

**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 26 OF 47
	<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. David Coffey DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1758 Park Place  
 Ste 402  
 City Montgomery State AL Zip Code 36106-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Montgomery Family Practice PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 16 / 2012**  
**Transaction ID : 35452912**  
 Amount of Each Receipt this Period **1250.00**

**B. Ronald R. Burns DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2865 Old Castle Dr  
 City Winter Park State FL Zip Code 32792-9421  
 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 **1650.00**

Date of Receipt **10 / 16 / 2012**  
**Transaction ID : 35452913**  
 Amount of Each Receipt this Period **500.00**

**C. Michael D. McNamara DO, FACN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 449  
 City Derby State VT Zip Code 05829-0449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1150.00**

Date of Receipt **10 / 16 / 2012**  
**Transaction ID : 35452914**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	