

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Michigan Doctors Political Action Committee - Michigan State Medical Society

ADDRESS (number and street) P.O. Box 769
 Check if different than previously reported. (ACC)
East Lansing MI 48826

2. **FEC IDENTIFICATION NUMBER** C00001180
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

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 Scot Goldberg

Signature of Treasurer Electronically Filed by Scot Goldberg Date 10 06 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		166546.85
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	131046.85									
(c) Total Receipts (from Line 19)	9025.00	33815.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	140071.85	200361.85								
7. Total Disbursements (from Line 31)	40075.27	100365.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99996.58	99996.58								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Michigan Doctors Political Action Committee - Michigan State Medical Society

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3200.00	16375.00
(i) Itemized (use Schedule A)	5825.00	17440.00
(ii) Unitemized	9025.00	33815.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9025.00	33815.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9025.00	33815.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9025.00	33815.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39295.00	95360.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	780.27	5005.27
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40075.27	100365.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40075.27	100365.27

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	9025.00	33815.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9025.00	33815.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 / 22
	<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)
Michigan Doctors Political Action Committee - Michigan State Medical Society

A.	Full Name (Last, First, Middle Initial) MD Anthony W. Boutt	Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address 1522 Pine Grove Ave Suite C	Transaction ID: SA11AI.13839
	City Port Huron State MI Zip Code 48060-3563	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Anthony Boutt Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Aggregate Year-to-Date 225.00

B.	Full Name (Last, First, Middle Initial) MD Bruce E. Carl	Date of Receipt MM / DD / YYYY 08 / 12 / 2008
	Mailing Address 64580 Van Dyke Suite D	Transaction ID: SA11AI.13857
	City Washington State MI Zip Code 48095-2857	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bruce Carl, MD Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Aggregate Year-to-Date 300.00

C.	Full Name (Last, First, Middle Initial) MD Jon P. Cowan	Date of Receipt MM / DD / YYYY 08 / 28 / 2008
	Mailing Address 3333 Evergreen Dr, NE	Transaction ID: SA11AI.13837
	City Grand Rapids State MI Zip Code 49525	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Jon Cowan, MD Occupation Physician Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Aggregate Year-to-Date 225.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22
(check only one)

<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

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

A.

Full Name (Last, First, Middle Initial)
MD Mark D. Dykowski

Mailing Address 555 S Old Woodward Ave
Suite 500

City Birmingham State MI Zip Code 48009

FEC ID number of contributing federal political committee. C

Name of Employer Marl Dykowski, MD Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) Convention

Aggregate Year-to-Date 300.00

Date of Receipt 07 / 10 / 2008
Transaction ID: SA11AI.13794
 Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
MD Murali Guthikonda

Mailing Address 4160 John R
Suite 930

City Detroit State MI Zip Code 48201

FEC ID number of contributing federal political committee. C

Name of Employer Murali Guthikonda, MD Occupation FACS

Receipt For: 2006
 Primary General
 Other (specify) Convention

Aggregate Year-to-Date 300.00

Date of Receipt 09 / 09 / 2008
Transaction ID: SA11AI.13842
 Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
MD Christina V. Jacobs

Mailing Address 524 S Park Street
PO Box 19280

City Kalamazoo State MI Zip Code 49019-0280

FEC ID number of contributing federal political committee. C

Name of Employer Christina Jacobs, MD Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) Convention

Aggregate Year-to-Date 225.00

Date of Receipt 07 / 30 / 2008
Transaction ID: SA11AI.13796
 Amount of Each Receipt this Period 225.00

SUBTOTAL of Receipts This Page (optional) 825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22
(check only one)

<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

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

A.

Full Name (Last, First, Middle Initial)
MD Mark D. Malnor

Mailing Address 3210 Eagle Run Dr NE
Suite 200

City State Zip Code
Grand Rapids MI 49525-7051

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

Name of Employer Mark Malnor, MD Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 30 / 2008**

Transaction ID: SA11AI.13844

Amount of Each Receipt this Period **300.00**

B.

Full Name (Last, First, Middle Initial)
MD Susan K. Schmiede

Mailing Address 2918 Nottingham West

City State Zip Code
Saginaw MI 48603

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

Name of Employer Susan Schmiede, MD Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 09 / 2008**

Transaction ID: SA11AI.13860

Amount of Each Receipt this Period **300.00**

C.

Full Name (Last, First, Middle Initial)
MD George H. Shade, Jr

Mailing Address 6071 W Outer Dr
Suite M-541, OB/GYN Department

City State Zip Code
Detroit MI 48235

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

Name of Employer Wayne County Medical Society Occupation VP of Medical Affairs

Receipt For: 2006
 Primary General
 Other (specify) **Convention**

Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 10 / 2008**

Transaction ID: SA11AI.13851

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional) **900.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) MD William G. Swagman		Date of Receipt MM / DD / YYYY 08 / 28 / 2008
Mailing Address 3333 Evergreen NE		Transaction ID: SA11AI.13852
City Grand Rapids	State MI	Zip Code 49525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer William Swagman, MD	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Aggregate Year-to-Date 500.00	

B.

Full Name (Last, First, Middle Initial) MD Todd S. Wilkinson		Date of Receipt MM / DD / YYYY 07 / 30 / 2008
Mailing Address 3535 W 13 Mile Rd Suite 305		Transaction ID: SA11AI.13869
City Royal Oak	State MI	Zip Code 48073-6702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Todd Wilkinson, MD	Occupation Physician	
Receipt For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Aggregate Year-to-Date 225.00	

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	3200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB23.13704 Date of Disbursement 07 / 11 / 2008	
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600		Amount of Each Disbursement this Period 2940.00
	City WASHINGTON State DC Zip Code 20001		
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB23.13761 Date of Disbursement 08 / 21 / 2008	
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600		Amount of Each Disbursement this Period 1230.00
	City WASHINGTON State DC Zip Code 20001		
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB23.13771 Date of Disbursement 09 / 03 / 2008	
	Mailing Address 25 MASSACHUSETTS AVENUE NW SUITE 600		Amount of Each Disbursement this Period 600.00
	City WASHINGTON State DC Zip Code 20001		
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4770.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Bill Rogers for State Rep	Transaction ID: SB23.13754 Date of Disbursement
	Mailing Address 4878 Pine Eagles Ct	<input type="text" value="07"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Bill Rogers	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 66	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bishop Majority Fund	Transaction ID: SB23.13705 Date of Disbursement
	Mailing Address 883 Great Oaks Blvd.	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Rochester State MI Zip Code 48307	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chuck Moss for State Representative	Transaction ID: SB23.13735 Date of Disbursement
	Mailing Address 1184 Dorchester	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Birmingham State MI Zip Code 48009	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Chuck Moss	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Citizens for John Gleason	Transaction ID: SB23.13726 Date of Disbursement
	Mailing Address 2617 Macomber	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Flint State MI Zip Code 48503	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="600.00"/>
	Candidate Name John Gleason	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cmte to Re-Elect Justice Cliff Taylor	Transaction ID: SB23.13746 Date of Disbursement
	Mailing Address 300 N Fifth Ave.	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="11"/> <input type="text" value="11"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Ann Arbor State MI Zip Code 48104	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Cliff Taylor	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cmte to Re-Elect Justice Cliff Taylor	Transaction ID: SB23.13751 Date of Disbursement
	Mailing Address 300 N Fifth Ave.	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="15"/> <input type="text" value="15"/> / <input type="text" value="2008"/> <input type="text" value="2008"/>
	City Ann Arbor State MI Zip Code 48104	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Cliff Taylor	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Cmte to Re-Elect Justice Cliff Taylor <hr/> Mailing Address 300 N Fifth Ave. <hr/> City Ann Arbor State MI Zip Code 48104 <hr/> Purpose of Disbursement Contribution Candidate Name Cliff Taylor <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13758 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Cmte to Re-Elect Justice Cliff Taylor <hr/> Mailing Address 300 N Fifth Ave. <hr/> City Ann Arbor State MI Zip Code 48104 <hr/> Purpose of Disbursement Contribution Candidate Name Cliff Taylor <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13770 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Coleman Young for Detroit <hr/> Mailing Address 3430 E Jefferson <hr/> City Detroit State MI Zip Code 48207 <hr/> Purpose of Disbursement Contribution Candidate Name Coleman Young <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13785 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Committee to Elect Amy Peterman	Transaction ID: SB23.13736 Date of Disbursement
	Mailing Address 6771 Torybrooke	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="2008"/>
	City West Bloofield State MI Zip Code 48323	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Amy Peterman	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 39	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Elect Andrew Kandreas	Transaction ID: SB23.13743 Date of Disbursement
	Mailing Address 13400 Dix-Toledo	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Southgate State MI Zip Code 48195	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Andrew Kandreas	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee to Elect Gail Haines	Transaction ID: SB23.13728 Date of Disbursement
	Mailing Address PO Box 301085	<input type="text" value="07"/> <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Waterford State MI Zip Code 48330	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Gail Haines	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 43	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Committee to Elect Harold Haugh Mailing Address 19464 Candlelight City Roseville State MI Zip Code 48066 Purpose of Disbursement Contribution Contribution Candidate Name harold Haugh Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 42 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13747 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Committee to Elect Jase Bolger Mailing Address PO Box 638 City Marshall State MI Zip Code 49068 Purpose of Disbursement Contribution Contribution Candidate Name Jase Bolger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 63 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13725 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Committee to Elect Jimmy Womack Mailing Address 2130 W McNichols Rd City Detroit State MI Zip Code 48221 Purpose of Disbursement Contribution Contribution Candidate Name James Womack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13739 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 300.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1800.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)
Committee to Elect Lesia Liss

Mailing Address 17472 Haverhill

City Warren State MI Zip Code 48092

Purpose of Disbursement
Contribution

Candidate Name
Lesia Liss

Office Sought: House
 Senate
 President

State: MI District: 28

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.13769
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

500.00

011
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Committee to Elect Peter Lund

Mailing Address 6881 Muirfield

City Shelby Twp State MI Zip Code 48316

Purpose of Disbursement
Contribution

Candidate Name
Peter Lund

Office Sought: House
 Senate
 President

State: MI District: 36

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.13759
Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

500.00

011
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Committee to Elect Richard LeBlanc

Mailing Address 36267 Canyon Drive

City Westland State MI Zip Code 48186

Purpose of Disbursement
Contribution

Candidate Name
Richard LeBlanc

Office Sought: House
 Senate
 President

State: MI District: 18

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.13773
Date of Disbursement

09 / 03 / 2008

Amount of Each Disbursement this Period

150.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

1150.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

CTE Kim Meltzer

Mailing Address 20585 Leelanau Dr.

City Clinton Twp. State MI Zip Code 48038

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name Kim Meltzer

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.13734

Date of Disbursement

07 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends for Kevin Elsenheimer

Mailing Address 1616 S LANSING STREET

City St Johns State MI Zip Code 48879

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name Kevin Elsenheimer

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: MI District:

Transaction ID: SB23.13762

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

175.00

C.

Full Name (Last, First, Middle Initial)

Friends of Andy Meisner

Mailing Address 14100 BALFOUR

City Oak Park State MI Zip Code 48237

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name Andy Meisner

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.13783

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1675.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends of Burt Johnson	Transaction ID: SB23.13752 Date of Disbursement 07 / 16 / 2008
	Mailing Address 36 Eason St	Amount of Each Disbursement this Period 250.00
	City Highland Park State MI Zip Code 48203	
	Purpose of Disbursement Contribution Candidate Name Bert Johnson	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Jim Stamas	Transaction ID: SB23.13756 Date of Disbursement 07 / 25 / 2008
	Mailing Address 5915 Eastman Ave	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement Contribution Candidate Name James Stamas	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 98	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Jon Switalski	Transaction ID: SB23.13749 Date of Disbursement 07 / 15 / 2008
	Mailing Address 71705 Forest Ln	Amount of Each Disbursement this Period 500.00
	City Warren State MI Zip Code 48093	
	Purpose of Disbursement Contribution Candidate Name Jon Switalski	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial) Friends of Jon Switalski <hr/> Mailing Address 71705 Forest Ln <hr/> City Warren State MI Zip Code 48093 Purpose of Disbursement Contribution Candidate Name Jon Switalski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 25 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13774 Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2008
	Amount of Each Disbursement this Period 500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Ken Horn <hr/> Mailing Address 516 S Main St <hr/> City Frankenmuth State MI Zip Code 48734 Purpose of Disbursement Contribution Candidate Name Ken Horn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 94 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13729 Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Roger Kahn <hr/> Mailing Address PO BOX 1627 <hr/> City Saginaw State MI Zip Code 49605-1627 Purpose of Disbursement Contribution Candidate Name Roger Kahn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 32 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.13764 Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A. Full Name (Last, First, Middle Initial)
John Pappageorge for State Representative

Mailing Address 1246 Provincial Drive

City Troy State MI Zip Code 48084

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
John Pappageorge

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.13784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Mark Meadows For State Representative

Mailing Address PO Box 4041

City East Lansing State MI Zip Code 48823

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Mark Meadows

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MI District: 69

Transaction ID: SB23.13733

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Martin Griffin for State Rep

Mailing Address 705 Grinnel

City Jackson State MI Zip Code 49203

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Martin Griffin

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.13727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Meadows Majority Fund	Transaction ID: SB23.13730 Date of Disbursement 07 / 11 / 2008
	Mailing Address Po Box 4041	Amount of Each Disbursement this Period 200.00
	City East Lansing State MI Zip Code 48826	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Randy Richardville of Senate	Transaction ID: SB23.13782 Date of Disbursement 09 / 24 / 2008
	Mailing Address PO Box 1631	Amount of Each Disbursement this Period 1000.00
	City Monroe State MI Zip Code 48161	
	Purpose of Disbursement Contribution Candidate Name Randy Richardville	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Great Southwest Fund	Transaction ID: SB23.13772 Date of Disbursement 09 / 03 / 2008
	Mailing Address PO Box 14081	Amount of Each Disbursement this Period 500.00
	City Lansing State MI Zip Code 48901-4081	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1700.00
TOTAL This Period (last page this line number only)	39295.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Michigan Doctors Political Action Committee - Michigan State Medical Society

A.

Full Name (Last, First, Middle Initial)

First Fulfillment, Inc.

Mailing Address 2650 Milcork St

City Kalamazoo State MI Zip Code 49001

Purpose of Disbursement

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.13777

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

0.00

B.

Full Name (Last, First, Middle Initial)

First Fulfillment, Inc.

Mailing Address 2650 Milcork St

City Kalamazoo State MI Zip Code 49001

Purpose of Disbursement

003
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB29.13780

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

780.27

SUBTOTAL of Disbursements This Page (optional)

780.27

TOTAL This Period (last page this line number only)

780.27