

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Ohio State Medical Association Political Action Committee

ADDRESS (number and street) 3401 Mill Run Dr Hilliard OH 43026 9078 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00003327 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Timothy I. Maglione Signature of Treasurer Electronically Filed by Timothy I. Maglione Date 07 11 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		180897.69
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	224873.07									
(c) Total Receipts (from Line 19) .....	41206.79	92332.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	266079.86	273229.86								
7. Total Disbursements (from Line 31) .....	20900.00	28050.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	245179.86	245179.86								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	27549.99	42113.32
(i) Itemized (use Schedule A) .....	12975.44	48986.90
(ii) Unitemized .....	40525.43	91100.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	40525.43	91100.22
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.) .....	681.36	1231.95
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 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)) .....	41206.79	92332.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	41206.79	92332.17

**DETAILED SUMMARY PAGE**

of Disbursements

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent 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.....	20900.00	28050.00
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))..	20900.00	28050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20900.00	28050.00

**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) .....	40525.43	91100.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40525.43	91100.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**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 Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.32

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2006

**Transaction ID:** T9894

Amount of Each Receipt this Period  
83.33

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Terry House

Mailing Address 4414 Tollhouse Rd

City State Zip Code  
Dayton OH 45440-4428

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

Name of Employer Dell Park Medical Group Inc  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2006

**Transaction ID:** T11559

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Susan Lee Hubbell

Mailing Address 250 S Fernwood Dr

City State Zip Code  
Lima OH 45805-2521

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

Name of Employer Physical Medicine Associates Of NW Ohi  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2006

**Transaction ID:** T11644

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>883.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 37
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Terrence Bourke Welsh		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 2842 Circle Dr		<b>Transaction ID:</b> T11645	
City Portsmouth	State OH	Zip Code 45662-2445	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		A Contribution to the Federal PAC	
Name of Employer Promedical Rehab Group Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Lyn Ellen Yakubov		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 634 Mohawk School Rd		<b>Transaction ID:</b> T11631	
City Edinburg	State PA	Zip Code 16116-1006	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		A Contribution to the Federal PAC	
Name of Employer Eye Care Associates Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Deepak Kumar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6	
Mailing Address 1425 Brittany Hills Dr		<b>Transaction ID:</b> T11630	
City Dayton	State OH	Zip Code 45459-1421	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		A Contribution to the Federal PAC	
Name of Employer Dayton Colon & Rectal Center Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 37
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Daniel W Van Heeckeren		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6
Mailing Address 600 Battles Rd		<b>Transaction ID:</b> T11679
City State Zip Code Gates Mills OH 44040-9768	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC
Name of Employer Cardiac & Thoracic Surgical Group Inc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Steven Francis Brezny		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 6
Mailing Address 4339 Village Club Dr		<b>Transaction ID:</b> T9895
City State Zip Code Powell OH 43065-7324	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC
Name of Employer Family Physicians At Wedgwood	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Claire V Wolfe		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 6
Mailing Address 5521 Indian Hill Rd		<b>Transaction ID:</b> T11748
City State Zip Code Dublin OH 43017-8243	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC
Name of Employer Ohio Orthopedic Center Of Excellence I	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	683.33
<b>TOTAL</b> This Period (last page this line number only) .....	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<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. Deborah Marie Meesig

Mailing Address 3025 Scioto Pl

City State Zip Code  
Columbus OH 43221-4755

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

Name of Employer Occupation  
Grant Medical Center 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  
0 5 / 3 0 / 2 0 0 6

Transaction ID: T11751

Amount of Each Receipt this Period  
200.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Marc Louis Parnes

Mailing Address 337 Meditation Ln

City State Zip Code  
Columbus OH 43235-4601

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

Name of Employer Occupation  
Raymond And Parnes MDs 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  
0 5 / 3 0 / 2 0 0 6

Transaction ID: T11741

Amount of Each Receipt this Period  
400.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Deidre Diane Redd

Mailing Address 207 Westwood Rd

City State Zip Code  
Columbus OH 43214-3042

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

Name of Employer Occupation  
Physical Medicine Associates Inc 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  
0 5 / 3 0 / 2 0 0 6

Transaction ID: T11750

Amount of Each Receipt this Period  
400.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 37
	<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. Dwight Allen Scarborough

Mailing Address 650 Shawan Falls Dr

City State Zip Code  
Dublin OH 43017-2100

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

Name of Employer  
Affiliated Dermatology & Cosmetic Surg

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  
0 5 / 3 0 / 2 0 0 6

Transaction ID: T11736

Amount of Each Receipt this Period  
400.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. George Patrick Ecklar

Mailing Address 3993 Old Poste Rd

City State Zip Code  
Columbus OH 43221-4906

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

Name of Employer  
Metro West Internal Medicine

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  
0 5 / 3 0 / 2 0 0 6

Transaction ID: T11752

Amount of Each Receipt this Period  
400.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ronald James Bloomfield

Mailing Address 2323 Brandon Rd

City State Zip Code  
Upper Arlington OH 43221-3869

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

Name of Employer  
Travel & Immigration Clinic Inc

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  
0 5 / 3 0 / 2 0 0 6

Transaction ID: T11739

Amount of Each Receipt this Period  
400.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 37
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Annette Marie Chavez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 3100 N Diamond Mill Rd		<b>Transaction ID:</b> T11852	
City State Zip Code Trotwood OH 45426-4210		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC	
Name of Employer Occupation Carillon Family Practice Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. John David Clough		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 1760 Carriage Pl		<b>Transaction ID:</b> T11871	
City State Zip Code Gates Mills OH 44040-9755		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC	
Name of Employer Occupation The Cleveland Clinic Foundation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Evangeline C Andarsio		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 841 Timberlake Ct		<b>Transaction ID:</b> T11843	
City State Zip Code Kettering OH 45429-3495		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC	
Name of Employer Occupation Drs Andarsio & Morales MD Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. John Paul Anders Mailing Address 4370 Bonnie Brook Rd City Toledo State OH Zip Code 43615-2302 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: T11853</b> Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer: Anders Dermatology Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Timothy Joseph Anders Mailing Address 8730 Birch Bark Dr City Sylvania State OH Zip Code 43560-8933 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: T11844</b> Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer: Anders Dermatology Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Sheela Madhav Barhan Mailing Address 279 Timberleaf Dr City Dayton State OH Zip Code 45430-5106 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: T11837</b> Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
Name of Employer: University Womens Health Center Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 37
	<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. Louis Jos R Goorey

Mailing Address 2201 Castle Crest Dr

City State Zip Code  
Worthington OH 43085-2901

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

Name of Employer Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: T11862

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**B.** 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 Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: T11878

Amount of Each Receipt this Period  
1000.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Margaret Mary LeMasters

Mailing Address 6 Cypress Garden St

City State Zip Code  
Cincinnati OH 45220-1121

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

Name of Employer Occupation  
For Women Inc Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: T11881

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. James Edgar Lundeen, Sr. Mailing Address 2380 Overlook Rd City Cleveland Heights State OH Zip Code 44106-2446 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: T11873</b> Amount of Each Receipt this Period 100.00 A Contribution to the Federal PAC
Name of Employer: Lundeen Medical Group Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. James Edgar Lundeen, Sr. Mailing Address 2380 Overlook Rd City Cleveland Heights State OH Zip Code 44106-2446 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: T11864</b> Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
Name of Employer: Lundeen Medical Group Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Donald Bruce Marshall Mailing Address 7532 Scandinavia Dr City Maumee State OH Zip Code 43537-9542 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID: T11854</b> Amount of Each Receipt this Period 1000.00 A Contribution to the Federal PAC
Name of Employer: Toledo Clinic Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 37
	<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. Diane A McCormick

Mailing Address 5112 Shadywood Ct

City State Zip Code  
Sylvania OH 43560-4610

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

Name of Employer Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

**Transaction ID:** T11840

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. John William Schaeffer

Mailing Address 161 Ridgeland Dr

City State Zip Code  
Amherst OH 44001-1727

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

Name of Employer Occupation  
North Ohio Heart Center Inc Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

**Transaction ID:** T11849

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Walter Anthony Reiling, III

Mailing Address 1950 Meandering Cove

City State Zip Code  
Centerville OH 45459-6967

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

Name of Employer Occupation  
Samaritan North Family Physicians Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

**Transaction ID:** T11859

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 37
	<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. Warren F Muth

Mailing Address 7021 Garrison Ct

City State Zip Code  
Dayton OH 45459-3447

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

Name of Employer Occupation  
South Dayton Surgeons Inc Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

**Transaction ID:** T11879

Amount of Each Receipt this Period  
1000.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard Norman Nelson

Mailing Address 262 Alumwood Dr

City State Zip Code  
Westerville OH 43081-1401

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

Name of Employer Occupation  
The Ohio State University Medical Cent Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

**Transaction ID:** T11836

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark Edward Jonas

Mailing Address 3793 Brighton Manor Ln

City State Zip Code  
Cincinnati OH 45208-1965

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

Name of Employer Occupation  
Greater Cincinnati Gastroenterology As Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

**Transaction ID:** T11838

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Donna Ailport Woodson Mailing Address 1400 River Rd City State Zip Code Maumee OH 43537-3552 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> T11880 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer Fallen Timbers Family Physicians Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. James Michael Sudimack Mailing Address 2774 Timber Creek Dr N City State Zip Code Cortland OH 44410-1756 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> T11856 Amount of Each Receipt this Period 1000.00 A Contribution to the Federal PAC
Name of Employer Trumbull Memorial Hospital Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Germain H Rupp Mailing Address 1307 Clubview Blvd N City State Zip Code Columbus OH 43235-1255 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> T11861 Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
Name of Employer Buckeye Allergy Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Roy Hamilton Thomas

Mailing Address 152 Woodridge Dr

City State Zip Code  
Elyria OH 44035-1718

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

Name of Employer Occupation  
The Elyria Eye Clinic Inc Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: T11846

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

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

Mailing Address 4395 Briarwood Dr

City State Zip Code  
Copley OH 44321-3010

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

Name of Employer Occupation  
Anesthesiology Associates Of Akron Inc Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

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

Transaction ID: T11778

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary Jean Wall

Mailing Address 251 Euclid Ave

City State Zip Code  
Bellevue OH 44811-1045

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

Name of Employer Occupation  
Midwest Community Health Associates Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

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

Transaction ID: T11832

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Brooke Sue Wolf Mailing Address 3690 Orange Pl Rm 430 City State Zip Code Beachwood OH 44122-4467 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> T11779 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer: North Coast Mental Health Associates Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Bradford Harold Woodall Mailing Address 3688 Dawn Dr City State Zip Code Hamilton OH 45011-5157 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> T11827 Amount of Each Receipt this Period 1000.00 A Contribution to the Federal PAC
Name of Employer: Nuray Radiologists Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Robert Erik Kose Mailing Address 4015 Albon Rd City State Zip Code Monclova OH 43542-9340 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> T11803 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC
Name of Employer: Pulmonary & Critical Care Specialists Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. William Henrik Kose Mailing Address 4578 Township Rd 25 City Rawson State OH Zip Code 45881-9720 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> T11799 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer: Blanchard Valley Regional Health Centre Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. James David Moore Mailing Address 2925 Oldtown Vall Rd SW City New Philadelphia State OH Zip Code 44663-7840 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> T11768 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer: Regional Medical Care Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Patrick Eugene Muffley Mailing Address 90 Jackson Pike City Gallipolis State OH Zip Code 45631-1562 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> T11761 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer: Holzer Clinic Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Marvin Horton Rorick, III Mailing Address 8020 Peregrine Ln City Cincinnati State OH Zip Code 45243-2714 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> T11835 Amount of Each Receipt this Period 400.00 A Contribution to the Federal PAC
Name of Employer: Riverhills Healthcare Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Alva Burton Payne Mailing Address 2119 N Second St City Ironton State OH Zip Code 45638-1055 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> T11805 Amount of Each Receipt this Period 500.00 A Contribution to the Federal PAC
Name of Employer: Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jerry Dwight Sell Mailing Address 4697 State Rte 707 City Rockford State OH Zip Code 45882-8958 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> T11794 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer: Family Medicine Associates Inc Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 37
	<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. Mario M Sertich

Mailing Address 32368 Regency Ct

City Avon Lake State OH Zip Code 44012-2501

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

Name of Employer Neurosurgical Services Inc Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** T11798

Amount of Each Receipt this Period  
 300.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert J Skully

Mailing Address 7940 Palmer Rd SW

City Reynoldsburg State OH Zip Code 43068-3254

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

Name of Employer Grant Family Practice Res- idency Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** T11788

Amount of Each Receipt this Period  
 500.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles E Smith

Mailing Address 4565 Dressler Rd NW Ste 111

City Canton State OH Zip Code 44718-2576

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

Name of Employer Diabetes & Endocrinology Associates Of Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** T11776

Amount of Each Receipt this Period  
 500.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 37
	<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. William Charles Sternfeld

Mailing Address 4321 Dovewood Ln

City State Zip Code  
Sylvania OH 43560-4409

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

Name of Employer Occupation  
Toledo Clinic Inc Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** T11775

Amount of Each Receipt this Period  
1000.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patrick William McCormick

Mailing Address 4649 Ginger Hill Ln

City State Zip Code  
Toledo OH 43623-1095

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

Name of Employer Occupation  
Neurosurgical Network Inc Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** T11771

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. W Jeanne McKibben

Mailing Address 94 S Oberlin Rd

City State Zip Code  
Oberlin OH 44074-1261

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

Name of Employer Occupation  
Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** T11769

Amount of Each Receipt this Period  
200.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Daniel William Handel Mailing Address 17615 Mahoning Ave City State Zip Code Lake Milton OH 44429-9577 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> T11833 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer Dermatology Associates Of Youngstown I Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Ronald Lee Harter Mailing Address 7825 Holiston Ct City State Zip Code Dublin OH 43016-8659 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> T11780 Amount of Each Receipt this Period 200.00 A Contribution to the Federal PAC
Name of Employer Consultant Anesthesiologists Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Gale Arlon Hazen Mailing Address 27337 Pineview Dr City State Zip Code Westlake OH 44145-4420 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID:</b> T11797 Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer Neurosurgical Services Inc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 / 37
<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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Charles Joseph Hickey		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address 1590 Barrington Rd		<b>Transaction ID:</b> T11782	
City State Zip Code Columbus OH 43221-3882		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC	
Name of Employer Columbus Eye Surgery Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Lisa Bohman Egbert		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address 790 W Rahn Rd		<b>Transaction ID:</b> T11770	
City State Zip Code Kettering OH 45429-2043		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC	
Name of Employer Paragon Womens Care Inc		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Gregor Kreul Emmert, Jr.		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006	
Mailing Address 2620 Falmouth Rd		<b>Transaction ID:</b> T11773	
City State Zip Code Toledo OH 43615-2212		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC	
Name of Employer Genito Urinary Surgeons Inc		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 37
	<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. Mark Richard Fox

Mailing Address 127 Highland Dr

City Findlay State OH Zip Code 45840-1204

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

Name of Employer  
Blanchard Valley Medical Associates Inc

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** T11766

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Vincent Mark Gioia

Mailing Address 35 Jenna Way

City Wheeling State WV Zip Code 26003-5669

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

Name of Employer  
Valley Eye Care Inc

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** T11772

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Craig W Anderson

Mailing Address 2370 Onandaga Dr

City Upper Arlington State OH Zip Code 43221-3618

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

Name of Employer  
Central Ohio Newborn Medicine Inc

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 01 / 2006

**Transaction ID:** T11777

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 37
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Timothy P Duffey Mailing Address 2431 Onandaga Dr City State Zip Code Upper Arlington OH 43221-3617 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID: T11802</b> Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer Occupation OrthoNeuro Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Daniel J Clemens Mailing Address 1145 Clearview Dr SE City State Zip Code New Philadelphia OH 44663-9460 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID: T11774</b> Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer Occupation Tuscarawas Eye Centre Inc Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jeffrey Neil Boulter Mailing Address 1860 Shawnee Rd City State Zip Code Lima OH 45805-3853 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2006 <b>Transaction ID: T11800</b> Amount of Each Receipt this Period 300.00 A Contribution to the Federal PAC
Name of Employer Occupation Premier Health Care Services Inc Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 28 / 37</span> (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. Charles Michael Butrey

Mailing Address 425 Britannia Pkwy

City State Zip Code  
Avon Lake OH 44012-2182

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

Name of Employer  
Tri-City Family Medicine Inc

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** T11759

Amount of Each Receipt this Period  
300.00

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  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** T11765

Amount of Each Receipt this Period  
500.00

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  
Summit Ophthalmology Inc

Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

**Transaction ID:** T11907

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 37
	(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 Wedg-wood

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

**Transaction ID:** T9896

Amount of Each Receipt this Period  
83.33

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mary Jo Panzone Welker

Mailing Address 5150 Johnstown Rd

City State Zip Code  
New Albany OH 43054-9519

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

Name of Employer  
Family Practice Associates

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2006

**Transaction ID:** T12501

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>383.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27549.99</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 37
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> JP Morgan Chase Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P O Box 710634		<b>Transaction ID:</b> T11661
City Columbus	State OH	Zip Code 43240-0634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.37
Name of Employer JP Morgan Chase Bank	Occupation Physician	A Credit to the Federal Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.96	

Full Name (Last, First, Middle Initial) <b>B.</b> JP Morgan Chase Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P O Box 710634		<b>Transaction ID:</b> T12810
City Columbus	State OH	Zip Code 43240-0634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 251.08
Name of Employer JP Morgan Chase Bank	Occupation Physician	A Credit to the Federal Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1012.04	

Full Name (Last, First, Middle Initial) <b>C.</b> JP Morgan Chase Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address P O Box 710634		<b>Transaction ID:</b> T12814
City Columbus	State OH	Zip Code 43240-0634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 219.91
Name of Employer JP Morgan Chase Bank	Occupation Physician	A Credit to the Federal Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1231.95	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>681.36</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>681.36</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Republican Senate Campaign Committee</b>		<b>Transaction ID: A1299169</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 211 S Fifth St		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Zip Code 43215-5203
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hon. Joyce Beatty</b>		<b>Transaction ID: A1299177</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 77 South High Street 14th Floor		Amount of Each Disbursement this Period 350.00	
City Columbus	State OH		Zip Code 43215-6108
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hon. Danny R. Bulp</b>		<b>Transaction ID: A1299173</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 77 S High St 11th Fl		Amount of Each Disbursement this Period 150.00	
City Columbus	State OH		Zip Code 43215-6108
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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)

PAGE 32 / 37

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

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

Full Name (Last, First, Middle Initial) <b>A. Ohio House Democratic Caucus</b>		<b>Transaction ID: A1299172</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 271 E State St		Amount of Each Disbursement this Period 1050.00
City Columbus State OH Zip Code 43215-4342	Purpose of Disbursement <input type="text"/>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hon. David T. Daniels</b>		<b>Transaction ID: A1299174</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 77 S High St 11th Fl		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 43215-6108	Purpose of Disbursement <input type="text"/>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hon. Steve L. Driehaus</b>		<b>Transaction ID: A1299171</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 77 S High St 14th Fl		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43215-6151	Purpose of Disbursement <input type="text"/>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1800.00

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hon. Teresa Fedor</b>		<b>Transaction ID: A1299176</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address Senate Bldg Rm 223 2nd Fl		Amount of Each Disbursement this Period 250.00	
City Columbus	State OH		Zip Code 43215
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hon. Tim Schaffer</b>		<b>Transaction ID: A1299170</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 77 S High St 11th Fl		Amount of Each Disbursement this Period 250.00	
City Columbus	State OH		Zip Code 43215-6108
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hon. Bill Seitz</b>		<b>Transaction ID: A1299175</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 77 S High St 14th Fl		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Zip Code 43215-6151
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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)

PAGE 34 / 37

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

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

Full Name (Last, First, Middle Initial) <b>A. Hon. Tim Schaffer</b>		<b>Transaction ID: A1306592</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 77 S High St 11th Fl		Amount of Each Disbursement this Period 2500.00
City Columbus State OH Zip Code 43215-6108		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Hon. Terrence O'Donnell</b>		<b>Transaction ID: A1306593</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 100 E Broad St Ste 2330		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-3651		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Hon. Bob Cupp</b>		<b>Transaction ID: A1306628</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 211 S Fifth St		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-5203		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hon. Larry L. Flowers</b>		<b>Transaction ID: A1331776</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 77 S High St 14th Fl		Amount of Each Disbursement this Period 300.00	
City Columbus	State OH		Zip Code 43215-6151
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hon. Kevin DeWine</b>		<b>Transaction ID: A1331775</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 77 S High St 14th Fl		Amount of Each Disbursement this Period 500.00	
City Columbus	State OH		Zip Code 43215-6151
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hon. Geoffrey C. Smith</b>		<b>Transaction ID: A1331778</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6	
Mailing Address 77 S High St 11th Fl		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Zip Code 43215-6108
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> 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)

PAGE 36 / 37

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

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

Full Name (Last, First, Middle Initial) <b>A. Hon. Jim Carmichael</b>		<b>Transaction ID: A1331777</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6
Mailing Address 77 S High St 12th Fl		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215-6108		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Hon. Terrence O'Donnell</b>		<b>Transaction ID: A1331773</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 100 E Broad St Ste 2330		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43215-3651		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Hon. Bob Cupp</b>		<b>Transaction ID: A1331774</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 211 S Fifth St		Amount of Each Disbursement this Period 4500.00
City Columbus State OH Zip Code 43215-5203		
Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Ohio Senate Democrats</b>		<b>Transaction ID:</b> A1331790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 271 E State St		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Zip Code 43215-4342
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hon. Stephen P. Buehrer</b>		<b>Transaction ID:</b> A1331788 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 77 S High St 14th Fl		Amount of Each Disbursement this Period 1000.00	
City Columbus	State OH		Zip Code 43215-6151
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Hon. Tim Schaffer</b>		<b>Transaction ID:</b> A1331789 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6	
Mailing Address 77 S High St 11th Fl		Amount of Each Disbursement this Period 300.00	
City Columbus	State OH		Zip Code 43215-6108
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	20900.00