

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic 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="2013"/>		<input type="text" value="252916.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="317048.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9947.11"/>	<input type="text" value="211050.25"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="326995.55"/>	<input type="text" value="463966.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4629.16"/>	<input type="text" value="141600.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="322366.39"/>	<input type="text" value="322366.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic 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).....	6722.00	162294.00
(ii) Unitemized	1211.50	46691.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7933.50	208985.30
(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)	7933.50	208985.30
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.....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	13.61	64.95
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))..... ▶	9947.11	211050.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9947.11	211050.25

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) 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	1018.42	4489.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1018.42	4489.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3610.74	137110.74
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	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	0.00
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)) ..	4629.16	141600.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4629.16	141600.17

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)	7933.50	208985.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7933.50	208985.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1018.42	4489.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1018.42	4489.43

**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 17
(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)
American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)
A. Leann Fox

Mailing Address 1090 Vermont Ave, NW
 Ste 510

City Washington State DC Zip Code 20005-4905

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

Name of Employer American Osteopathic Association Occupation Director, Division of Political Affair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2013
Transaction ID : 36028647

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Michael D. McNamara DO, FACN

Mailing Address PO Box 449

City Derby State VT Zip Code 05829-0449

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 ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2013
Transaction ID : 36049100

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
c. B. Bryan Jordan DO

Mailing Address 55 Wagon Wheel Rd

City West Redding State CT Zip Code 06896-1621

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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2013
Transaction ID : 36094599

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1260.00

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 17
	<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. Mark S. Cantieri DO, FAAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3555 Park Pl W Ste 200
 City Mishawaka State IN Zip Code 46545-3587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edison Lakes Corporate Park Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 17 / 2013**
Transaction ID : 36094605
 Amount of Each Receipt this Period **500.00**

B. Michael I. Dangovian DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 39242 Dequindre Rd Ste 103
 City Sterling Hts State MI Zip Code 48310-1764
 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 **250.00**

Date of Receipt **05 / 17 / 2013**
Transaction ID : 36099157
 Amount of Each Receipt this Period **250.00**

C. Larry W. Anderson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Dawson Commons Cir Ste 410
 City Dawsonville State GA Zip Code 30534-6269
 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 **625.00**

Date of Receipt **05 / 30 / 2013**
Transaction ID : 36124248
 Amount of Each Receipt this Period **100.00**

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

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

A. Steve G. Bander DO, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 791 S Highway 78
 City State Zip Code
 Wylie TX 75098-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 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
 05 / 30 / 2013
Transaction ID : 36124249
 Amount of Each Receipt this Period
 100.00

B. Boyd R. Buser DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Sycamore Street
 City State Zip Code
 Pikeville KY 41501-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Pikeville-Ky Com Vice President and Dean
 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
 05 / 30 / 2013
Transaction ID : 36124250
 Amount of Each Receipt this Period
 100.00

c. David Coffey DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1758 Park Place
 Ste 402
 City State Zip Code
 Montgomery AL 36106-1135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Montgomery Family Practice PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 36124252
 Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00
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 9 OF 17
	<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. Claude A. Foreit DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3831 Hohman Ave
 City Hammond State IN Zip Code 46327-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Margret Mercy Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2013**
Transaction ID : 36124253
 Amount of Each Receipt this Period **250.00**

B. Danial V. Freeland DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3909 Peak Lookout Dr
 City Austin State TX Zip Code 78738-1732
 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 **300.00**

Date of Receipt **05 / 30 / 2013**
Transaction ID : 36124254
 Amount of Each Receipt this Period **125.00**

C. Ernest R. Gelb DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 King St.
 City Laporte State PA Zip Code 18626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PCOM Sullivan County Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 30 / 2013**
Transaction ID : 36124255
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **625.00**
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 10 OF 17
	<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. Jeffry A. Lindenbaum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Sydney Rd
 City Southampton State PA Zip Code 18966-2895
 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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 36124256
 Amount of Each Receipt this Period
 250.00

B. R. Greg Maul DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7501 Lakeview Pkwy # 130
 City Rowlett State TX Zip Code 75088-9324
 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 36124257
 Amount of Each Receipt this Period
 100.00

c. Ira P. Monka DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Saddle Rd
 City Cedar Knolls State NJ Zip Code 07927-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medical Institute of New Jersey
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 36124258
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
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 11 OF 17
	<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. Michael K. Murphy DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 17123 Hedgerow Park Rd
 City Charlotte State NC Zip Code 28277-6661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bluefield Regional Medical Center Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2013
Transaction ID : 36124259
 Amount of Each Receipt this Period 250.00

B. Steve Fredric Rubin DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Minogue Ter
 City Paramus State NJ Zip Code 07652-3800
 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 ▼ 500.00

Date of Receipt 05 / 30 / 2013
Transaction ID : 36124260
 Amount of Each Receipt this Period 125.00

C. Stephen M. Scheinthal DO, FACN
 Full Name (Last, First, Middle Initial)
 Mailing Address 164 Mansfield Blvd N
 City Cherry Hill State NJ Zip Code 08034-3609
 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 ▼ 250.00

Date of Receipt 05 / 30 / 2013
Transaction ID : 36124261
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 OF 17
	<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)
American Osteopathic Information Association - Osteopathic Political Action Committee

A. Laura S. Stiles DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Sunset Hill Dr
 City State Zip Code
 Rockwall TX 75087-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rockwall Medical Assoc dba Dr Laura St Physician
 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
 05 / 30 / 2013
Transaction ID : 36124262
 Amount of Each Receipt this Period
 100.00

B. James E. Swartwout
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E Ontario St
 City State Zip Code
 Chicago IL 60611-2874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Osteopathic Association Associate Executive Director, Educati
 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
 05 / 30 / 2013
Transaction ID : 36124263
 Amount of Each Receipt this Period
 100.00

C. Albert A. Talone DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 Sunset Rd
 City State Zip Code
 Burlington NJ 08016-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sunset Medical Associates Physician
 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
 05 / 30 / 2013
Transaction ID : 36124264
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....	500.00
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 13 OF 17
	<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. Joseph M. Yasso Jr DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3513 NW Primrose Lane
 City Lees Summit State MO Zip Code 64064-1885
 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 ▼ 874.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 36124265
 Amount of Each Receipt this Period
 312.00

B. Geraldine 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 ▼ 880.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : 36124267
 Amount of Each Receipt this Period
 250.00

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 / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	562.00
TOTAL This Period (last page this line number only).....▶	6722.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Friends of Max Baucus

Mailing Address P.O. Box 586

City Helena State MT Zip Code 59624

FEC ID number of contributing federal political committee. **C** C00328211

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : 36124345

Amount of Each Receipt this Period
2000.00

Refund of Contribution

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heartland Card Services

Mailing Address P.O. Box 1587

City Jeffersonville State IN Zip Code 47131-1587

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 36146313

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 36146316

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

Transaction ID : 36146317

Amount of Each Disbursement this Period

Credit card processing fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2013

Transaction ID : 36146318

Amount of Each Disbursement this Period

175.22

Credit card processing fees

Full Name (Last, First, Middle Initial)

B. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2013

Transaction ID : 36146332

Amount of Each Disbursement this Period

3.58

Credit card processing fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

178.80

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

989.07

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Cosmopolitan of Las Vegas

Mailing Address Attn: Gabrielle Balajadia
3708 Las Vegas Boulevard, South

City Las Vegas State NV Zip Code 89109

Purpose of Disbursement
Inkind Contribution - Joe Heck

011

Category/
Type

Candidate Name

Rep. Joe Heck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2013

Transaction ID : 36045528

Amount of Each Disbursement this Period

3610.74

Inkind Contribution - Joe Heck

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

3610.74

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

3610.74
