Truesdale Traverse City, MI 49686 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 225	7/30/00	225.-
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Satish Hasan, MD 1575 Woodward Ave #210 Bloomfield Hills, MI 48302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 400	7/30/00	400.-
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daryl S. Lacke, MD 840 Cook Rd. Hastings, MI, 49058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: physician Aggregate Year-to-Date > $ 300	7/30/00	300.-

SUBTOTAL of Receipts This Page (optional) > 2,050.-

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David M. Woodliff, MD 1095 W. Green St. Hastings, MI 49058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 450	7/31/00	450.-
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Logan A. Oney, MD 22151 Moross Rd #322 Detroit, MI 48236-2144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date $ 225	7/31/00	225.-
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 675

TOTAL This Period (last page this line number only) 2,725

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER

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

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

Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Elect Pat Godchaux P.O. Box 206 Birmingham, MI 48012-0206	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/20/00	500.-
B. Friends of Ruth Johnson 11750 Eagle Rd Davisburg, MI 48350	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/20/00	1,000.-
C. Shulman for State Representative P.O. Box 25114 4838 Rolling Ridge Ct. W. Bloomfield, MI 48325	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/20/00	500.-
D. Citizens for Jason Allen P.O. Box 205 Traverse City, MI 49685	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/9/00	250.-
E. Friends of Bob Brown P.O. Box 625 Dearborn Hts, MI 48127	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/9/00	300.-
F. Friends of Tom George 246 E. Kilgore Portage, MI 49002	contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/9/00	1,000.-
G. Committee to Elect Mark C. Jansen 6857 Linden SE Grand Rapids, MI 49548	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/9/00	500.-
H. Committee to Elect Charles Lasota 1424 Newberry Hills Ln St. Joseph, MI 49085	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/9/00	500.-
I. Douglas J. Spade for State Rep. 768-2 W. Maple St. Adrian, MI 49221	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/9/00	1,000.-

SUBTOTAL of Disbursements This Page (optional)	5,550
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Committee to Elect Keith Stallworth, 19793 Sorrento, Detroit, MI 48235	Contribution; Disbursement for: Primary / General / Other (specify)	8/9/00	500.-
B. Vander Roest for State Rep., 2689 N. 37th St., Galesburg, MI 49053	Contribution; Disbursement for: Primary / General / Other (specify)	8/9/00	250.-
C. Committee to Elect Charles Lasata, 1424 Newberry Hills Ln, St. Joseph, MI 49085	Contribution; Disbursement for: Primary / General / Other (specify)	8/9/00	500.-
D. Valle Garcia for State Rep., P.O. Box 136, St. Johns, MI 48879	Contribution; Disbursement for: Primary / General / Other (specify)	8/15/00	500.-
E. Friends of Gilda Jacobs, 8353 Hendrie, Huntington Woods, MI 48070	Contribution; Disbursement for: Primary / General / Other (specify)	8/15/00	1,000.-
F. Citizens for Shirley Johnson, 4222 Sheridan Dr., Royal Oak, MI 48361	Contribution; Disbursement for: Primary / General / Other (specify)	8/15/00	800.-
G. Citizens for Raczkowski, P.O. Box 20042, Lansing, MI 48901-2042	Contribution; Disbursement for: Primary / General / Other (specify)	8/15/00	1,000.-
H. Supreme Court 2000, P.O. Box 700859, Plymouth MI 48170	Contribution; Disbursement for: Primary / General / Other (specify)	8/15/00	2,000.-
I. Supreme Court 2000, P.O. Box 700859, Plymouth MI 48170	Contribution; Disbursement for: Primary / General / Other (specify)	8/15/00	6,000.-

SUBTOTAL of Disbursements This Page (optional) 12,550

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 12

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Team Vear 2000 for MI State Rep P.O. Box 136 Jonesville, MI 49250-0136	Contribution Disbursement for: Primary General Other (specify)	8/15/00	250.-
B. Committee to Elect Rick Johnson 7991 W. Meyering Rd McBain, MI 49657	Contribution Disbursement for: Primary General Other (specify)	8/16/00	1,000.-
C. Larry Julian for State Rep. 257 North M-13 Lennon, MI 48449	Contribution Disbursement for: Primary General Other (specify)	8/18/00	350.-
D. Re-Elect Randy Richardville P.O. Box 2281 Monroe, MI 48161	Contribution Disbursement for: Primary General Other (specify)	8/18/00	1,000.-
E. Pappageorge for State Rep. 938 Livernois Troy, MI 48083	Contribution Disbursement for: Primary General Other (specify)	8/21/00	500.-
F. Paul Gieleghem for State Rep. 37310 Glenbrook Clinton Twp, MI 48036	Contribution Disbursement for: Primary General Other (specify)	9/7/00	200.-
G. Friends of Hansen Clarke 243 W. Congress Ste 350 Detroit, MI 48226	Contribution Disbursement for: Primary General Other (specify)	9/7/00	300.-
H. Citizens for Mark Schauer P.O. Box 1455 Battle Creek, MI 48016-1455	Contribution Disbursement for: Primary General Other (specify)	9/7/00	600.-
I. Friends to Elect Raymond Basham 12406 Telegraph Taylor, MI 48180	Contribution Disbursement for: Primary General Other (specify)	9/13/00	250.-

SUBTOTAL of Disbursements This Page (optional) 4,450

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Rose Bogardus for State Rep. 1119 Laurie Ln Davison, MI 48423	Contribution	9/13/00	200.—
B. Nancy Cassis for State Rep. 22186 Daleview Dr. Novi, MI 48374	Contribution	9/13/00	500.—
C. Committee to Re-Elect Gene DeRossett, P.O. Box 367 Saline, MI 48176	Contribution	9/13/00	300.—
D. Friends of Paul DeWeese 3896 N. Williamston Rd. Williamston, MI 48895	Contribution	9/13/00	500.—
E. Ehardt for State Rep. P.O. Box 309 Lexington, MI 48450	Contribution	9/13/00	1,000.—
F. A.T. Frank for State Rep. P.O. Box 6713 Saginaw, MI 48608-6713	Contribution	9/13/00	300.—
G. Friends of Tom George 246 E. Kilgore Portage, MI 49002	Contribution	9/13/00	500.—
H. Committee to Elect Janet Kukuk 23611 E 23 Mile Rd Macomb, MI 48042	Contribution	9/13/00	250.—
I. Committee for Bill O'Neil 15404 Aster Allen Park, MI 48101	Contribution	9/13/00	250.—

SUBTOTAL of Disbursements This Page (optional) 3800

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Triette Lipsey Reeves for State Rep. 13530 W. Outer Dr. Detroit, MI 48239	Contribution	9/13/00	300.-
B. Citizens to Re-elect Richner 312 Roosevelt Place Grosse Pte, MI 48230	Contribution	9/13/00	300.-
C. Ken Sikkema for Senate P.O. Box 344 Grandville, MI 49468	Contribution	9/13/00	250.-
D. Supreme Court 2000 P.O. Box 700859, Plymouth, MI 48170	Contribution	9/13/00	900.-
E. Committee to Elect Mike Bishop 422 Windrock Lane Dimondale, MI 48821	Contribution	9/27/00	500.-
F. Friends of Ruth Ann Jamnick 7776 Lake Crest Drive Ypsilanti, MI 48197	Contribution	9/22/00	250.-
G. Friends of Robert Gosselin 5220 Vineyards Court Troy, MI 48098	Contribution	9/22/00	300.-
H. Friends of Andy Newmann 937 S. Third Ave. Alpena, MI 49707	Contribution	9/22/00	1,000.-
I. Citizens for Mark Schauer P.O. Box 1455 Battle Creek, MI 48016	Contribution	9/22/00	208.-

SUBTOTAL of Disbursements This Page (optional) 4008

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 9 OF 12

FOR LINE NUMBER

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Citizens to Elect Doug Hart 3892 Central Parkway #104 Grand Rapids, MI 49505	contribution	9/22/00	500.—
B. Judith Scranton Committee 2457 Spring Lake Ln Brighton, MI 48116-9285	contribution	9/30/00	250.—
C. David Woodward for State Rep. 3270 Garden Royal Oak, MI 48073	contribution	9/30/00	250.—
D. Committee to Elect State Rep. Steve Pastula 1830 Ranch Dr. NW Grand Rapids, MI 49504	contribution	8/9/00	300.—
E. Los Angeles 2000 1017 E. Kalamazoo Lansing, MI 48912	contribution	8/9/00	1,000.—
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 2,300

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

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Larry Julian for State Rep. 25 North M-13 Lennon, MI 48449	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/18/00	150.-
B. Full Name, Mailing Address and ZIP Code Paul Gieleghem for State Rep. 37310 Glenbrook Clinton Twp. MI 48036	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/7/00	100.-
C. Full Name, Mailing Address and ZIP Code Hammerstrom Leadership Fund 1183 Oakmont Temperance, MI 48182	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/13/00	150.-
D. Full Name, Mailing Address and ZIP Code Terry Kooiman for State Rep. 1708 Adams SE Grand Rapids, MI 49506	Ticket Purchase Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/30/00	100.-
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 500

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

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SCHEDULE B | **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Michigan State Medical Society, 120 W. Saginaw, E. Lansing, MI 48826	Administrative Expenses	8/9/00	32,370.71
B. Michigan State Medical Society, 120 W. Saginaw, E. Lansing, MI 48826	Administrative Expense	9/13/00	20,000.—
C. Postmaster, E. Lansing, MI 48826	Postage dues	9/25/00	200.—
D. RSVP Restaurant, 651 Capital Ave NE, Battle Creek, MI 49016	Catering Costs	9/22/00	392.—
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 52,962.71

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 22

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave NW Washington DC 20005	dues transfer Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	8/9/00	2,700.—
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
AMPAC 1101 Vermont Ave NW Washington DC 20005	dues transfer Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/13/00	950.—
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
AMPAC 1101 Vermont Ave NW Washington DC 20005	dues transfer Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	8/9/00	2,300.—
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	5950
TOTAL This Period (last page this line number only)	5950

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Michigan National Bank P.O. Box 79001 Detroit, MI 48279	Bank Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/31/00	16.58
B. Full Name, Mailing Address and ZIP Code Michigan National Bank P.O. Box 79001 Detroit, MI 48279	Bank Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/31/00	16.52
C. Full Name, Mailing Address and ZIP Code Michigan National Bank P.O. Box 79001 Detroit, MI 48279	Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/13/00	157.50
D. Full Name, Mailing Address and ZIP Code Michigan National Bank P.O. Box 79001 Detroit, MI 48279	Bank Service Charge Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/30/00	18.26
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	908.86
TOTAL This Period (last page this line number only)	87,029.57

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 10/13/2000
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PM	10/17/2000
	PREPARER	DATE PREPARED

(6/2000)