

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

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

FOR LINE NUMBER: PAGE 15 OF 23

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

A. MOIIN,, ALI, , ,

Mailing Address 1575 W Big Beaver Rd

City
TroyState
MIZip Code
48084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2019

Transaction ID : SA11AI.19686

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. Musson, Kenneth, H., Doctor,

Mailing Address 929 Business Park Dr

City

Traverse City

State

MI

Zip Code

49686-8683

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Grand Traverse OphthalmologyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2019

Transaction ID : SA11AI.19651

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. Nasr, Bassam, H., Doctor,

Mailing Address 1231 Pine Grove Avenue
Suite 2A

City

Port Huron

State

MI

Zip Code

48060-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Physician HealthCare NetworkOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 14 / 2019

Transaction ID : SA11AI.19653

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1100.00

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