

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | | 245603.28 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 214446.60 | |
| (c) Total Receipts (from Line 19) | 5121.06 | 130303.48 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 219567.66 | 375906.76 |
| 7. Total Disbursements (from Line 31)..... | -465.00 | 155874.10 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 220032.66 | 220032.66 |
| 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

Ohio State Medical Association Political Action Committee

Report Covering the Period: From: / / To: / /

| 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 | | |
| (i) Itemized (use Schedule A)..... | 4485.20 | 118248.44 |
| (ii) Unitemized | 571.00 | 11783.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 5056.20 | 130031.44 |
| (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) | 5056.20 | 130031.44 |
| 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.)..... | 64.86 | 272.04 |
| 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 Transfers (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))..... ▶ | 5121.06 | 130303.48 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 5121.06 | 130303.48 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 7.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 7.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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 | -1200.00 | -1200.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | -1200.00 | -1200.00 |
| 29. Other Disbursements | 735.00 | 157067.10 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated 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)) .. | -465.00 | 155874.10 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | -465.00 | 155874.10 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 5056.20 | 130031.44 |
| 34. Total Contribution Refunds (from Line 28(d)) | -1200.00 | -1200.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 6256.20 | 131231.44 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 7.00 |
| 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 | 7.00 |

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

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

FOR LINE NUMBER: PAGE 6 OF 16
(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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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)
Ohio State Medical Association Political Action Committee

A. Dr. Pamela Rose Gardner
Full Name (Last, First, Middle Initial)
Mailing Address 4077 McClain Rd
City State Zip Code
Lima OH 45806-2537
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Heart Institute Of Northwest Ohio Inc Doctor
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 01 / 2014
Transaction ID : T64934
Amount of Each Receipt this Period
250.00
A Contribution to the Federal PAC

B. Dr. Carl Augustine Minning Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 888 Eastward Cir
City State Zip Code
Zanesville OH 43701-1554
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Eye Surgery Associates Of Zanesville I Doctor
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
650.00

Date of Receipt
12 / 01 / 2014
Transaction ID : T64933
Amount of Each Receipt this Period
350.00
A Contribution to the Federal PAC

C. Dr. Chester Duane Ridenour
Full Name (Last, First, Middle Initial)
Mailing Address 398 Highgate Ave
City State Zip Code
Worthington OH 43085-3019
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
The Retina Group Inc Doctor
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 01 / 2014
Transaction ID : T64930
Amount of Each Receipt this Period
350.00
A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00
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: (check only one) | PAGE 7 OF 16 |
| | <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"/> 17 | |

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NAME OF COMMITTEE (In Full)
Ohio State Medical Association Political Action Committee

A. Dr. Marc S Saunders
Full Name (Last, First, Middle Initial)

Mailing Address 1297 Stonnington Dr

City Youngstown State OH Zip Code 44505-1655

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

Name of Employer Marc S Saunders DO FACS Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 01 / 2014
Transaction ID : T64932

Amount of Each Receipt this Period 250.00

A Contribution to the Federal PAC

B. Dr. Sushil Mitter Sethi
Full Name (Last, First, Middle Initial)

Mailing Address 1319 Deer Run Rd

City Mansfield State OH Zip Code 44906-3480

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

Name of Employer Sushil M Sethi MD FCCP Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 08 / 2014
Transaction ID : T64986

Amount of Each Receipt this Period 1000.00

A Contribution to the Federal PAC

C. Dr. Nathan Joel Lowien
Full Name (Last, First, Middle Initial)

Mailing Address 11114 Rosewood Ln

City Athens State OH Zip Code 45701-9001

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

Name of Employer TeamHealth East Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 08 / 2014
Transaction ID : T64973

Amount of Each Receipt this Period 250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Ohio State Medical Association Political Action Committee

A. Dr. Richard Thomas Hoback
 Full Name (Last, First, Middle Initial)
 Mailing Address 7702 Normandy Ln
 City State Zip Code
 Centerville OH 45459-4118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Center-Med Family Practice Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : T64994
 Amount of Each Receipt this Period
 250.00
 A Contribution to the Federal PAC

B. Dr. Lisa Bohman Egbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 W Rahn Rd
 City State Zip Code
 Kettering OH 45429-2043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Paragon Womens Care Inc Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : T258449-11
 Amount of Each Receipt this Period
 83.33
 A Contribution to the Federal PAC

C. Timothy I. Maglione
 Full Name (Last, First, Middle Initial)
 Mailing Address 2570 Onandaga Dr
 City State Zip Code
 Columbus OH 43221-3620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio State Medical Association Sen. Dir., Gov. Relations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : T258437-8
 Amount of Each Receipt this Period
 50.00
 A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 383.33
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: (check only one) | PAGE 9 OF 16 |
| | <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"/> 17 | |

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NAME OF COMMITTEE (In Full)
Ohio State Medical Association Political Action Committee

A. Dr. Daniel Michael Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 16800 Van Aken Blvd Apt 302

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Cleveland | OH | 44120-3650 |

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

| | |
|--|------------|
| Name of Employer | Occupation |
| The Cleveland Clinic - Solon Family He | Doctor |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 15 | / | 2014 |

Transaction ID : T65034

Amount of Each Receipt this Period

| |
|--------|
| 350.00 |
|--------|

A Contribution to the Federal PAC

B. Dr. Kenneth Henry Koster
Full Name (Last, First, Middle Initial)

Mailing Address 5550 William Henry Harrison Ln

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Cincinnati | OH | 45243-3941 |

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

| | |
|--|------------|
| Name of Employer | Occupation |
| Premier Physician Services - Fairfield | Doctor |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 17 | / | 2014 |

Transaction ID : T65173

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

A Contribution to the Federal PAC

C. Dr. J. Steven Polsley
Full Name (Last, First, Middle Initial)

Mailing Address 162 New Haven Dr

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Urbana | OH | 43078-2252 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| Memorial Primary Care - Urbana | Doctor |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 18 | / | 2014 |

Transaction ID : T259088-12

Amount of Each Receipt this Period

| |
|-------|
| 83.37 |
|-------|

A Contribution to the Federal PAC

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 683.37 |
| 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 10 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Timothy I. Maglione

Mailing Address 2570 Onandaga Dr

City State Zip Code
 Columbus OH 43221-3620

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

Name of Employer Occupation
 Ohio State Medical Association Sen. Dir., Gov. Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014

Transaction ID : T259102-9

Amount of Each Receipt this Period
 50.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)
B. Dr. Luis Jorge Martino

Mailing Address 6572 Thornbriar St NW

City State Zip Code
 Canton OH 44718-3909

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

Name of Employer Occupation
 Mansard Medical Associates Inc Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014

Transaction ID : T259101-9

Amount of Each Receipt this Period
 25.00

A Contribution to the Federal PAC

Full Name (Last, First, Middle Initial)
C. Dr. John Leslie Lyman

Mailing Address 8281 Rhine Way

City State Zip Code
 Dayton OH 45458-3013

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

Name of Employer Occupation
 Premier Physician Services Inc Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 262.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014

Transaction ID : T259100-9

Amount of Each Receipt this Period
 29.16

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.16

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: (check only one) | PAGE 11 OF 16 |
| <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)
Ohio State Medical Association Political Action Committee

A. Dr. Lisa Bohman Egbert
Full Name (Last, First, Middle Initial)

Mailing Address 790 W Rahn Rd

City Kettering State OH Zip Code 45429-2043

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

Name of Employer Paragon Womens Care Inc Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2014
Transaction ID : T259092-12

Amount of Each Receipt this Period 83.37

A Contribution to the Federal PAC

B. Dr. Mark Eugene Hostettler
Full Name (Last, First, Middle Initial)

Mailing Address 921 Dogwood Trl

City Alliance State OH Zip Code 44601-5299

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

Name of Employer Internal Medicine Physicians Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 18 / 2014
Transaction ID : T259099-9

Amount of Each Receipt this Period 100.00

A Contribution to the Federal PAC

C. Dr. James Allen Bryant
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 521

City Miamisburg State OH Zip Code 45343-0521

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

Name of Employer Ohio Pediatrics Inc Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 18 / 2014
Transaction ID : T259097-10

Amount of Each Receipt this Period 42.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.37

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: (check only one) | PAGE 12 OF 16 |
| | <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"/> 17 |

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NAME OF COMMITTEE (In Full)
Ohio State Medical Association Political Action Committee

A. Dr. Lance Allen Talmage
Full Name (Last, First, Middle Initial)

Mailing Address 45 Exmoor

City Ottawa Hills State OH Zip Code 43615-2174

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

Name of Employer The University Of Toledo College Of Me Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2014

Transaction ID : T259090-12

Amount of Each Receipt this Period
 83.37

A Contribution to the Federal PAC

B. Dr. Andrew McLean Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 4516 Amity Rd

City Hilliard State OH Zip Code 43026-8465

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

Name of Employer Wexner Medical Center Occupation Doctor

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
 12 / 18 / 2014

Transaction ID : T259098-9

Amount of Each Receipt this Period
 55.60

A Contribution to the Federal PAC

C. Dr. Terrence George Foley
Full Name (Last, First, Middle Initial)

Mailing Address 13071 Radcliffe Rd

City Chardon State OH Zip Code 44024-8209

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

Name of Employer Terrence Foley MD Inc Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2014

Transaction ID : T65139

Amount of Each Receipt this Period
 250.00

A Contribution to the Federal PAC

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 388.97 |
| 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 13 OF 16
(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)
Ohio State Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Scott Philip

Mailing Address 4549 Raynor Ct

| | | |
|---------------|-------------|------------------------|
| City Mason | State OH | Zip Code 45040-4629 |
|---------------|-------------|------------------------|

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

| | |
|---|----------------------|
| Name of Employer Outpatient Anesthesia Specialists | Occupation Doctor |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12 | / | 31 | / | 2014 |

Transaction ID : T65142

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)

Mailing Address

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

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

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

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 250.00 |
| TOTAL This Period (last page this line number only).....▶ | 4485.20 |

**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 14 OF 16 |
| <input 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 checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Ohio State Medical Association Political Action Committee

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JP Morgan Chase Bank | | Date of Receipt |
| Mailing Address P O Box 710634 | | <input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Columbus | OH | 43240-0634 |
| FEC ID number of contributing federal political committee. | | Transaction ID : T65355 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="21.12"/> |
| Name of Employer | | A Credit to the Federal Account |
| JP Morgan Chase Bank | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="228.30"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JP Morgan Chase Bank | | Date of Receipt |
| Mailing Address P O Box 710634 | | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Columbus | OH | 43240-0634 |
| FEC ID number of contributing federal political committee. | | Transaction ID : T65351 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="21.15"/> |
| Name of Employer | | A Credit to the Federal Account |
| JP Morgan Chase Bank | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="249.45"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. JP Morgan Chase Bank | | Date of Receipt |
| Mailing Address P O Box 710634 | | <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Columbus | OH | 43240-0634 |
| FEC ID number of contributing federal political committee. | | Transaction ID : T65352 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="22.59"/> |
| Name of Employer | | A Credit to the Federal Account |
| JP Morgan Chase Bank | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="272.04"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="64.86"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="64.86"/> |

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

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NAME OF COMMITTEE (In Full)
Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Elect Manning

Mailing Address 5380 Barton Rd

City North Ridgeville State OH Zip Code 44039-2460

Purpose of Disbursement
Voided Check - State Contribution

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District: PRIMARY 2014

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : A2521727

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. The Edna Brown Campaign Committee

Mailing Address Johnny Hutton, Treasurer
2461 Warren St

City Toledo State OH Zip Code 43620-1325

Purpose of Disbursement
Refund State Contributiomn

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: GENERAL 2012

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : A2521710

Amount of Each Disbursement this Period

-350.00

Full Name (Last, First, Middle Initial)

C. Peterson For Good Government

Mailing Address 5564 Grassy Branch Rd

City Sabina State OH Zip Code 45169-9456

Purpose of Disbursement
Voided Check - State Contribution

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: GENERAL 2012

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : A2521725

Amount of Each Disbursement this Period

-350.00

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

-1200.00

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

-1200.00

**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 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)

Ohio State Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Stinziano

Mailing Address Leon Kessel, Treasurer
550 E Walnut St

City Columbus State OH Zip Code 43215-5323

Purpose of Disbursement
State Contribution

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
PRIMARY 2016

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : A2514004

Amount of Each Disbursement this Period

235.00

Full Name (Last, First, Middle Initial)

B. Citizens For Bishoff

Mailing Address Amy Gauthier, Treasurer
2902 Braden Way

City Blacklick State OH Zip Code 43004-6033

Purpose of Disbursement
State Contribution

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
PRIMARY 2016

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 12 / 2014

Transaction ID : A2517953

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ohio Senate Democratic Caucus

Mailing Address 340 E Fulton St

City Columbus State OH Zip Code 43215-5418

Purpose of Disbursement
State Contribution

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
PRIMARY 2016

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2014

Transaction ID : A2519380

Amount of Each Disbursement this Period

250.00

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

735.00

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

735.00