

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Lee, Don, Suk, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9751 W Prairie Grass Way

City Franklin	State WI	Zip Code 53132-7201
------------------	-------------	------------------------

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

Name of Employer (for Individual) CSM Inpatient Medicine Program - Milwa	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		12		2018

Transaction ID : 9780113

Amount of Each Receipt this Period
100.00

Memo Item

Earmark for Glenn Grothman for Congress

B. Lee, Don, Suk, Doctor,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9751 W Prairie Grass Way

City Franklin	State WI	Zip Code 53132-7201
------------------	-------------	------------------------

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

Name of Employer (for Individual) CSM Inpatient Medicine Program - Milwa	Occupation (for Individual) Physician
---	--

Receipt For: 2017
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		09		2018

Transaction ID : 9780120

Amount of Each Receipt this Period
250.00

Memo Item

Earmark for Leah for Senate

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	1450.00