

**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 19 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Committee

A. Frank M. Tursi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5637 Peach Street
 City Erie State PA Zip Code 16509-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peninsula Family Health Care Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1150.00**

Date of Receipt **10 / 03 / 2013**
Transaction ID : 36560120
 Amount of Each Receipt this Period **1000.00**

B. William S. Mayo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1393
 City Oxford State MS Zip Code 38655-1393
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **10 / 03 / 2013**
Transaction ID : 36560121
 Amount of Each Receipt this Period **500.00**

C. Geraldine T. Oshea DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 New York Ranch Rd Ste B
 City Jackson State CA Zip Code 95642-2173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothills Women's Medical Ctr Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1695.00**

Date of Receipt **10 / 03 / 2013**
Transaction ID : 36560122
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	