

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

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

FOR LINE NUMBER: PAGE 36 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. John Francis Barrord
 Full Name (Last, First, Middle Initial)
 Mailing Address 4601 Deer Crk
 City State Zip Code
 Middletown OH 45042-5801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ear Nose & Throat Specialists Of Middl Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : T59027
 Amount of Each Receipt this Period
 250.00
 A Contribution to the Federal PAC

B. Dr. Louise Anne Doyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1788 Strathshire Hall Pl
 City State Zip Code
 Powell OH 43065-9436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mid Ohio Eye Physicians & Surgeons Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2013
Transaction ID : T59031
 Amount of Each Receipt this Period
 250.00
 A Contribution to the Federal PAC

C. Dr. Michael Edward Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7613 Sun Hill Dr
 City State Zip Code
 Portsmouth OH 45662-5749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Ohio Medical Center Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2013
Transaction ID : T59032
 Amount of Each Receipt this Period
 250.00
 A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶