

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Ohio State Medical Association Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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		217407.94
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	52051.26									
(c) Total Receipts (from Line 19)	22775.72	144355.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74826.98	361763.85								
7. Total Disbursements (from Line 31)	6200.00	293136.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68626.98	68626.98								
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:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	21071.42	82417.55
(i) Itemized (use Schedule A)		
(ii) Unitemized	1634.98	56152.43
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22706.40	138569.98
(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)	22706.40	138569.98
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.)	69.32	5785.93
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))	22775.72	144355.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22775.72	144355.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	600.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	600.65
22. Transfers to Affiliated/Other Party Committees.....	6200.00	35880.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	727.42
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.....	0.00	255928.80
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))..	6200.00	293136.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6200.00	293136.87

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	22706.40	138569.98
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22706.40	138569.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	600.65
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	600.65

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

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

FOR LINE NUMBER: PAGE 6 / 36
(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)
Ohio State Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Steven Francis Brezny

Mailing Address 4339 Village Club Dr

City State Zip Code
Powell OH 43065-7324

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

Name of Employer Family Physicians At Wedgewood Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T24564

Amount of Each Receipt this Period
125.00

A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. Kevin Michael Chartrand

Mailing Address 13310 Auburn Rd

City State Zip Code
Chardon OH 44024-9344

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

Name of Employer Kevin Chartrand MD FAAFP Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T24613

Amount of Each Receipt this Period
37.50

A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. Scott Thomas Dull

Mailing Address 2909 Pembroke Rd

City State Zip Code
Toledo OH 43606-2240

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

Name of Employer Neurosurgical Network Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T24597

Amount of Each Receipt this Period
125.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► **287.50**

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 / 36
(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. Lisa Bohman Egbert

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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.30

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T23251

Amount of Each Receipt this Period
83.33

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City State Zip Code
Fairlawn OH 44333-3290

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

Name of Employer Occupation
Summit Ophthalmology Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T24605

Amount of Each Receipt this Period
125.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph Robert Lach

Mailing Address 6972 Harbor Dr NW

City State Zip Code
Canton OH 44718-3745

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

Name of Employer Occupation
West Medical Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T23957

Amount of Each Receipt this Period
100.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► **308.33**

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: PAGE 8 / 36

(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. J. Steven Polsley

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
Family Physicians Of Urbana Inc

Occupation
Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
791.66

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T24623

Amount of Each Receipt this Period

104.17

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City State Zip Code
Ottawa Hills OH 43615-2174

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

Name of Employer
The Toledo OB/GYN Associates Inc

Occupation
Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
457.14

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: T21587

Amount of Each Receipt this Period

35.71

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Evan Rinesmith

Mailing Address 4960 Shoshone

City State Zip Code
Lima OH 45805-5200

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

Name of Employer
Gastro Intestinal Associates Inc

Occupation
Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: T27418

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ▶

389.88

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36
(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. Full Name (Last, First, Middle Initial)
Dr. Herman Charles Knoll

Mailing Address 3900 Dorset Dr

City State Zip Code
Dayton OH 45405-1941

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

Name of Employer Occupation
Herman C Knoll MD Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: T27452

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. Nancy Lynn Gantt

Mailing Address 1669 Walker Mill Rd

City State Zip Code
Poland OH 44514-3639

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

Name of Employer Occupation
Humility Of Mary Health Partners Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: T27454

Amount of Each Receipt this Period
300.00

A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. David J Dunch

Mailing Address 1350 Aspen Ln

City State Zip Code
Poland OH 44514-3294

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

Name of Employer Occupation
David J Dunch MD Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: T27453

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 10 / 36
(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. Ana M Thompson

Mailing Address 8730 Birch Bark Dr

City State Zip Code
Sylvania OH 43560-8933

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

Name of Employer Occupation
Anders Dermatology Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: T27456

Amount of Each Receipt this Period
1000.00

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Haig G Tozbikian

Mailing Address 1545 Brittany Hills Dr

City State Zip Code
Dayton OH 45459-1423

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

Name of Employer Occupation
Childrens Anesthesia Group Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: T27483

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Karim Nawaz Zafar

Mailing Address 1850 Eastgate Rd Ste 1

City State Zip Code
Toledo OH 43614-3082

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

Name of Employer Occupation
Toledo Clinic Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: T27494

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36
(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. Full Name (Last, First, Middle Initial)
Dr. George Elwood Esham

Mailing Address 2904 Willow Way

City Portsmouth State OH Zip Code 45662-2439

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

Name of Employer George E Esham MD Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 29 / 2008
Transaction ID: T27488
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. Robert John Castele

Mailing Address 892 Lawrence St

City Medina State OH Zip Code 44256-2849

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

Name of Employer Robert J Castele MD Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2008
Transaction ID: T27490
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. Gale Hazen

Mailing Address 27337 Pineview Dr

City Westlake State OH Zip Code 44145-4420

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

Name of Employer Neurosurgical Services Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 29 / 2008
Transaction ID: T27495
 Amount of Each Receipt this Period 500.00
 A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 12 / 36
	<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.	Full Name (Last, First, Middle Initial) Dr. Stephen Terry House		Date of Receipt
	Mailing Address 5501 Sagewood Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Miamisburg	OH	45342-7876
	FEC ID number of contributing federal political committee. C		Transaction ID: T27487
Name of Employer Stephen House, MD		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
		<input type="text"/> 650.00	A Contribution to the Federal PAC

B.	Full Name (Last, First, Middle Initial) Dr. Malay K Mody		Date of Receipt
	Mailing Address 6254 Wessington Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Hudson	OH	44236-4933
	FEC ID number of contributing federal political committee. C		Transaction ID: T27500
Name of Employer Akron Radiology Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	A Contribution to the Federal PAC

C.	Full Name (Last, First, Middle Initial) Dr. James Lloyd Moses		Date of Receipt
	Mailing Address 144 E Columbus St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Canal Winchester	OH	43110-1206
	FEC ID number of contributing federal political committee. C		Transaction ID: T27491
Name of Employer James L Moses MD Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 36
(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. Thomas George Olsen

Mailing Address 524 Walnut Springs Dr

City Dayton State OH Zip Code 45419-2934

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

Name of Employer Dermatopathology Lab Of Central States Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 29 / 2008
Transaction ID: T27485
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. Umakant T Purohit

Mailing Address 32668 Deer Spring Ct

City North Ridgeville State OH Zip Code 44039-6308

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

Name of Employer Purohit Orthopedic Services Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2008
Transaction ID: T27492
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Bruce Stuebaker

Mailing Address 9100 Westbrook Rd

City Brookville State OH Zip Code 45309-8306

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

Name of Employer Stuebaker Family Practice Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2008
Transaction ID: T27484
Amount of Each Receipt this Period 1000.00
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 14 / 36
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Robert Edward Marsico, Sr.

Mailing Address 661 Highlands Dr

City Akron State OH Zip Code 44333-2681

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

Name of Employer Robert E Marsico MD Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 31 / 2008
Transaction ID: T27512
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Alan Belmont Bradley

Mailing Address 114 Highland Lakes Dr

City Lima State OH Zip Code 45801-1403

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

Name of Employer Alan B Bradley MD LLC Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2008
Transaction ID: T27515
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Jennifer Mawhinney Baird

Mailing Address 4139 Boardman Canfield Rd

City Canfield State OH Zip Code 44406-9034

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

Name of Employer Canfield Womens Care Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2008
Transaction ID: T27514
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

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 15 / 36
(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. Scott Cameron Blair

Mailing Address 303 S Drexel Ave

City State Zip Code
Bexley OH 43209-1742

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

Name of Employer
Columbus Oncology & Hematology Associa

Occupation
Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2008

Transaction ID: T27513

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Margaret M. Dunn

Mailing Address 152 E Limestone St

City State Zip Code
Yellow Springs OH 45387-1821

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

Name of Employer
Wright State Physicians Department Of

Occupation
Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2008

Transaction ID: T27516

Amount of Each Receipt this Period
350.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. James Gordon Ravin

Mailing Address 4545 Crossfields Rd

City State Zip Code
Toledo OH 43623-2627

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

Name of Employer
TLC Eye Care And Laser Center

Occupation
Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2008

Transaction ID: T27517

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 16 / 36
(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. Full Name (Last, First, Middle Initial)
Dr. Lance Allen Talmage, Jr.
Mailing Address 4395 Briarwood Dr
City Copley State OH Zip Code 44321-3010
FEC ID number of contributing federal political committee. **C**
Name of Employer Anesthesiology Associates Of Akron Inc Occupation Doctor
Receipt For: 2008 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt 11 / 05 / 2008
Transaction ID: T27570
Amount of Each Receipt this Period 500.00
A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. Bradley Alan Weber
Mailing Address 7964 Deep Woods Ct
City Springboro State OH Zip Code 45066-8777
FEC ID number of contributing federal political committee. **C**
Name of Employer Midstates Radiology Consultants Inc Occupation Doctor
Receipt For: 2008 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 11 / 05 / 2008
Transaction ID: T27575
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. Robert A. Denton
Mailing Address 391 Glessner Ave
City Mansfield State OH Zip Code 44903-2153
FEC ID number of contributing federal political committee. **C**
Name of Employer Richland Pulmonary And Critical Care A Occupation Doctor
Receipt For: 2008 Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 11 / 05 / 2008
Transaction ID: T27576
Amount of Each Receipt this Period 350.00
A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► 1100.00
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 17 / 36
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Timothy Joseph Flenner		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 2989 Springer Ave		Transaction ID: T27573
City Cincinnati	State OH	Zip Code 45208-2423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rehabilitation & Electrodiagnostic Med	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Rolf F Brunckhorst		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 146 Stone Creek Dr		Transaction ID: T27572
City Oxford	State OH	Zip Code 45056-9758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rolf Brunckhorst, MD	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. G Mark Burton		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address 2736 Edgehill Rd		Transaction ID: T27578
City Toledo	State OH	Zip Code 43615-2328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Toledo Clinic Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 18 / 36
(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. Anthony Lawrence Mehle

Mailing Address 6634 Covington Cv

City State Zip Code
Canfield OH 44406-8161

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

Name of Employer Occupation
Dermatology Centre Of Northeast Ohio L Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: T27581

Amount of Each Receipt this Period
350.00

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Carl Augustine Minning, Jr.

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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: T27588

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Charles David Joffe

Mailing Address 549 W David Pkwy

City State Zip Code
Dayton OH 45429-1977

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

Name of Employer Occupation
The Dayton Heart Center Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: T27574

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 19 / 36
(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. Full Name (Last, First, Middle Initial)
Dr. Thomas David Kaminski

Mailing Address 140 Kensington Ln

City Warren State OH Zip Code 44484-1674

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

Name of Employer Trumbull Radiologists Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2008
Transaction ID: T27582
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. Gwang Och Kim

Mailing Address 2201 Quail Hollow Cir

City Sandusky State OH Zip Code 44870-6081

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

Name of Employer Nephrology Partners Of Sandusky Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2008
Transaction ID: T27586
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. Robert Samuel Heidt, Jr.

Mailing Address 9075 Cunningham Rd

City Cincinnati State OH Zip Code 45243-1503

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

Name of Employer Wellington Orthopaedic & Sports Medicine Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 05 / 2008
Transaction ID: T27580
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

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 20 / 36
(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. Richard Thomas Hoback

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 Center-Med Family Practice Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: T27571

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Robert James Knox

Mailing Address 1340 Lowry Hollow Rd

City State Zip Code
Portsmouth OH 45662-6610

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

Name of Employer Robert J Knox Eye MD Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: T27583

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph Scott Krueger

Mailing Address 16363 County Rd Q1

City State Zip Code
Napoleon OH 43545-5920

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

Name of Employer Midwest Community Health Associates - Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: T27569

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

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 21 / 36
(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. Full Name (Last, First, Middle Initial)
Dr. John Paul Sikorski
 Mailing Address 6739 Grand Oaks Ct
 City State Zip Code
 Mason OH 45040-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Sikorski, MD Occupation Doctor
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00
 Date of Receipt 11 / 05 / 2008
Transaction ID: T27577
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. Gary Michael Schniegenberg
 Mailing Address 1982 Road P1
 City State Zip Code
 Bluffton OH 45817-9304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Orthopaedic Institute Of Ohio Inc Occupation Doctor
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 11 / 05 / 2008
Transaction ID: T27589
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. Elizabeth Ann Rosebery
 Mailing Address 1446 Eagle Pass Dr
 City State Zip Code
 Marion OH 43302-8138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elizabeth Roseberry, MD Occupation Doctor
 Receipt For: 2008
 Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 11 / 05 / 2008
Transaction ID: T27584
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

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 22 / 36
(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. Mark Glenn Moseley		Date of Receipt
Mailing Address 7801 Holliston Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 1 / 2 0 0 8
City State Zip Code Dublin OH 43016-8659		Transaction ID: T27675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Ohio State University Physicians Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Marc S Saunders		Date of Receipt
Mailing Address 1297 Stonington Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 0 8
City State Zip Code Youngstown OH 44505-1655		Transaction ID: T27681
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Marc S Saunders DO FACS	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Dr. Thomas George Olbrych		Date of Receipt
Mailing Address 338 Nicole Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 0 8
City State Zip Code Sagamore Hills OH 44067-4137		Transaction ID: T27683
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Cleveland Clinic Foundation	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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: PAGE 23 / 36
(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. Full Name (Last, First, Middle Initial)
Dr. Paul Joseph Crowley

Mailing Address 1445 Christmas Run Blvd

City State Zip Code
Wooster OH 44691-1501

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

Name of Employer Paul J Crowley MD Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: T27725

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

B. Full Name (Last, First, Middle Initial)
Dr. William Raymond Wallace

Mailing Address 2317 Raintree NE

City State Zip Code
Canton OH 44705-3143

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

Name of Employer Radiology Associates Of Canton Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: T27684

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. Jerome Geoffrey Wiot

Mailing Address 8188 Tillinghast Dr

City State Zip Code
Dublin OH 43017-8843

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

Name of Employer Riverside Radiology Associates Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	8

Transaction ID: T27682

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

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 24 / 36
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 William Willbrand

Mailing Address 7311 W Observatory

City State Zip Code
West Chester OH 45069-5312

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

Name of Employer Occupation
Ear Nose & Throat Special-ists Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: T27742

Amount of Each Receipt this Period
250.00

A Contribution to the Fed-eral PAC

B.

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

Mailing Address 45 Exmoor

City State Zip Code
Ottawa Hills OH 43615-2174

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

Name of Employer Occupation
The Toledo OB/GYN Associa-ties Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
492.85

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: T21588

Amount of Each Receipt this Period
35.71

A Contribution to the Fed-eral PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Scott Thomas Dull

Mailing Address 2909 Pembroke Rd

City State Zip Code
Toledo OH 43606-2240

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

Name of Employer Occupation
Neurosurgical Network Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: T24598

Amount of Each Receipt this Period
125.00

A Contribution to the Fed-eral PAC

SUBTOTAL of Receipts This Page (optional) ► **410.71**

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 25 / 36
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Lisa Bohman Egbert

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: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.63

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2008

Transaction ID: T23252

Amount of Each Receipt this Period
83.33

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Gregory Mark Gottschlich

Mailing Address 3619 Vineyard Rdg

City State Zip Code
Cincinnati OH 45241-3293

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

Name of Employer Occupation
Allergy & Asthma Affiliates Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2008

Transaction ID: T27740

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Richard Robert Ellison

Mailing Address 726 White Tail Ridge Dr

City State Zip Code
Fairlawn OH 44333-3290

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

Name of Employer Occupation
Summit Ophthalmology Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2008

Transaction ID: T24606

Amount of Each Receipt this Period
125.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► **458.33**

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 26 / 36
	<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.	Full Name (Last, First, Middle Initial) Dr. Bradley Alan Bryan		Date of Receipt
	Mailing Address 2375 Lane Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2008
	City	State	Zip Code
	Columbus	OH	43220-2914
	FEC ID number of contributing federal political committee. C		Transaction ID: T27743
Name of Employer Bryan Surgical Associates Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			A Contribution to the Federal PAC

B.	Full Name (Last, First, Middle Initial) Dr. Kevin Michael Chartrand		Date of Receipt
	Mailing Address 13310 Auburn Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2008
	City	State	Zip Code
	Chardon	OH	44024-9344
	FEC ID number of contributing federal political committee. C		Transaction ID: T24614
Name of Employer Kevin Chartrand MD FAAFP		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 37.50
			A Contribution to the Federal PAC

C.	Full Name (Last, First, Middle Initial) Dr. Stephen Eric Clark		Date of Receipt
	Mailing Address 26895 Riverford Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 17 / 2008
	City	State	Zip Code
	Perrysburg	OH	43551-5457
	FEC ID number of contributing federal political committee. C		Transaction ID: T27768
Name of Employer Perrysburg Eye Center Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 787.50
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 36
(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. Steven Francis Brezny

Mailing Address 4339 Village Club Dr

City State Zip Code
Powell OH 43065-7324

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

Name of Employer: Family Physicians At Wedgewood
Occupation: Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt: 11 / 17 / 2008
Transaction ID: T24565
Amount of Each Receipt this Period: 125.00
A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Paul Norman Montalto

Mailing Address 819 E Village Dr

City State Zip Code
Newark OH 43055-2841

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

Name of Employer: Paul N Montalto MD Inc
Occupation: Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 17 / 2008
Transaction ID: T27735
Amount of Each Receipt this Period: 250.00
A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. James David Moore

Mailing Address 2925 Oldtown Valley Rd SW

City State Zip Code
New Philadelphia OH 44663-7840

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

Name of Employer: Regional Medical Care Inc
Occupation: Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 11 / 17 / 2008
Transaction ID: T27741
Amount of Each Receipt this Period: 350.00
A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► **725.00**

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 28 / 36
(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. Joseph Robert Lach

Mailing Address 6972 Harbor Dr NW

City Canton State OH Zip Code 44718-3745

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

Name of Employer West Medical Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 17 / 2008
Transaction ID: T23958
Amount of Each Receipt this Period 100.00
A Contribution to the Federal PAC

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

Mailing Address 162 New Haven Dr

City Urbana State OH Zip Code 43078-2252

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

Name of Employer Family Physicians Of Urbana Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 895.83

Date of Receipt 11 / 17 / 2008
Transaction ID: T24624
Amount of Each Receipt this Period 104.17
A Contribution to the Federal PAC

C. Full Name (Last, First, Middle Initial)
Dr. David Bruce Schwartz

Mailing Address 668 Flagstaff Dr

City Cincinnati State OH Zip Code 45215-2525

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

Name of Employer David B Schwartz MD LLC Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2008
Transaction ID: T27736
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ▶ **454.17**

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 29 / 36
(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. Ronald Michael Taddeo

Mailing Address 638 Andover Rd

City Mansfield State OH Zip Code 44907-1910

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

Name of Employer American Health Network Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2008
Transaction ID: T27734
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Louis William Ralofsky

Mailing Address 220 Yorkshire Pl

City Bellevue State OH Zip Code 44811-9006

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

Name of Employer NOMS Lifestages Family Practice Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27775
 Amount of Each Receipt this Period 500.00
 A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Gary Michael Schniegenberg

Mailing Address 1982 Road P1

City Bluffton State OH Zip Code 45817-9304

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

Name of Employer Orthopaedic Institute Of Ohio Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27776
 Amount of Each Receipt this Period 250.00
 A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 30 / 36
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Philip Deering Leming

Mailing Address 545 Southpoint Dr

City Lexington State KY Zip Code 40515-5121

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

Name of Employer Cincinnati Hematology Oncology Inc
Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27780
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Kim Brady

Mailing Address 5463 Wolfpen Pleasant Hill Rd

City Milford State OH Zip Code 45150-9685

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

Name of Employer Tri-State Maternal-Fetal Medicine Asso
Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27781
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Roger John Balogh

Mailing Address PO Box 8168

City Zanesville State OH Zip Code 43702-8168

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

Name of Employer Genesis Healthcare System - Bethesda
Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27777
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

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 31 / 36
(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. Glenn Harold Carlson

Mailing Address 8019 W Bancroft St

City Toledo State OH Zip Code 43617-1651

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

Name of Employer Toledo Clinic Inc Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27779
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Bruce Abbott Hamilton

Mailing Address 1194 Apple Hill Rd

City Cincinnati State OH Zip Code 45230-5107

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

Name of Employer Infectious Diseases Consultants Of Cin Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27782
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas P. Forrestal, Jr.

Mailing Address 3457 Colony Park Ct

City Zanesville State OH Zip Code 43701-1564

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

Name of Employer Forrestal Medical Service Occupation Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2008
Transaction ID: T27805
Amount of Each Receipt this Period 250.00
A Contribution to the Federal PAC

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 32 / 36
(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. John Alan Fink

Mailing Address 2939 Arberry Hill Dr

City State Zip Code
Richfield OH 44286-9734

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

Name of Employer Occupation
Akron Vascular Associates Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: T27809

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)
Dr. Samia W Borchers

Mailing Address 111 Thruston Blvd W

City State Zip Code
Dayton OH 45419-3333

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

Name of Employer Occupation
Samia W Borchers MD Inc Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: T27815

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)
Dr. Christopher Allyn Stiff

Mailing Address 752 Highland Ave

City State Zip Code
Salem OH 44460-1808

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

Name of Employer Occupation
Northeastern Ohio Urological Surgeons Doctor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: T27812

Amount of Each Receipt this Period
250.00

A Contribution to the Federal PAC

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 33 / 36	
	(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"/> 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. Jaye E Benjamin		Date of Receipt																					
	Mailing Address 2450 Snowberry Ln		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	4	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	4	/	2	0	0	8														
	City State Zip Code Pepper Pike OH 44124-4334		Transaction ID: T27867																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																					
Name of Employer Occupation Jaye Benjamin, MD Doctor		A Contribution to the Federal PAC																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
Aggregate Year-to-Date ▼ 250.00																								

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	21071.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 36	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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

A.	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Date of Receipt																					
	Mailing Address P O Box 710634		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	1		2	0	0	8														
	City State Zip Code Columbus OH 43240-0634		Transaction ID: T27871																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.32																					
Name of Employer Occupation JP Morgan Chase Bank BANK		A Credit to the Federal Account																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
Aggregate Year-to-Date ▼ 5785.93																								

SUBTOTAL of Receipts This Page (optional)	▶	69.32
TOTAL This Period (last page this line number only)	▶	69.32

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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.	Full Name (Last, First, Middle Initial) AMPAC	Transaction ID: A1754814 Date of Disbursement																			
	Mailing Address 25 Massachusetts Ave NW Ste 600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
	City Washington State DC Zip Code 20001-7400	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMPAC certification Candidate Name	<table border="1"><tr><td>008</td></tr></table> Category/Type	008																		
008																					
	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) AMPAC	Transaction ID: A1757505 Date of Disbursement																			
	Mailing Address 25 Massachusetts Ave NW Ste 600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
	City Washington State DC Zip Code 20001-7400	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMPAC certification Candidate Name	<table border="1"><tr><td>008</td></tr></table> Category/Type	008																		
008																					
	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) AMPAC	Transaction ID: A1762825 Date of Disbursement																			
	Mailing Address 25 Massachusetts Ave NW Ste 600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	8												
	City Washington State DC Zip Code 20001-7400	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMPAC certification Candidate Name	<table border="1"><tr><td>008</td></tr></table> Category/Type	008																		
008																					
	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)	<table border="1"><tr><td>4200.00</td></tr></table>	4200.00
4200.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
AMPAC certification

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: A1764587
Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
AMPAC certification

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: A1766314
Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

6200.00