

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		222763.48
(b) Cash on Hand at Beginning of Reporting Period.....	120941.66	
(c) Total Receipts (from Line 19)	13274.85	351366.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	134216.51	574129.54
7. Total Disbursements (from Line 31).....	20205.43	460118.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	114011.08	114011.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12343.00	266330.48
(ii) Unitemized	927.00	81959.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13270.00	348289.94
(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)	13270.00	348289.94
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.85	76.12
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	13274.85	351366.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13274.85	351366.06

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	205.43	12618.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	205.43	12618.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	447500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20205.43	460118.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20205.43	460118.46

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13270.00	348289.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13270.00	348289.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	205.43	12618.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	205.43	12618.46

**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 OF 25
<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 Committee

A. Cyrus, Scott, S., , DO, FACOP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8803 S 101st East Ave Ste 200
 City Tulsa State OK Zip Code 74133-5730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children and Adolescent Medical Svcs Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 12 / 26 / 2017
Transaction ID : 41720280
 Amount of Each Receipt this Period 750.00
 Memo Item

B. Ripley, Bret, D., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4238 Park Hill Dr
 City Des Moines State IA Zip Code 50312-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 30 / 2017
Transaction ID : 41723052
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Turner, James, M., , DO, FACOPF
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 N Heron Cv
 City Hattiesburg State MS Zip Code 39402-8730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2017
Transaction ID : 41783596
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
<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 Committee

A. Anderson, William, G., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30690 Ivy Glen Ct
 City Franklin State MI Zip Code 48025-4622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Former President of AOA Occupation (for Individual) Senior Advisor To Dean
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783747
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Beehler, Darryl, A., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1826 Heritage Dr
 City Detroit Lakes State MN Zip Code 56501-4625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783748
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Bixler, Nicole, Heath, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7153 Woods Bay Ct
 City Land O Lakes State FL Zip Code 34637-7828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 3750.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783749
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1625.00
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 8 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Brennan, Teresa, M., Capt, DO, MS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Oceanside Dr

City Saint Augustine	State FL	Zip Code 32080-4901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : 41783750

Amount of Each Receipt this Period
325.00

Memo Item

B. Cohen, Greg, D., , DO, FACOFP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 N 7th St
Chariton Family Medical Center

City Chariton	State IA	Zip Code 50049-1210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : 41783751

Amount of Each Receipt this Period
500.00

Memo Item

C. Delo, Linda, F., , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 SE Port St Lucie Blvd

City Port Saint Lucie	State FL	Zip Code 34984-5108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Delo Medical Associates	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2017

Transaction ID : 41783752

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eisenberg, Traci-lynn, , , DO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9305 Arborwood Cir

City Davie	State FL	Zip Code 33328-6798
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : 41783753

Amount of Each Receipt this Period
125.00

Memo Item

B. Franks, Kevin, T., , DO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 530

City Minot	State ND	Zip Code 58702-0530
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : 41783754

Amount of Each Receipt this Period
125.00

Memo Item

C. Gelb, Ernest, R., , DO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 424 Orchard W

City Dallas	State PA	Zip Code 18612-1837
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017

Transaction ID : 41783755

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<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 Committee

A. Gustowski, Sharon, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 502 Robinhood Pl

City San Antonio	State TX	Zip Code 78209-3428
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Assistant Professor of Osteopathic Man
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : 41783756

Amount of Each Receipt this Period

125.00

 Memo Item

B. Lally, James, M., , DO, MMM, F
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5451 Walnut Ave

City Chino	State CA	Zip Code 91710-2609
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Chino Valley Medical Center	Occupation (for Individual) President & Chief Medical Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : 41783758

Amount of Each Receipt this Period

750.00

 Memo Item

C. Martin, Paul, , , DO, MS, FA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 676 Brookmeade Ct

City Beavercreek	State OH	Zip Code 45434-6293
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ACOFP	Occupation (for Individual) Chief Medical Officer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : 41783760

Amount of Each Receipt this Period

240.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1115.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
<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 Committee

A. Milner, Trudy, J., , DO, RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1919 S Wheeling Ave Ste LL100
 Bernsen Medical Plaza
 City Tulsa State OK Zip Code 74104-5600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783761
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Monka, Ira, P., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Saddle Rd
 City Cedar Knolls State NJ Zip Code 07927-1901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Medical Institute of New Jersey Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783762
 Amount of Each Receipt this Period 1050.00
 Memo Item

c. Murphy, Michael, K., , DO, FACOFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17123 Hedgerow Park Rd
 City Charlotte State NC Zip Code 28277-6661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Vice President & Dean
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2535.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783764
 Amount of Each Receipt this Period 195.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1495.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Nylander, Kelsey, Raye, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 N Range Rd
 City Springfield State MN Zip Code 56087-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : 41783765
 Amount of Each Receipt this Period
 125.00
 Memo Item

B. Palmarozzi, Elizabeth, A., , DO, FACOFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 S Donahue Dr
 City Auburn State AL Zip Code 36832-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCOM-Auburn Occupation (for Individual) Dean
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : 41783766
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Palmarozzi, Elizabeth, A., , DO, FACOFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 S Donahue Dr
 City Auburn State AL Zip Code 36832-2975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCOM-Auburn Occupation (for Individual) Dean
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2025.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : 41783767
 Amount of Each Receipt this Period
 100.00
 Memo Item

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: (check only one)	PAGE 13 OF 25
<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 Committee

A. Patel, Hetal, R., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Delmore Dr
 City Kendall Park State NJ Zip Code 08824-7017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783768
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Rubin, Steven, Fredric, , DO, FACOFP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 Minogue Ter
 City Paramus State NJ Zip Code 07652-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783769
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Scheinthal, Stephen, M., , DO, FACN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2250 Chapel Ave W Ste 100 Department of Psychiatry
 City Cherry Hill State NJ Zip Code 08002-2051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rowan University School of Osteopathic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 650.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783770
 Amount of Each Receipt this Period 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
	<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 Committee

A. Silvagni, Anthony, J., , DO, PharmD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 S University Dr Ste 1401
 Dean's Office
 City Davie State FL Zip Code 33328-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nova Southeastern University College o Occupation (for Individual) Dean
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : 41783771
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Steier, Kenneth, J., , DO, MPH, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 69 Old East Neck Rd
 City Melville State NY Zip Code 11747-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Touro College of Osteopathic Medicine Occupation (for Individual) Dean, TouroCOM-Middletown
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : 41783772
 Amount of Each Receipt this Period
 125.00
 Memo Item

C. Stowers, Ray, E., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56913 E Oak Rd
 City Afton State OK Zip Code 74331-8030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Provost Dean of College of Osteopathic
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2017
Transaction ID : 41783773
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
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 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Strampel, William, D., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 965 Fee Rd Rm A309 East Fee Hall
 Michigan State University

City East Lansing State MI Zip Code 48824-6410

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

Name of Employer (for Individual) Michigan State University, College of Occupation (for Individual) Dean

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3850.00

Date of Receipt
 12 / 31 / 2017
Transaction ID : 41783774

Amount of Each Receipt this Period
 1250.00

Memo Item

B. Yasso, Joseph, M., , Jr DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3513 NW Primrose Ln

City Lees Summit State MO Zip Code 64064-1885

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 12 / 31 / 2017
Transaction ID : 41783775

Amount of Each Receipt this Period
 250.00

Memo Item

C. Yasso, Joseph, M., , Jr DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3513 NW Primrose Ln

City Lees Summit State MO Zip Code 64064-1885

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt
 12 / 31 / 2017
Transaction ID : 41783776

Amount of Each Receipt this Period
 250.00

Memo Item

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: (check only one)	PAGE 16 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yasso, Joseph, M., , Jr DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3513 NW Primrose Ln
 City Lees Summit State MO Zip Code 64064-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783777
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Zieren, Jan, D., , DO, MPH, F
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6965 Cumberland Gap Pkwy Lincoln Memorial University -Dcom
 City Harrogate State TN Zip Code 37752-8245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AOMA Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2815.00

Date of Receipt 12 / 31 / 2017
Transaction ID : 41783778
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Hostoffer, Robert, W., , Jr DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5915 Landerbrook Dr Ste 110
 City Mayfield Hts State OH Zip Code 44124-4034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1167.00

Date of Receipt 12 / 31 / 2017
Transaction ID : PR481358648606
 Amount of Each Receipt this Period 333.00
 Memo Item
 P/R Deduction (\$150.00 Weekly)

SUBTOTAL of Receipts This Page (optional).....	833.00
TOTAL This Period (last page this line number only).....	12343.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heartland Card Services

Mailing Address P.O. Box 1587

City
Jeffersonville

State
IN

Zip Code
47131-1587

Purpose of Disbursement
Credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : 41762757

Amount of Each Disbursement this Period

[REDACTED] 78.13

Credit card processing fees

Memo Item

Full Name (Last, First, Middle Initial)

B. Gateway Billing

Mailing Address 915 South 500 East
Suite 200

City
American Fork

State
UT

Zip Code
84003

Purpose of Disbursement
Credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : 41762758

Amount of Each Disbursement this Period

[REDACTED] 12.10

Credit card processing fees

Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal, Inc.

Mailing Address 4100 Solutions Center

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement
Credit card processing fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : 41762823

Amount of Each Disbursement this Period

[REDACTED] 30.00

Credit card processing fees

Memo Item

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

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

[REDACTED] 120.23

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2017

Mailing Address 4100 Solutions Center

FEC Identification Number

C	_____
---	-------

Transaction ID : 41762824

Amount of Each Disbursement this Period

_____	22.05
-------	-------

Credit card processing fees

Memo Item

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement
Credit card processing fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General

Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Mailing Address P.O. Box 53852

FEC Identification Number

C	_____
---	-------

Transaction ID : 41762825

Amount of Each Disbursement this Period

_____	63.15
-------	-------

Credit card processing fees

Memo Item

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit card processing fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General

Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

FEC Identification Number

C	_____
---	-------

Amount of Each Disbursement this Period

-------	--

Memo Item

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General

Other (specify) ▼

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

_____	85.20
-------	-------

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

_____	205.43
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**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tony Cardenas for Congress

Mailing Address 410 1st St SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Cardenas, Tony, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 29

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

FEC Identification Number
C C00498873
Transaction ID : 41649067
Amount of Each Disbursement this Period
1000.00
Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

B. Carper for Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Carper, Thomas, R., Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: DE District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

FEC Identification Number
C C00349217
Transaction ID : 41649068
Amount of Each Disbursement this Period
1000.00
Contribution
 Memo Item

Full Name (Last, First, Middle Initial)

C. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898-0505

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Cassidy, William, M., Sen.,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: LA District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

FEC Identification Number
C C00543983
Transaction ID : 41649069
Amount of Each Disbursement this Period
1000.00
Contribution
 Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Castor for Congress

Mailing Address 301 West Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Castor, Katherine, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District: 14

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

FEC Identification Number
C C00410761
Transaction ID : 41649070
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Clyburn, James, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 06

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

FEC Identification Number
C C00255562
Transaction ID : 41649071
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Diana Degette for Congress

Mailing Address PO Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
DeGette, Diana, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CO District: 01

Date of Disbursement
M M / D D / Y Y Y Y Y Y
12 / 13 / 2017

FEC Identification Number
C C00311639
Transaction ID : 41649072
Amount of Each Disbursement this Period
1000.00
Contribution

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Engel for Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Engel, Eliot, L., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 16

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2017

FEC Identification Number

C C00236513

Transaction ID : 41649073

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Steve Ferrara for Congress

Mailing Address PO Box 97130

City Phoenix State AZ Zip Code 85060

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Ferrara, Steve, , Mr., MD

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2017

FEC Identification Number

C C00640268

Transaction ID : 41649074

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Frelinghuysen for Congress

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960-6839

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Frelinghuysen, Rodney, P., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 11

Date of Disbursement

MM / DD / YYYY
12 / 13 / 2017

FEC Identification Number

C C00299404

Transaction ID : 41649075

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Harris, Andrew, P., Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

FEC Identification Number

C C00435974

Transaction ID : 41649076

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Healthcare Freedom Fund

Mailing Address PO Box 2485

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

FEC Identification Number

C C00528414

Transaction ID : 41649077

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. People for Derek Kilmer

Mailing Address PO Box 1381

City
Tacoma

State
WA

Zip Code
98402

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kilmer, Derek, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2017

FEC Identification Number

C C00514893

Transaction ID : 41649078

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

3000.00

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**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Making Business Excel Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2017

Mailing Address PO Box 2687

FEC Identification Number

C	C00392134
---	-----------

Transaction ID : 41649079

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

City Cody State WY Zip Code 82414

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Making Business Excel Political Action Committee

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Manchin for West Virginia

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2017

Mailing Address PO Box 5202

FEC Identification Number

C	C00486563
---	-----------

Transaction ID : 41649080

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

City Charleston State WV Zip Code 25361

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Manchin, Joe, , Sen., III

Office Sought: House Senate President
State: WV District:

Disbursement For: 2018 Primary General Other (specify)

Full Name (Last, First, Middle Initial)

C. Friends of Chris Murphy

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2017

Mailing Address PO Box 127

FEC Identification Number

C	C00492645
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Transaction ID : 41649081

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

City Cheshire State CT Zip Code 06410

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Murphy, Christopher, S., Rep.,

Office Sought: House Senate President
State: CT District:

Disbursement For: 2018 Primary General Other (specify) ▼

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

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

3000.00

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**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard E. Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Neal, Richard, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41649082

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Richard E. Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Neal, Richard, E., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41649083

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Bill Nelson for US Senate

Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Nelson, Bill, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: FL District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 41649084

Amount of Each Disbursement this Period

Memo Item Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dan Newhouse for Congress

Mailing Address PO Box 10949

City
Yakima

State
WA

Zip Code
98909-1949

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Newhouse, Dan, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WA District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	7

FEC Identification Number

C C00559393

Transaction ID : 41649085

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Pascrell for Congress

Mailing Address PO Box 100

City
Teaneck

State
NJ

Zip Code
07666

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	7

FEC Identification Number

C C00313510

Transaction ID : 41649086

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski for Congress Inc

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546-0954

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Walorski Swihart, Jackie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	1	7

FEC Identification Number

C C00468579

Transaction ID : 41649087

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

3000.00

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

20000.00