

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, 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, 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 01 2010 through 10 13 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 10 21 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 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
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

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"><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 .....	99995.76									
(c) Total Receipts (from Line 19) .....	13200.00	147431.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	113195.76	265361.13								
7. Total Disbursements (from Line 31) .....	24761.63	176927.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	88434.13	88434.13								
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
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

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) .....	12700.00	132605.47
(ii) Unitemized .....	500.00	14551.46
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13200.00	147156.93
(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) .....	13200.00	147156.93
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.) .....	0.00	274.45
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)) .....	13200.00	147431.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13200.00	147431.38

**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.....	24761.63	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))..	24761.63	176927.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24761.63	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) .....	13200.00	147156.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13200.00	147156.93
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 / 21  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Joshua Cook Nelson</p> <p>Mailing Address 3828 Raccoon Valley Rd</p> <p>City State Zip Code Alexandria OH 43001-9744</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Mid Ohio Neurology 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 ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 4 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> T40523</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>A Contribution to the Federal PAC</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Charles David O'Shaughnessy</p> <p>Mailing Address 32411 Nottingham Dr</p> <p>City State Zip Code Avon Lake OH 44012-2192</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation North Ohio Heart Center Inc 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 ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 6 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> T40500</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>A Contribution to the Federal PAC</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Thomas George Olsen</p> <p>Mailing Address 524 Walnut Springs Dr</p> <p>City State Zip Code Dayton OH 45419-2934</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Dermatopathology Lab Of Central States 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 ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 6 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> T40502</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>A Contribution to the Federal PAC</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 21  
(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. Walter Anthony Reiling, Jr.

Mailing Address 1431 Ridgefield Way

City State Zip Code  
Centerville OH 45459-4939

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

Name of Employer Occupation  
Gem City Surgical Associates Inc 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  
1 0 / 0 6 / 2 0 1 0

**Transaction ID:** T40499

Amount of Each Receipt this Period  
350.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Chester Duane Ridenour

Mailing Address 398 Highgate Ave

City State Zip Code  
Worthington OH 43085-3019

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

Name of Employer Occupation  
The Retina Group Inc 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  
1 0 / 0 6 / 2 0 1 0

**Transaction ID:** T40497

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jean Lynn Robertson

Mailing Address 1060 Sycamore Dr

City State Zip Code  
Lancaster OH 43130-3477

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

Name of Employer Occupation  
Pediatric Associates Of Lancaster 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 / 0 6 / 2 0 1 0

**Transaction ID:** T40498

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 8 / 21  
(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. Andrew J. Kurman

Mailing Address 451 Lake of The Woods Blvd

City Akron State OH Zip Code 44333-2791

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 / 06 / 2010  
**Transaction ID: T40548**  
Amount of Each Receipt this Period 250.00  
A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert John Castele

Mailing Address 892 Lawrence St

City Medina State OH Zip Code 44256-2849

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

Name of Employer Robert J Castele MD Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010  
**Transaction ID: T40503**  
Amount of Each Receipt this Period 250.00  
A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ramesh Chander Gupta

Mailing Address 5895 Batsford Dr

City Dayton State OH Zip Code 45459-1456

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

Name of Employer Premier Health Care Services Inc Occupation Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2010  
**Transaction ID: T40501**  
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 9 / 21  
(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 Glenn Moseley

Mailing Address 7801 Holiston Ct

City State Zip Code  
Dublin OH 43016-8659

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

Name of Employer Occupation  
The Ohio State University Doctor  
Emergency Me

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 / 0 8 / 2 0 1 0

**Transaction ID:** T40562

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gerardo Dumlao Trinidad

Mailing Address 3220 Brookwood Dr

City State Zip Code  
Portsmouth OH 45662-2468

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

Name of Employer Occupation  
Trinidad Orthopaedics And Doctor  
Sports Medic

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 2 / 2 0 1 0

**Transaction ID:** T40695

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Martin Louis McTighe

Mailing Address 9951 Alydar Ct

City State Zip Code  
Cincinnati OH 45242-5453

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

Name of Employer Occupation  
Beacon Orthopaedics & Sports Doctor  
Medicine

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 / 1 3 / 2 0 1 0

**Transaction ID:** T40639

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 / 21  
(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. Ian Phillip Rodway		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
Mailing Address 10803 Lake Thames Dr Apt B		<b>Transaction ID:</b> T40646
City Cincinnati	State OH	Zip Code 45242-3118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Beacon Orthopaedics & Sports Medicine	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 ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Robert Howard Rolf		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
Mailing Address 3256 Nash Ave		<b>Transaction ID:</b> T40645
City Cincinnati	State OH	Zip Code 45226-1266
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Beacon Orthopaedics & Sports Medicine	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 ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Henry Albert Stiene		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
Mailing Address 1723 Millbrook Ln		<b>Transaction ID:</b> T40637
City Loveland	State OH	Zip Code 45140-6014
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Beacon Orthopaedics & Sports Medicine	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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 21  
(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. Douglas Chapman Prince

Mailing Address 7819 Montreal Ct

City State Zip Code  
Cincinnati OH 45241-1375

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

Name of Employer: Childrens Emergency Services Inc   Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 10 / 13 / 2010  
**Transaction ID:** T40650  
 Amount of Each Receipt this Period: 1000.00  
 A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. John James Haluschak

Mailing Address 565 Sweetwood Ln

City State Zip Code  
Dayton OH 45419-2930

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

Name of Employer: Dayton Physicians LLC - Hematology & O   Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt: 10 / 13 / 2010  
**Transaction ID:** T40642  
 Amount of Each Receipt this Period: 350.00  
 A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. David William Hunter

Mailing Address 8118 Erie St

City State Zip Code  
Sylvania OH 43560-4204

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

Name of Employer: Drs Wiseley & Hunter Inc   Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 10 / 13 / 2010  
**Transaction ID:** T40625  
 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 12 / 21  
(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. Timothy Edward Kremchek

Mailing Address 7855 Calderwood Ln

City State Zip Code  
Cincinnati OH 45243-1319

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

Name of Employer: Beacon Orthopaedics & Sports Medicine  
Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 10 / 13 / 2010  
**Transaction ID: T40631**  
 Amount of Each Receipt this Period: 500.00  
 A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Brent Argo

Mailing Address 166 Congress Run Rd

City State Zip Code  
Cincinnati OH 45215-5002

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

Name of Employer: Beacon Orthopaedics & Sports Medicine  
Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 10 / 13 / 2010  
**Transaction ID: T40647**  
 Amount of Each Receipt this Period: 500.00  
 A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Leonard P Berenholz

Mailing Address 298 Hawthorne Ln NE

City State Zip Code  
Warren OH 44484-4624

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

Name of Employer: Lippy Group For Ear Nose & Throat/Warr  
Occupation: Doctor

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 10 / 13 / 2010  
**Transaction ID: T40648**  
 Amount of Each Receipt this Period: 250.00  
 A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 / 21  
(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. Samia W Borchers</p> <p>Mailing Address 111 Thruston Blvd W</p> <p>City State Zip Code Dayton OH 45419-3333</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Samia W Borchers MD Inc 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 ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 3 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> T40649</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>A Contribution to the Federal PAC</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. John James Brannan</p> <p>Mailing Address 2929 Alpine Ter</p> <p>City State Zip Code Cincinnati OH 45208-3407</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Beacon Orthopaedics &amp; Sports Medicine 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 ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 3 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> T40634</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>A Contribution to the Federal PAC</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Robert Richard Burger</p> <p>Mailing Address 6350 Glenway Ave</p> <p>City State Zip Code Cincinnati OH 45211-6378</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Beacon Orthopaedics &amp; Sports Medicine 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 ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 1 3 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> T40632</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>A Contribution to the Federal PAC</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<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 14 / 21  
(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. Peter Shin Cha

Mailing Address 5233 Wolfpen Pleasant Hill Rd

City Milford State OH Zip Code 45150-9631

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

Name of Employer: Beacon Orthopaedics & Sports Medicine  
Occupation: Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: T40638  
Amount of Each Receipt this Period: 500.00  
A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Haleem Nasim Chaudhary

Mailing Address 5150 Autumnwood Dr

City Cincinnati State OH Zip Code 45242-8002

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

Name of Employer: Beacon Orthopaedics & Sports Medicine  
Occupation: Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: T40643  
Amount of Each Receipt this Period: 500.00  
A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jaideep Chunduri

Mailing Address 6480 Harrison Ave Ste 100

City Cincinnati State OH Zip Code 45247-7961

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

Name of Employer: Beacon Orthopaedics & Sports Medicine  
Occupation: Doctor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 13 / 2010  
Transaction ID: T40635  
Amount of Each Receipt this Period: 500.00  
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 15 / 21  
(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. Melvin David Crouse

Mailing Address 849 Danan Cir

City State Zip Code  
Dayton OH 45429-1316

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

Name of Employer Occupation  
Alliance 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 Y  
1 0 / 1 3 / 2 0 1 0

**Transaction ID:** T40628

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Matthew William Daggy

Mailing Address 10581 Knollview Dr

City State Zip Code  
Cincinnati OH 45241-3048

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

Name of Employer Occupation  
Beacon Orthopaedics & Sports Medicine 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 Y  
1 0 / 1 3 / 2 0 1 0

**Transaction ID:** T40636

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. George Elwood Esham

Mailing Address 2904 Willow Way

City State Zip Code  
Portsmouth OH 45662-2439

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

Name of Employer Occupation  
George E Esham 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 Y  
1 0 / 1 3 / 2 0 1 0

**Transaction ID:** T40626

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 16 / 21

(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. Mohab Baher Foad

Mailing Address 8775 Kugler Mill Rd

City State Zip Code  
Cincinnati OH 45243-1427

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

Name of Employer  
Beacon Orthopaedics & Sports Medicine

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 0 / 1 3 / 2 0 1 0

Transaction ID: T40633

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)

Dr. Oran Daniel Fox

Mailing Address 11229 Terwilligers Run Dr

City State Zip Code  
Cincinnati OH 45249-2751

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

Name of Employer  
Beacon Orthopaedics & Sports Medicine

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 0 / 1 3 / 2 0 1 0

Transaction ID: T40644

Amount of Each Receipt this Period

500.00

A Contribution to the Federal PAC

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

1000.00

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

12700.00

**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)

PAGE 17 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A.** Full Name (Last, First, Middle Initial)  
Committee To Elect Peter Stautberg

Mailing Address 7571 Ayers Rd

City Cincinnati State OH Zip Code 45255-3914

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: A1978916

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

001  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Friends Of Armond Budish

Mailing Address 340 E Fulton St

City Columbus State OH Zip Code 43215-5418

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: A1978908

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

001  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Debbie Phillips

Mailing Address 48 Hudson Ave

City Athens State OH Zip Code 45701-2031

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: A1978912

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

500.00

001  
Category/  
Type

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

6500.00

**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)

PAGE 18 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Friends Of Jay Goyal	Transaction ID: A1978910 Date of Disbursement 10 / 06 / 2010
	Mailing Address 810 Piper Rd	Amount of Each Disbursement this Period 750.00
	City Mansfield State OH Zip Code 44905-1353	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Karen Gillmor For Ohio	Transaction ID: A1978923 Date of Disbursement 10 / 06 / 2010
	Mailing Address 514 Hedgegate North Ct	Amount of Each Disbursement this Period 1300.00
	City Tiffin State OH Zip Code 44883-3183	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ohio House Democratic Caucus	Transaction ID: A1978913 Date of Disbursement 10 / 06 / 2010
	Mailing Address 340 E Fulton St	Amount of Each Disbursement this Period 5000.00
	City Columbus State OH Zip Code 43215-5418	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7050.00
<b>TOTAL</b> 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)

PAGE 19 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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) Ohio House Republican Organizational Committee</p> <p>Mailing Address 100 E Broad St Ste 2225</p> <p>City Columbus State OH Zip Code 43215-3607</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A1978919 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee</p> <p>Mailing Address 211 S Fifth St</p> <p>City Columbus State OH Zip Code 43215-5203</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A1981863 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 211.63</p> <p>In-kind</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Seitz For Senate Committee</p> <p>Mailing Address 4401 Abby Ct</p> <p>City Cincinnati State OH Zip Code 45248-2306</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A1978921 <b>Date of Disbursement</b> 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>001 Category/ Type</p>

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

7711.63

**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)

PAGE 20 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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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) Citizens For Amstutz  Mailing Address 172 S Sunset Dr  City Orrville State OH Zip Code 44667-1330  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1978915 Date of Disbursement 10 / 06 / 2010  Amount of Each Disbursement this Period 500.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens For Combs  Mailing Address 311 Niles Rd Ste F  City Fairfield State OH Zip Code 45014-2621  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1978917 Date of Disbursement 10 / 06 / 2010  Amount of Each Disbursement this Period 250.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Citizens For Gardner  Mailing Address 900 S Mitchell Rd  City Bowling Green State OH Zip Code 43402  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1978914 Date of Disbursement 10 / 06 / 2010  Amount of Each Disbursement this Period 1500.00  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> 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)

PAGE 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Citizens For Jim Hughes	Transaction ID: A1978920 Date of Disbursement
	Mailing Address 14 E Gay St 2nd Fl	<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City Columbus State OH Zip Code 43215-3182	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Citizens To Elect Jeff Krabill	Transaction ID: A1980520 Date of Disbursement
	Mailing Address 300 E Water St	<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City Sandusky State OH Zip Code 44870-2895	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="250.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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