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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MICHIGAN PHYSICIANS UNITED PAC

ADDRESS (number and street)

4677 TOWNE CENTRE

(Check if address
is changed)

SUITE 301

SAGINAW

MI

48604

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

JEFFREY.SCHELL@MICHIGANPHYSICIANS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

HTTP://WWW.MICHIGANPHYSICIANS.ORG

2. DATE

10 / 08 / 2009

3. FEC IDENTIFICATION NUMBER

C00464800

4. IS THIS STATEMENT

NEW (N)

OR

X

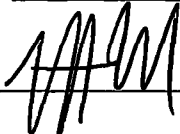
AMENDED (A)

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

Type or Print Name of Treasurer

Jeffrey R. Schell

Signature of Treasurer



Date

10 / 08 / 2009

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)

Candidate Committee:

- Name of Candidate

District

- Name of
Candidate**

(d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

1. _____ FEC ID number C

[illegible][illegible][illegible]

Write or Type Committee Name

MICHIGAN PHYSICIANS UNITED PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

SAGINAW VALLEY NEUROSURGERY PAC

Mailing Address

4677 TOWNE CENTRE

SUITE 301

SAGINAW MI 48604-

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

☒ Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

STEVE JENKINS

Mailing Address

4677 TOWNE CENTRE RD

SUITE 301

SAGINAW MI 48604-

Title or Position

CITY

STATE

ZIP CODE

SECRETARY

Telephone number - -

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

JEFFREY R. SCHIEL

Mailing Address

4677 TOWNE CENTRE RD

SUITE 301

SAGINAW MI 48604-

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number 989-397-5692

29030174138

Full Name of
Designated
Agent

JEFFREY R SCHELL

Mailing Address

4677 TOWNE CENTRE

SUITE 301

SAGINAW

CITY

MI

STATE

48604

ZIP CODE

Title or Position

TREASURER

Telephone number

989-397-5692

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITIZENS BANK

Mailing Address

1101 N WASHINGTON AVE

SAGINAW

CITY

MI

STATE

48604

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030174139

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm D
PREPARER
(3/2005)

11/19/05
DATE PREPARED

29030174140