RECEIVED FEC MAIL CENTER

2009 OCT 19 AM 11: 00

FEC FORM 1		STATI ORGA					0	ffice Use Only	•
NAME OF COMMITTEE (in	n full)	(Check if is change		Example over the	e:If typing, typ lines.	e 12F	€4M5		
MI CHILGA	INI PIH	LIYISI IICI IIA	IN S	<u>Ti 1 MiU</u>	ED P	A _I C ₁ 1		1111	
						1111			للبلل
ADDRESS (number a	nd street)	4677. 1	OWN	EL LE	INTRE	1 1 1 1			لـــــــا
(Check if a	ddress	SUITE	131011				1 1	1111	
is changed)		SAGINA	W.] [4]	816041-	لىيا
			c	YTI		STATE		ZIP COD	ÞΕ
COMMITTEE'S E-MA	AIL ADDRES	S (Please provide	only one e-r	mail addres	s)				
(Chack if	address	JEFFR	ا الماكن	CIHIEIL	LOMIL	CHILIGIA	INPH	14,5,1,0,1	AMS - O
(Check if address is changed)			لططط		للململ			- 	ليبيا
COMMITTEE'S WEB	PAGE ADD	PRESS (URL)							
(Check if	address	HITITIPI	/ VIWI	WI-IMIL	ICHILIGH	AINIPHIS	ISILIC	ILIAINISI.	ORG
is change		سسب	للبل		للللل		1.1.1.	<u> </u>	لىسى
2. DATE	M ′ D 1	2000	ř						
3. FEC IDENTIFIC	CATION NU	MBER	CÓ	046	4800				
4. IS THIS STATE	MENT	NEW (N)	OR	X	AMENDED ((A)		-	
I certify that I have	examined th	is Statement and t	o the best	of my knov	viedge and be	elief it is true,	correct an	d complete.	
Type or Print Name	of Treasurer	Jeth	ey R	. Sch	11		· · ·		
Signature of Treasure	er	1/HW				_ Date	ĭ ö	′ 0 6 ′ 2	žòòq

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

 Office Use Only	For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)

FEC F	orm 1 (Revised 02/2009)				Page 2		
	COMMITTEE re Committee:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized of information below.)	ommittee, and is NOT a	principal campaign	committee. (Co	mplete the candidate		
Name of Candidate							
Candidate Party Affilia	Office tion Sought:	: House	Senate	President	State		
r arry 7 mina	Sought.	i louse	Cenale	Flesident	District		
(c)	This committee supports/opposes	only one candidate, and	I is NOT an authoriz	ed committee.			
Name of Candidate							
Dorte Co.							
Party Co	This committee is a	(National, State or subordinate) c	ommittee of the		(Democratic, Republican, etc.) Part		
Political /	Action Committee (PAC):						
(e)	This committee is a separate segr	egated fund. (Identify co	nnected organization	on line 6.) Its co	onnected organization is		
	Corporation	Corpor	ation w/o Capital Sto	ock .	Labor Organization		
	Membership Organization	Trade /	Association		Cooperative		
	In addition, this com	nmittee is a Lobbyist/Reg	istrant PAC.				
(f) X	This committee supports/opposes committee. (i.e., nonconnected com		candidate, and is No	OT a separate s	segregated fund or par		
	In addition, this committee is	s a Lobbyist/Registrant F	PAC.				
	In addition, this committee is	s a Leadership PAC. (Ide	entify sponsor on line	6.)			
Joint Fun	draising Representative:						
(g)	This committee collects contribution committees/organizations, at least of						
(h)	This committee collects contributions committees/organizations, none of v				two or more political		
Cor	nmittees Participating in Joint Fur	ndraiser					
1.			FEC ID nui	mber C			
2.		<u> </u>	FEC ID nui	mber C			
3.			FEC ID nui	mber C			
4.			FEC ID nur	mbor C			

	FEC Form 1 (Revised	02/2009)	Page 3
٧	Vrite or Type Committee Nam	ne	
	MICHIGAN	PHYSICIANS UNITED PAC	
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
. c	TARRORE LANGE TO A A A A		
[3	PA GIL INIA IWI IVIA I	LILIEIYI INEIUIRIOISIUIRIGIERIYI IPIAICI I I I I	
L	<u> </u>		
	Mailing Address	4677 TOWNE CENTRE	
		S U TE 3 0	
		SAGUNAW 41	8,6,041-
		CITY STATE	ZIP CODE
	Relationship: Connecte	ed Organization 🗶 Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
		Z	- Control of Control
·	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person i	in possession of committee
	Full Name STE	ν _ι ε, , , ε, ν, κ, ι, ν, ς, , , , , , , , , , , , , , , , ,	
	Mailing Address	4,6,7,7, ,T,0,W,N,E, ,C,E,N,T,R,E, ,R,D, , , ,	
	Maning Address	[S,0,1,T,E, 3,0]	
			8,6,0,4]-
			<u> </u>
	Title or Position	CITY STATE	ZIP CODE
	SIEICIRIEITIAIRIY	Telephone number	
3.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	he name and address of
	Full Name of Treasurer	FIRIEIYI IRI ISICIHIEILLI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
	Mailing Address	14.6.7.7 ITOWNE LENTRE RD	
		[S10,1,TE, 3,0,1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
			8,6,0,41-1
	Tills Daniel	CITY STATE	ZIP CODE
	Title or Position	Telephone number 19 8 915	-13,9,71-1576,921

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent JEFF	FIRIEIY, IRI ISICIHIEILILI IIII		
Mailing Address	4677 TOWNE CENTRE		
	[S10,1, F, E, 3,0,1]		
	CITY	M _, i STATE	2IP CODE
Title or Position	Telephor	ne number [9]	8,91-13,971-156,974
. Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		ommittee deposits	funds, holds accounts, rents
GIT	1,2,E,N,S, B,A,N,K,		
Mailing Address	LIOILINI WAISHINGTON	AIVIE	
	$[S_1A_1G_1]_1N_1A_1V_1$		4.8.6.0.4-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
لبيب			
Mailing Address			
	<u> </u>	ليا ل	لىسا-لىسا
	CITY	STATE	ZIP CODE

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** 16/13/05 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):