

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 79
	<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

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

Full Name (Last, First, Middle Initial) A. Dr. George Patrick Ecklar		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2005	
Mailing Address 3993 Old Poste Rd		Transaction ID: T5236	
City State Zip Code Columbus OH 43221-4906	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C		A Contribution to the Federal PAC	
Name of Employer Metro West Internal Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. George Patrick Ecklar		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2005	
Mailing Address 3993 Old Poste Rd		Transaction ID: T5219	
City State Zip Code Columbus OH 43221-4906	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		A Contribution to the Federal PAC	
Name of Employer Metro West Internal Medicine	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. John Paul Anders		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2005	
Mailing Address 4370 Bonnie Brook Rd		Transaction ID: T5272	
City State Zip Code Toledo OH 43615-2302	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		A Contribution to the Federal PAC	
Name of Employer Anders Dermatology Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	