



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		283281.97
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	302733.14									
(c) Total Receipts (from Line 19) .....	30984.03	208142.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	333717.17	491424.08								
7. Total Disbursements (from Line 31) .....	34395.64	192102.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	299321.53	299321.53								
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

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24213.00	143500.00
(i) Itemized (use Schedule A) .....	6171.00	56224.00
(ii) Unitemized .....	30384.00	199724.00
(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) .....	30384.00	199724.00
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) .....	500.00	500.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	100.03	418.11
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)) .....	30984.03	208142.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30984.03	208142.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	12245.64	132897.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12245.64	132897.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	22000.00	59000.00
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 .....	150.00	205.00
(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)) .....	150.00	205.00
29. Other Disbursements.....	0.00	0.00
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))..	34395.64	192102.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34395.64	192102.55

**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 .....	30384.00	199724.00
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	205.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30234.00	199519.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12245.64	132897.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	500.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11745.64	132397.55

**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 6 / 31
	<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	

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 Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)  
David F. Hitzeman, DO

Mailing Address 2012 W Rockport St

City State Zip Code  
Broken Arrow OK 74012-0444

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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

**Transaction ID: 27577371**

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael K. Murphy, DO

Mailing Address 498 Tuscan Avenue # 207  
William Carey University COM

City State Zip Code  
Hattiesburg MS 39401-5461

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

Name of Employer William Carey College Sch-  
ool of Osteop Occupation Dean

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 552.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

**Transaction ID: 27592167**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph J. Kuchinski, Jr DO

Mailing Address 25 Jillian Blvd

City State Zip Code  
Parsippany NJ 07054-3443

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

Name of Employer New York United Hospital  
Medical Cente Occupation Director, Medical Education

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 0 8

**Transaction ID: 27592168**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 / 31
	<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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Raul J. Garcia, DO, FACOE		Date of Receipt
	Mailing Address 6901 Scenic Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2008
	City	State	Zip Code
	Yakima	WA	98908-2122
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27592169
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve P. Buchanan, DO		Date of Receipt
	Mailing Address 8851 Camp Bowie W Ste 120		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2008
	City	State	Zip Code
	Fort Worth	TX	76116-6040
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27592170
Name of Employer American College of Osteo- pathic Obstet		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph M. Yasso, Jr DO		Date of Receipt
	Mailing Address 3600 NE Ralph Powell Road Suite C		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2008
	City	State	Zip Code
	Lees Summit	MO	64064-2369
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27592171
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Roberta A. Wattleworth, DO, MHA,	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 3200 Grand Avenue	<b>Transaction ID:</b> 27592172
	City State Zip Code Des Moines IA 50312-4104	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Des Moines University	Occupation Faculty member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David L. Wolf, DO, MS	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 2275 West Jefferson Avenue	<b>Transaction ID:</b> 27592173
	City State Zip Code Trenton MI 48183-2114	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	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) Stanley E. Grogg, DO	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 4520 S Birmingham Pl	<b>Transaction ID:</b> 27592174
	City State Zip Code Tulsa OK 74105-5126	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer OSU-CHS	Occupation Prof of Pediatrics	
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>625.00</b>
<b>TOTAL</b> 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 / 31
	<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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American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Lee Peters, DO		Date of Receipt
	Mailing Address 405 Old West Dr Round Rock Medical Clinic		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Round Rock	TX	78681-7452
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27592175
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Martin S. Levine, DO, MPH		Date of Receipt
	Mailing Address 41 Cambridge Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Short Hills	NJ	07078-1901
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27592176
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jan D. Zieren, DO, MPH		Date of Receipt
	Mailing Address 720 E Thunderbird Road Suite 3		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Phoenix	AZ	85022-5396
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 27592177
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 31  
(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)  
American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)  
COL Ronald J. Renuart, DO

Mailing Address 520 A1a N Ste 101

City State Zip Code  
Ponte Vedra Beach FL 32082-2260

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

Name of Employer Occupation  
Baptist Primary Care Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** 27592178

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
James J. Dearing, DO

Mailing Address 750 East Thunderbird Road  
Suite 1

City State Zip Code  
Phoenix AZ 85022-5306

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** 27592179

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Boyd R. Buser, DO

Mailing Address 147 Sycamore St

City State Zip Code  
Pikeville KY 41501-9118

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

Name of Employer Occupation  
Pikeville College Assoc Dean Clinical Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** 27592180

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**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 11 / 31  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeffrey S. Grove, DO

Mailing Address 12020 Seminole Blvd

City State Zip Code  
Largo FL 33778-2805

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

Name of Employer Suncoast Family Medical Associates  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** 27592181

Amount of Each Receipt this Period  
1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Virginia M. Johnson, DO

Mailing Address 17157 Palisades Cir

City State Zip Code  
Pacific Palisades CA 90272-2145

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  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** 27592182

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Brian Williams, DO

Mailing Address 37026 US Highway 19 North

City State Zip Code  
Palm Harbor FL 34684-1109

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

Name of Employer Orthopedic Specialists  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2008

**Transaction ID:** 27592198

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1875.00**

**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 / 31
	<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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric E. Luebbert, DO	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 4103 Perry Way	<b>Transaction ID:</b> 27652622
	City State Zip Code Sioux City IA 51104-1316	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation 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) Gregory James, DO, MPH	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 2323 Kings Point Dr	<b>Transaction ID:</b> 27652623
	City State Zip Code Largo FL 33774-1009	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer All Family Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph S. DeGaetano, DO	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 2546 Jardin Lane	<b>Transaction ID:</b> 27652624
	City State Zip Code Weston FL 33327-1511	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Nova Southeastern University College o	Occupation Assistant Professor, Family Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31  
(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 Comm-  
ittee

**A.** Full Name (Last, First, Middle Initial)  
William H. Stager, DO, MS, F

Mailing Address 311 Golf Rd Ste 1100

City State Zip Code  
West Palm Beach FL 33407-5501

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 ▼ 1500.00

Date of Receipt: 04 / 04 / 2008  
Transaction ID: 27652625  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Amelia G. Tunanidas Pantelis, DO, BS

Mailing Address 12077 Gandy Blvd North Apt. #383

City State Zip Code  
Saint Petersburg FL 33702-1523

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

Name of Employer Wellcare, Inc. Occupation Medical Director, Health Services

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 04 / 04 / 2008  
Transaction ID: 27652626  
Amount of Each Receipt this Period: 125.00

**C.** Full Name (Last, First, Middle Initial)  
Gregory James, DO, MPH

Mailing Address 2323 Kings Point Dr

City State Zip Code  
Largo FL 33774-1009

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

Name of Employer All Family Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt: 04 / 04 / 2008  
Transaction ID: 27652631  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1125.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 31  
(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 Comm-  
ittee

**A.** Full Name (Last, First, Middle Initial)  
Earl T. Hecker, DO  
 Mailing Address 3655 Forest Hill Rd  
 City State Zip Code  
 Bloomfield Hills MI 48302-1524  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 8  
**Transaction ID:** 27652632  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation  
 Self Employed Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Lori A. Dillard, DO  
 Mailing Address 1030 Harrington St Ste 206  
 MCG Center for Osteopathic Medicin  
 City State Zip Code  
 Mount Clemens MI 48043-2967  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 8  
**Transaction ID:** 27652813  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation  
 Self Employed Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
Merideth C. Norris, DO  
 Mailing Address PO Box 447  
 City State Zip Code  
 Blue Hill ME 04614-0447  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 4 / 2 0 0 8  
**Transaction ID:** 27652814  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation  
 Self Employed Physician  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 400.00

**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: (check only one)	PAGE 15 / 31
	<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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul A. Martin, DO, MS	Date of Receipt MM / DD / YYYY 04 / 09 / 2008
	Mailing Address 100 Forest Park Dr	<b>Transaction ID:</b> 27652849
	City State Zip Code Dayton OH 45405-5000	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Providence Medical Group Occupation 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) Donald Charles Howard, DO	Date of Receipt MM / DD / YYYY 04 / 09 / 2008
	Mailing Address 1740 E Hallandale Beach Blvd	<b>Transaction ID:</b> 27652850
	City State Zip Code Hallandale FL 33009-4611	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lawrence J. Usher, DO, BA	Date of Receipt MM / DD / YYYY 04 / 09 / 2008
	Mailing Address 31760 Partridge Ln	<b>Transaction ID:</b> 27652851
	City State Zip Code Farmington Hills MI 48334-1372	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed 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>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 31  
(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 Comm-  
ittee

**A.** Full Name (Last, First, Middle Initial)  
Paul Grayson Smith, Jr., D.O.

Mailing Address 2121 North Ocoee Street  
Suite 101

City Cleveland State TN Zip Code 37311-3953

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

Name of Employer Ocoee Premier Park Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2008  
Transaction ID: 27652856  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Marc G. Kaprow, DO

Mailing Address 3702 Washington St Ste 305

City Hollywood State FL Zip Code 33021-8287

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 04 / 13 / 2008  
Transaction ID: 27680623  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dane K. Johnson, DO

Mailing Address 2025 220th Ave

City Mount Ayr State IA Zip Code 50854-8899

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 04 / 14 / 2008  
Transaction ID: 27689995  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 31  
(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)  
American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)  
Jay Kugler, DO

Mailing Address 20431 Stonehill Ct

City State Zip Code  
Ashburn VA 20147-2387

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

Name of Employer Self Employed Occupation  
Self Employed 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 4 / 1 4 / 2 0 0 8

**Transaction ID:** 27689996

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Milton J. Klein, DO

Mailing Address 1352 5th Avenue

City State Zip Code  
Coraopolis PA 15108-2024

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

**Transaction ID:** 27690000

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew H. Berry, DO

Mailing Address 522 W Commerce Rd

City State Zip Code  
Commerce Twp MI 48382-3923

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 8

**Transaction ID:** 27690003

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Hollis H. King, DO, PhD		Date of Receipt
	Mailing Address 3500 Camp Bowie Blvd The Osteopathic Research Center		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 4 / 2 0 0 8
	City Fort Worth State TX Zip Code 76107-2644		<b>Transaction ID:</b> 27690216
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
	Name of Employer Self Employed Occupation Physician		<input type="text"/> 1000.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gerald E. Reynolds, DO		Date of Receipt
	Mailing Address 4685 N Highway 19a Lakeside Family Medicine		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 4 / 2 0 0 8
	City Mount Dora State FL Zip Code 32757-2039		<b>Transaction ID:</b> 27690228
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
	Name of Employer Self Employed Occupation Physician		<input type="text"/> 250.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) David A. Raminski, DO		Date of Receipt
	Mailing Address 16522 S 106th Port		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 0 8
	City Orland Park State IL Zip Code 60467-4547		<b>Transaction ID:</b> 27737476
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
	Name of Employer Self Employed Occupation Physician		<input type="text"/> 250.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 31  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Andrea Kuchinski

Mailing Address 284 Morris Ave

City State Zip Code  
Mountain Lakes NJ 07046

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2008

**Transaction ID:** 27766848

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph P. McNerney, DO

Mailing Address 12000 East 12 Mile Road  
St. John Detroit Riverview

City State Zip Code  
Warren MI 48093-3570

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

Name of Employer Occupation  
St. John Health System Director of the Osteopathic Division o

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** 27766862

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Schachter, DO

Mailing Address 202B Kings Way W

City State Zip Code  
Sewell NJ 08080-2200

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2008

**Transaction ID:** 27766867

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 31  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Anthony A. Minissale, DO, BS

Mailing Address 325 S Belmont St  
PO Box M15118

City York State PA Zip Code 17403-2608

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

Name of Employer Memorial Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2008

Transaction ID: 27769114

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel J. Callan, DO, MPH

Mailing Address 110 Deer Xing  
BMH Occupational Health Ctr

City Vonore State TN Zip Code 37885-2133

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

Name of Employer BMH Occupational Health Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2008

Transaction ID: 27803451

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Patricia F. Arnett, DO, BA

Mailing Address 901 East Brady Street  
Advanced OB/GYN Associates

City Butler State PA Zip Code 16001-4648

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

Name of Employer Advanced OB/GYN Associates Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2008

Transaction ID: 27803452

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 31  
(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 Comm-  
ittee

**A.** Full Name (Last, First, Middle Initial)  
Stephen Downey

Mailing Address 142 E Ontario St  
5th Floor

City State Zip Code  
Chicago IL 60611-2874

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

Name of Employer American Osteopathic Foundation  
Occupation Executive Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

**Transaction ID:** 27803453  
 Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Wayne R. English, Jr DO

Mailing Address 2125 Mary Ann Ln

City State Zip Code  
Burluson TX 76028-2227

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  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

**Transaction ID:** 27803454  
 Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Patricia F. Arnett, DO, BA

Mailing Address 901 East Brady Street  
Advanced OB/GYN Associates

City State Zip Code  
Butler PA 16001-4648

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

Name of Employer Advanced OB/GYN Associates  
Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
552.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	8

**Transaction ID:** 27804278  
 Amount of Each Receipt this Period  
52.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **552.00**

**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 22 / 31
	<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)  
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ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel W. Saylak, DO		Date of Receipt
	Mailing Address 841 N Rosemary Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Bryan	TX	77802-4310
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 27820891
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl Michael Pesta, DO, FACPE		Date of Receipt
	Mailing Address 50400 Sass Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 8 / 2 0 0 8
	City	State	Zip Code
	New Baltimore	MI	48047-4044
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 27820892
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Gordon Blackburn, DO		Date of Receipt
	Mailing Address 10494 Northcliffe Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Spring Hill	FL	34608-3656
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 27820893
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 31  
(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)  
American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

**A.**

Full Name (Last, First, Middle Initial)  
Thomas N. Told, DO

Mailing Address 580 Pershing Street

City State Zip Code  
Craig CO 81625-3047

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 ▼  
1111.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

**Transaction ID:** 27820894

Amount of Each Receipt this Period  
111.00

**B.**

Full Name (Last, First, Middle Initial)  
Teresa A. Hubka, DO, FACOO

Mailing Address 1432 W Wolfram St

City State Zip Code  
Chicago IL 60657-4117

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 / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

**Transaction ID:** 27820913

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John D. Weilbacker, DO

Mailing Address 1620 Royal Oak Dr

City State Zip Code  
Mansfield OH 44906-3635

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

Name of Employer Emergency Medicine Physic-  
ians Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

**Transaction ID:** 27820914

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **611.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 31	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Ronnie B. Martin, DO, RPH

Mailing Address PO Box 441246

City Aurora State CO Zip Code 80044-1246

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

Name of Employer Rocky Vista University Co-  
llege of Oste  
Occupation Chief Academic Officer and Dean

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 8

Transaction ID: 27820915

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	24213.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Citibank FSB		Date of Receipt
Mailing Address P.O. Box 19748		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City	State	Zip Code
Washington	DC	20036-0748
FEC ID number of contributing federal political committee.		Transaction ID: 27833184
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="100.03"/>
Occupation		Bank Interest Earned
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="418.11"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.03"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="100.03"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Heartland Card Services		Date of Receipt	
	Mailing Address P.O. Box 1587		M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID: 27833325</b>
	Jeffersonville	IN	47131-1587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	500.00
	Name of Employer	Occupation		Refund of credit card pro- cessing fees
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) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00

**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)

PAGE 27 / 31

<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

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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Heartland Card Services <hr/> Mailing Address P.O. Box 1587 <hr/> City Jeffersonville State IN Zip Code 47131-1587 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> 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) ▼	Transaction ID: 27833161 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 387.23 <hr/> Credit Card Processing Fees
<b>B.</b>	Full Name (Last, First, Middle Initial) Citibank FSB <hr/> Mailing Address P.O. Box 19748 <hr/> City Washington State DC Zip Code 20036-0748 <hr/> Purpose of Disbursement Bank Account Analysis Settlement Fee Candidate Name <hr/> 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) ▼	Transaction ID: 27833164 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2.80 <hr/> Bank Account Analysis Settlement Fee
<b>C.</b>	Full Name (Last, First, Middle Initial) American Osteopathic Information Association <hr/> Mailing Address 142 East Ontario <hr/> City Chicago State IL Zip Code 60611 <hr/> Purpose of Disbursement February Operating Expenses-Salaries, Copying, etc. Candidate Name <hr/> 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) ▼	Transaction ID: 27661540 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 11650.53 <hr/> February Operating Expenses-Salaries, Copying, etc.

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

12040.56

**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)

PAGE 28 / 31

<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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fees 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) ▼	Transaction ID: 27833170 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 4.50 Credit Card Processing Fees Category/Type: 001
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fees 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) ▼	Transaction ID: 27833177 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 182.98 Credit Card Processing Fees Category/Type: 001

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

187.48

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

12228.04

**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 Comm-  
ittee

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Senator Carl Levin  Mailing Address 10 G Street Ne, Suite 470  City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Sen. Carl Levin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	<b>Transaction ID:</b> 27648242 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Wexler For Congress Committee  Mailing Address P.O.Box 810669  City Boca Raton State FL Zip Code 33431 Purpose of Disbursement Contribution Candidate Name Rep. Robert Wexler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 19	<b>Transaction ID:</b> 27648245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Bilirakis For Congress  Mailing Address 610 South Boulevard  City Tampa State FL Zip Code 33606 Purpose of Disbursement Contribution Candidate Name Gus Michael Bilirakis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 09	<b>Transaction ID:</b> 27611457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8	Amount of Each Disbursement this Period 2500.00  Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pat Roberts For Senate  Mailing Address PO Box 433  City State Zip Code Great Bend KS 67530  Purpose of Disbursement Contribution Candidate Name Sen. Pat Roberts  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27611458 Date of Disbursement 04 / 07 / 2008  Amount of Each Disbursement this Period 2500.00  Contribution
<b>B.</b>	Full Name (Last, First, Middle Initial) New Democrat Coalition PAC  Mailing Address 607 14th Street, NW Suite 800  City State Zip Code Washington DC 20005  Purpose of Disbursement Contribution 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) ▼	Transaction ID: 27611459 Date of Disbursement 04 / 07 / 2008  Amount of Each Disbursement this Period 5000.00  Contribution
<b>C.</b>	Full Name (Last, First, Middle Initial) Dave Camp for Congress 2008  Mailing Address 5915 Eastman Avenue Suite 100  City State Zip Code Midland MI 48640  Purpose of Disbursement Contribution Candidate Name Rep. David Lee Camp  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27769164 Date of Disbursement 04 / 24 / 2008  Amount of Each Disbursement this Period 2500.00  Contribution

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

10000.00

**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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee  Mailing Address P.O. Box 8331  City Fremont State CA Zip Code 94537  Purpose of Disbursement Contribution Candidate Name Rep. Fortney Pete Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27769138 Date of Disbursement 04 / 24 / 2008  Amount of Each Disbursement this Period 2500.00  Contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Boyd for Congress  Mailing Address P.O. Box 15703  City Tallahassee State FL Zip Code 32317  Purpose of Disbursement Contribution Candidate Name Rep. F. Allen Boyd, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27769160 Date of Disbursement 04 / 24 / 2008  Amount of Each Disbursement this Period 1000.00  Contribution	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Boustany, Jr., MD for Congress, Inc.  Mailing Address P.O. Box 80126  City Lafayette State LA Zip Code 70598  Purpose of Disbursement Contribution Candidate Name Mr. Charles W. Boustany, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27769161 Date of Disbursement 04 / 24 / 2008  Amount of Each Disbursement this Period 2500.00  Contribution	011 Category/ Type

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

6000.00

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

22000.00