

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

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

FOR LINE NUMBER: PAGE 13 / 27
(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)
Daniel L. Ortiz, DO

Mailing Address 406 Taylor St Ste B
Scottsboro ENT PC

City State Zip Code
Scottsboro AL 35768-2406

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

Name of Employer Occupation
Scottsboro ENT PC Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 31803500

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Steven Gillon, DO

Mailing Address 401 S VanBrunt St Ste 402

City State Zip Code
Englewood NJ 07631-4634

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
05 / 24 / 2010

Transaction ID: 31803503

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Boyd W. Bowden, II DO

Mailing Address 1313 Olentangy River Rd
O & N

City State Zip Code
Columbus OH 43212-3120

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 31803505

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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