

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Ohio State Medical Association Political Action Committee

ADDRESS (number and street) 3401 Mill Run Dr Hilliard OH 43026 9078 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00003327 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 02 2010 in the State of OH

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Timothy I. Maglione Signature of Treasurer Electronically Filed by Timothy I. Maglione Date 12 01 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Ohio State Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		117929.75
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	88434.13									
(c) Total Receipts (from Line 19) .....	16872.87	164304.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	105307.00	282234.00								
7. Total Disbursements (from Line 31) .....	0.00	176927.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	105307.00	105307.00								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Ohio State Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	15719.93	148325.40
(ii) Unitemized .....	1136.24	15687.70
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16856.17	164013.10
(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) .....	16856.17	164013.10
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	16.70	291.15
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)) .....	16872.87	164304.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16872.87	164304.25

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	0.00	65.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	65.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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 .....	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.....	0.00	175861.63
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))..	0.00	176927.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	176927.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	16856.17	164013.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16856.17	164013.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	65.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	65.37

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28  
(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

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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Lisa Bohman Egbert

Mailing Address 790 W Rahn Rd

City State Zip Code  
Kettering OH 45429-2043

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

Name of Employer Occupation  
Paragon Womens Care Inc Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
833.30

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

**Transaction ID:** T34983

Amount of Each Receipt this Period  
83.33

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Nancy Jane Loy

Mailing Address 7675 Norhill Rd

City State Zip Code  
Columbus OH 43235-1743

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

Name of Employer Occupation  
Caren Way Family Health Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** T40716

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dr. J. Steven Polsley

Mailing Address 162 New Haven Dr

City State Zip Code  
Urbana OH 43078-2252

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

Name of Employer Occupation  
Family Physicians Of Urbana Inc Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.33

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

**Transaction ID:** T40158

Amount of Each Receipt this Period  
83.33

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **416.66**

**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 7 / 28  
(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.** Full Name (Last, First, Middle Initial)  
Dr. John N Posch

Mailing Address 2422 Lake Ave

City Ashtabula State OH Zip Code 44004-4985

FEC ID number of contributing federal political committee. C

Name of Employer Ashtabula County Medical Center Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 18 / 2010

**Transaction ID:** T40752

Amount of Each Receipt this Period 250.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Walter Anthony Reiling, III

Mailing Address 1950 Meandering Cv

City Dayton State OH Zip Code 45459-6967

FEC ID number of contributing federal political committee. C

Name of Employer Samaritan North Family Physicians Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 272.16

Date of Receipt M M / D D / Y Y Y Y  
10 / 18 / 2010

**Transaction ID:** T37140

Amount of Each Receipt this Period 38.88

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anita Preeti Somani

Mailing Address 3906 Tarrington Ln

City Columbus State OH Zip Code 43220-6120

FEC ID number of contributing federal political committee. C

Name of Employer Comprehensive Womens Care Inc Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 388.85

Date of Receipt M M / D D / Y Y Y Y  
10 / 18 / 2010

**Transaction ID:** T37149

Amount of Each Receipt this Period 55.55

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... 344.43

**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 8 / 28  
(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.** Full Name (Last, First, Middle Initial)  
Dr. William Charles Sternfeld

Mailing Address 4321 Dovewood Ln

City State Zip Code  
Sylvania OH 43560-4409

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

Name of Employer Occupation  
Toledo Clinic Inc Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.66

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

**Transaction ID:** T37176

Amount of Each Receipt this Period  
111.11

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lance Allen Talmage

Mailing Address 45 Exmoor

City State Zip Code  
Ottawa Hills OH 43615-2174

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

Name of Employer Occupation  
The Toledo OB/GYN Associates Inc Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.60

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

**Transaction ID:** T34971

Amount of Each Receipt this Period  
41.66

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Gordon Ravin

Mailing Address 4545 Crossfields Rd

City State Zip Code  
Toledo OH 43623-2627

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

Name of Employer Occupation  
TLC Eye Care And Laser Center Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** T40738

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **402.77**

**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 9 / 28  
(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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Ralph Warren Roach

Mailing Address 441 Mountainview Dr

City State Zip Code  
Chillicothe OH 45601-8173

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

Name of Employer Occupation  
Adena Health System Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

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

**Transaction ID:** T40728

Amount of Each Receipt this Period  
350.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas Dean Robinson

Mailing Address 2323 Carrington St NW

City State Zip Code  
North Canton OH 44720-8183

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

Name of Employer Occupation  
Atrium OB/GYN Inc Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

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

**Transaction ID:** T40729

Amount of Each Receipt this Period  
350.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dr. John Dinnie Quimjian

Mailing Address 153 Glyn Tawel Dr

City State Zip Code  
Granville OH 43023-1509

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

Name of Employer Occupation  
Orthopaedic Specialists And Sports Med Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID:** T40727

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 10 / 28  
(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)  
Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Nathan Blazer Long

Mailing Address 11963 Stonemark Ln

City Loveland State OH Zip Code 45140-6219

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

Name of Employer Diagnostic Radiology Inc Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 20 / 2010  
**Transaction ID: T40736**  
Amount of Each Receipt this Period: 250.00  
A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Arnold Ray Penix

Mailing Address 7046 Southampton Ln

City West Chester State OH Zip Code 45069-8569

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

Name of Employer Ohio Valley Orthopaedics & Sports Medi Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 20 / 2010  
**Transaction ID: T40735**  
Amount of Each Receipt this Period: 350.00  
A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott Cameron Blair

Mailing Address 303 S Drexel Ave

City Bexley State OH Zip Code 43209-1742

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

Name of Employer Columbus Oncology & Hematology Associa Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 20 / 2010  
**Transaction ID: T40737**  
Amount of Each Receipt this Period: 250.00  
A Contribution to the Federal PAC

**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: PAGE 11 / 28

(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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Louis Luke Barich

Mailing Address 549 Main St

City State Zip Code  
Hamilton OH 45013-3273

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

Name of Employer Occupation  
Louis Luke Barich MD Inc Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: T40731

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey G. Bell

Mailing Address 66 W Campus View Blvd

City State Zip Code  
Columbus OH 43235-1436

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

Name of Employer Occupation  
Riverside Methodist Hospital Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: T40726

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jaye E Benjamin

Mailing Address 2450 Snowberry Ln

City State Zip Code  
Pepper Pike OH 44124-4334

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

Name of Employer Occupation  
Jaye Benjamin MD Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: T40779

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) ..... ▶

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

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

FOR LINE NUMBER: PAGE 12 / 28  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Brenda Sue Prince

Mailing Address 247 Rutledge Dr

City Akron State OH Zip Code 44319-3623

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

Name of Employer EmergiMed Inc Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2010  
**Transaction ID: T40798**  
 Amount of Each Receipt this Period 250.00  
 A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Amjad Al Rass

Mailing Address 66912 Barrett Hill Rd

City Cambridge State OH Zip Code 43725-8818

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

Name of Employer Amjad Rass Inc Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2010  
**Transaction ID: T40864**  
 Amount of Each Receipt this Period 250.00  
 A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Edward Sander

Mailing Address 7185 Overlook Cir

City Lambertville State MI Zip Code 48144-9455

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

Name of Employer Toledo Clinic Inc Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2010  
**Transaction ID: T40851**  
 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) ..... ▶

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

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

FOR LINE NUMBER: PAGE 13 / 28  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Gregory C Riffle

Mailing Address 8340 Tewksbury Ln

City Painesville State OH Zip Code 44077-9700

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

Name of Employer Ophthalmic Physicians Inc Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010  
**Transaction ID: T40852**  
 Amount of Each Receipt this Period: 250.00  
 A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Andrew Martin Zurick

Mailing Address 8621 Witney Ave NW

City North Canton State OH Zip Code 44720-9559

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

Name of Employer Ohio Hospital Based Physicians Corp Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010  
**Transaction ID: T40849**  
 Amount of Each Receipt this Period: 250.00  
 A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Roger John Balogh

Mailing Address P O Box 8168

City Zanesville State OH Zip Code 43702-8168

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

Name of Employer Genesis Healthcare System - Bethesda Occupation Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010  
**Transaction ID: T40850**  
 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) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 28  
(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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Wayne Stephen Court

Mailing Address 2425 Brookview Dr

City Toledo State OH Zip Code 43615-2317

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

Name of Employer Toledo Radiation Oncology Inc Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2010

Transaction ID: T40846

Amount of Each Receipt this Period 250.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Carl Richard Martino

Mailing Address 1351 Briarhill Dr

City Akron State OH Zip Code 44333-1167

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

Name of Employer Radiology And Imaging Services Inc Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2010

Transaction ID: T40889

Amount of Each Receipt this Period 250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Bipin M. Desai

Mailing Address 10244 Windsor Way

City Powell State OH Zip Code 43065-8759

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

Name of Employer Bipin M Desai MD Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 27 / 2010

Transaction ID: T40891

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) ..... ▶

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

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

FOR LINE NUMBER: PAGE 15 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Fadhil Abbas Hussein

Mailing Address 28291 W River Rd

City State Zip Code  
Perrysburg OH 43551-1042

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

Name of Employer Occupation  
Cardiology Care Associates Inc Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

**Transaction ID:** T40854

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Donald Lauchlin McNeil

Mailing Address 2341 Lane Rd

City State Zip Code  
Columbus OH 43220-2914

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

Name of Employer Occupation  
Midwest Allergy Asthma & Immunology As Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** T40915

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Andrew Jack Wherley

Mailing Address 2399 Baker Rd SW

City State Zip Code  
New Philadelphia OH 44663-7104

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

Name of Employer Occupation  
Andrew J Wherley MD Ltd Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

**Transaction ID:** T40929

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) ..... ►

**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 / 28
	<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)  
Ohio State Medical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Susan C Benes	Date of Receipt MM / DD / YYYY 10 / 31 / 2010
	Mailing Address 2151 Arlington Ave	<b>Transaction ID:</b> T41113
	City State Zip Code Columbus OH 43221-4225	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	A Contribution to the Federal PAC
Name of Employer Susan Benes MD	Occupation Doctor	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Scott Keith Henderson	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 325 Blandford Dr	<b>Transaction ID:</b> T40991
	City State Zip Code Worthington OH 43085-3519	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	A Contribution to the Federal PAC
Name of Employer Midwest Physician Anesthesia Services	Occupation Doctor	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Robert Harold Small	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 4259 Lyon Dr	<b>Transaction ID:</b> T41035
	City State Zip Code Columbus OH 43220-4429	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	A Contribution to the Federal PAC
Name of Employer OSU Health System Anesthesia Services	Occupation Doctor	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</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 17 / 28
	<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)  
Ohio State Medical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Christophe Babiuch		Date of Receipt MM / DD / YYYY 11 / 05 / 2010		
	Mailing Address 3118 Country Club Ln		<b>Transaction ID:</b> T41039		
	City Huron	State OH	Zip Code 44839-1080	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC		
	Name of Employer ER-DOC Inc	Occupation Doctor	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Edward Albani, Jr.		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 2331 Hunters Rdg		<b>Transaction ID:</b> T41101		
	City Boardman	State OH	Zip Code 44512-8110	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC		
	Name of Employer Thomas Albani MD	Occupation Doctor	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Karen Mihalik-Potoczak		Date of Receipt MM / DD / YYYY 11 / 10 / 2010		
	Mailing Address 32428 Nottingham Dr		<b>Transaction ID:</b> T41102		
	City Avon Lake	State OH	Zip Code 44012-2192	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		A Contribution to the Federal PAC		
	Name of Employer North Coast OB/GYN & North Coast Laser	Occupation Doctor	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 250.00					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</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 18 / 28  
(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)  
Ohio State Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. John William Nurre, II

Mailing Address 6603 Powner Farm Dr

City State Zip Code  
Cincinnati OH 45248-2971

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

Name of Employer Occupation  
Cincinnati ENT Specialists Doctor  
Inc

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2010

**Transaction ID:** T41105

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Samuel Heidt, Jr.

Mailing Address 9075 Cunningham Rd

City State Zip Code  
Cincinnati OH 45243-1503

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

Name of Employer Occupation  
Wellington Orthopaedic & Sports Medici Doctor  
Inc

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2010

**Transaction ID:** T41106

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary Jo Jacobson Kerns

Mailing Address 1300 Northwest Blvd Apt 402

City State Zip Code  
Columbus OH 43212-3074

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

Name of Employer Occupation  
Dermatologists Of Greater Columbus Doctor  
Columbus

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2010

**Transaction ID:** T41100

Amount of Each Receipt this Period  
1000.00

A Contribution to the Federal PAC

**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 19 / 28  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Jerry Joseph Tasset

Mailing Address 8200 Remington Rd

City State Zip Code  
Cincinnati OH 45242-6507

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

Name of Employer Occupation  
Mercy Hospital Of Fairfie-ld Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** T41103

Amount of Each Receipt this Period  
250.00

A Contribution to the Fed-eral PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Johannes O Olsen

Mailing Address 4645 Stonehaven Dr

City State Zip Code  
Columbus OH 43220-2855

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

Name of Employer Occupation  
The Ohio State University Medical Cent Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

**Transaction ID:** T41189

Amount of Each Receipt this Period  
250.00

A Contribution to the Fed-eral PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven Robert Horn

Mailing Address 5285 Laurelridge Ln

City State Zip Code  
Cincinnati OH 45247-7950

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

Name of Employer Occupation  
Talawanda Emergency Physi-cians Inc Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

**Transaction ID:** T41177

Amount of Each Receipt this Period  
250.00

A Contribution to the Fed-eral PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 / 28  
(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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Dr. Gary Robert Katz		Date of Receipt MM / DD / YYYY 11 / 16 / 2010
Mailing Address 7918 Wisteria Ct		<b>Transaction ID:</b> T37159
City Dublin	State OH	Zip Code 43016-8531
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 27.77
Name of Employer Premier Healthcare Services Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.16	

**B.**

Full Name (Last, First, Middle Initial) Dr. John C Burchfield		Date of Receipt MM / DD / YYYY 11 / 16 / 2010
Mailing Address 9087 Stonybrook Blvd		<b>Transaction ID:</b> T34946
City Sylvania	State OH	Zip Code 43560-8944
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Vision Associates Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Andrew McLean Thomas		Date of Receipt MM / DD / YYYY 11 / 16 / 2010
Mailing Address 4516 Amity Rd		<b>Transaction ID:</b> T37168
City Hilliard	State OH	Zip Code 43026-8465
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 27.77
Name of Employer OSU Internal Medicine At Morehouse	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>75.54</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 21 / 28

(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

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)  
Ohio State Medical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Anita Preeti Somani		Date of Receipt
	Mailing Address 3906 Tarrington Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Columbus	OH	43220-6120
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> T37150
Name of Employer Comprehensive Womens Care Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 55.55
			A Contribution to the Federal PAC

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lance Allen Talmage		Date of Receipt
	Mailing Address 45 Exmoor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Ottawa Hills	OH	43615-2174
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> T34972
Name of Employer The Toledo OB/GYN Associates Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.66
			A Contribution to the Federal PAC

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William Charles Sternfeld		Date of Receipt
	Mailing Address 4321 Dovewood Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Sylvania	OH	43560-4409
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> T37177
Name of Employer Toledo Clinic Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 111.11
			A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>208.32</b>
<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 22 / 28  
(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)  
Ohio State Medical Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Walter Anthony Reiling, III</p> <p>Mailing Address 1950 Meandering Cv</p> <p>City State Zip Code Dayton OH 45459-6967</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Samaritan North Family Physicians Occupation Doctor</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 311.04</p>	<p>Date of Receipt MM / DD / YYYY 11 / 16 / 2010</p> <p><b>Transaction ID:</b> T37141</p> <p>Amount of Each Receipt this Period 38.88</p> <p>A Contribution to the Federal PAC</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. J. Steven Polsley</p> <p>Mailing Address 162 New Haven Dr</p> <p>City State Zip Code Urbana OH 43078-2252</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Family Physicians Of Urbana Inc Occupation Doctor</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 666.66</p>	<p>Date of Receipt MM / DD / YYYY 11 / 16 / 2010</p> <p><b>Transaction ID:</b> T40159</p> <p>Amount of Each Receipt this Period 83.33</p> <p>A Contribution to the Federal PAC</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Gregory C Riffle</p> <p>Mailing Address 8340 Tewksbury Ln</p> <p>City State Zip Code Painesville OH 44077-9700</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Ophthalmic Physicians Inc Occupation Doctor</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 17 / 2010</p> <p><b>Transaction ID:</b> T41198</p> <p>Amount of Each Receipt this Period 250.00</p> <p>A Contribution to the Federal PAC</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>372.21</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 23 / 28

(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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gary Michael Schniegenberg

Mailing Address 1982 Road P1

City State Zip Code  
Bluffton OH 45817-9304

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

Name of Employer  
Orthopaedic Institute Of Ohio Inc

Occupation  
Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: T41196

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Joseph Scott

Mailing Address 4079 Malaer Dr

City State Zip Code  
Cincinnati OH 45241-6622

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

Name of Employer  
Tri-State Pulmonary Associates Inc

Occupation  
Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: T41201

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brett Malcolm Coldiron

Mailing Address 1105 River Hill Dr

City State Zip Code  
Covington KY 41011-1123

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

Name of Employer  
The Skin Cancer Center

Occupation  
Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: T41204

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) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 28

(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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Phillip Jay Buffington

Mailing Address 8560 Chaucer Pl

City State Zip Code  
Cincinnati OH 45249-3428

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

Name of Employer Occupation  
The Urology Group Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: T41200

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Paul Anders

Mailing Address 4370 Bonnie Brook Rd

City State Zip Code  
Toledo OH 43615-2302

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

Name of Employer Occupation  
Anders Dermatology Inc Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: T41197

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. Fraser MacLennan Keith

Mailing Address 742 Glendale Blvd

City State Zip Code  
Mansfield OH 44907-2226

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

Name of Employer Occupation  
Midwestern Cardiac Surgery Inc Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: T41202

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**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: PAGE 25 / 28  
(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.** Full Name (Last, First, Middle Initial)  
Dr. Mark Edward Jonas

Mailing Address 3793 Brighton Manor Ln

City State Zip Code  
Cincinnati OH 45208-1965

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

Name of Employer: Greater Cincinnati Gastroenterology As  
Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt: 11 / 17 / 2010  
**Transaction ID:** T41199  
 Amount of Each Receipt this Period: 350.00  
 A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gale Hazen

Mailing Address 27337 Pineview Dr

City State Zip Code  
Westlake OH 44145-4420

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

Name of Employer: NeuroSpinecare Inc  
Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 11 / 17 / 2010  
**Transaction ID:** T41195  
 Amount of Each Receipt this Period: 1000.00  
 A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Howard Mitchell Part

Mailing Address 807 George Wythe Commons

City State Zip Code  
Dayton OH 45459-2940

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

Name of Employer: Wright State Physicians Department Of  
Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 11 / 17 / 2010  
**Transaction ID:** T41203  
 Amount of Each Receipt this Period: 250.00  
 A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 26 / 28

(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)

Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Albert Victorio Vargas

Mailing Address 2202 Eagles Nest Cir

City State Zip Code  
Sandusky OH 44870-6070

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

Name of Employer Occupation  
North Coast Surgical Associates Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: T41237

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carl Sylvester Wehri

Mailing Address 9770 Lincoln Hwy

City State Zip Code  
Delphos OH 45833-9121

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

Name of Employer Occupation  
Delphos Family Physicians Inc Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 8 / 2 0 1 0

Transaction ID: T41249

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)

Dr. David J Fallang

Mailing Address 4312 Rosedale Rd

City State Zip Code  
Middletown OH 45042-3749

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

Name of Employer Occupation  
Riverview Health Institute Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 1 0

Transaction ID: T41235

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) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 27 / 28</span>
	(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)  
Ohio State Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Dr. Nicolle K Calandro McGowan		Date of Receipt
Mailing Address 25550 Lake Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 1 0
City	State	Zip Code
Bay Village	OH	44140-2625
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> T41233
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer Nicolle McGowan, MD	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Mark T Darnell		Date of Receipt
Mailing Address 5125 Duffy Rd SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
City	State	Zip Code
Lancaster	OH	43130-9451
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> T41254
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer Fairfield Emergency Physicians Inc	Occupation Doctor	A Contribution to the Federal PAC
Receipt For: 2010	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 15719.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 28 / 28	
	(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)  
Ohio State Medical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Date of Receipt																					
	Mailing Address P O Box 710634		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	1		2	0	1	0														
	City State Zip Code Columbus OH 43240-0634		<b>Transaction ID:</b> T41310																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 16.70																					
Name of Employer Occupation JP Morgan Chase Bank BANK		A Credit to the Federal Account																						
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								
Aggregate Year-to-Date ▼ 291.15																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	16.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16.70