

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
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

ADDRESS (number and street) 1090 Vermont Ave., NW
Suite 510
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00113803
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 01 31 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 Ronnie Martin, D.O.

Signature of Treasurer Electronically Filed by Ronnie Martin, D.O. Date 02 19 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

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	1

D	D
3	1

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		100788.73
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	100788.73									
(c) Total Receipts (from Line 19)	44373.85	44373.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	145162.58	145162.58								
7. Total Disbursements (from Line 31)	162.42	162.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	145000.16	145000.16								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Report Covering the Period: From: To:

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)	30505.00	30505.00
(ii) Unitemized	13855.00	13855.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	44360.00	44360.00
(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)	44360.00	44360.00
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.)	13.85	13.85
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))	44373.85	44373.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44373.85	44373.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	162.42	162.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	162.42	162.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00
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))..	162.42	162.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	162.42	162.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	44360.00	44360.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44360.00	44360.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	162.42	162.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	162.42	162.42

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A. Full Name (Last, First, Middle Initial)
Nicole Sirchio, DO
Mailing Address 7513 Oak Tree Ln
City State Zip Code
Spring Hill FL 34607-2326
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
01 / 02 / 2010
Transaction ID: 31083344
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Brett A. Himmelwright, DO
Mailing Address 114 Turtle Hollow Drive
City State Zip Code
Lewisberry PA 17339-9542
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY
01 / 17 / 2010
Transaction ID: 31196480
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Peter L. Schmelzer, CAE
Mailing Address 330 E Algonquin Rd Ste 1
City State Zip Code
Arlington Hts IL 60005-4665
FEC ID number of contributing federal political committee. **C**
Name of Employer ACOFP Occupation EXECUTIVE DIRECTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
01 / 14 / 2010
Transaction ID: 31196560
Amount of Each Receipt this Period 500.00

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: (check only one)	PAGE 7 / 25
	<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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Elliott H. Klain, DO		Date of Receipt
	Mailing Address 2309 Zafra Ct Summit Anesthesia Consultants		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Las Vegas	NV	89102-6119
	FEC ID number of contributing federal political committee. C		Transaction ID: 31230702
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) William T. Betz, DO, MBA		Date of Receipt
	Mailing Address 142 Sycamore St Pikeville School of Osteopathic Me		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Pikeville	KY	41501-9041
	FEC ID number of contributing federal political committee. C		Transaction ID: 31230799
Name of Employer PC SOM		Occupation Senior Associate Dean for Osteopathic	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Konrad C. Miskowicz-Retz, Ph.D.		Date of Receipt
	Mailing Address 142 E Ontario St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60611-2874
	FEC ID number of contributing federal political committee. C		Transaction ID: 31230910
Name of Employer American Osteopathic Association		Occupation Director of the Department of Accreditation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 625.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1875.00
TOTAL 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 8 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
John M. Brace, DO

Mailing Address 2334 Lake Ave

City Ashtabula State OH Zip Code 44004-3440

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 25 / 2010

Transaction ID: 31230911

Amount of Each Receipt this Period 240.00

B.

Full Name (Last, First, Middle Initial)
Stephen D. Blood, DO

Mailing Address 1225 Martha Custis Dr Ste C7
Osteopathic Family Physicians Ltd

City Alexandria State VA Zip Code 22302-2040

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2010

Transaction ID: 31231005

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Alice J. Zal, DO,FACOFP

Mailing Address 710 E Johnson Hwy
Family Medical Care

City Norristown State PA Zip Code 19401-3110

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2010

Transaction ID: 31231106

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 990.00

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 9 / 25
	<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)
American Osteopathic Information Association - Osteopathic Political Action Committee

A.	Full Name (Last, First, Middle Initial) LeeAnn A. VanHouken, DO	Date of Receipt MM / DD / YYYY 01 / 25 / 2010
	Mailing Address 1224 Tulip Ave	Transaction ID: 31231239
	City State Zip Code Williamstown NJ 08094-9517	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pine Street Family Practice PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kieren P. Knapp, DO	Date of Receipt MM / DD / YYYY 01 / 25 / 2010
	Mailing Address 1037 LaRue Rd	Transaction ID: 31231241
	City State Zip Code Seven Valleys PA 17360-9282	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Jacobus Medical Center Inc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Anthony A. Minissale, DO, BS	Date of Receipt MM / DD / YYYY 01 / 25 / 2010
	Mailing Address 1934 Lafayette Rd	Transaction ID: 31231603
	City State Zip Code Gladwyne PA 19035-1237	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A. Full Name (Last, First, Middle Initial)
Lynette McLain
Mailing Address 4848 N Lincoln Blvd
City Oklahoma City State OK Zip Code 73105-3335
FEC ID number of contributing federal political committee. **C**
Name of Employer Oklahoma Osteopathic Assn Occupation Executive Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 26 / 2010
Transaction ID: 31232532
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dennis Orland, DO
Mailing Address 75 Worcester Dr
City Wayne State NJ Zip Code 07470-8413
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 01 / 26 / 2010
Transaction ID: 31232535
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
William H. Stager, DO, MS, F
Mailing Address 311 Golf Rd Ste 1100
City West Palm Beach State FL Zip Code 33407-5501
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 26 / 2010
Transaction ID: 31232700
Amount of Each Receipt this Period 1000.00

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 11 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
Linda Bykowski-Gruener, DO

Mailing Address 8207 Gruener Ct

City Palos Hills State IL Zip Code 60465-2200

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: 31232743
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Michael T. Vest, DO

Mailing Address 11 Sarahs Pl

City Wallingford State CT Zip Code 06492-4757

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: 31232913
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Nicholas Spagnola, DO

Mailing Address 791 Satellite Dr

City York State PA Zip Code 17402-9220

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

Name of Employer Stewartstown Family Pract-
ice Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 26 / 2010
Transaction ID: 31232915
Amount of Each Receipt this Period: 250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A. Full Name (Last, First, Middle Initial)
Mark E. Larey, DO

Mailing Address 647 Canyon Springs Cir

City State Zip Code
Royal AR 71968-9762

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

Name of Employer St Josephs Regional Health Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: 31232963

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Thomas Biggs, II DO

Mailing Address 5825 S Main St Ste 100
Oakland Eye Care

City State Zip Code
Clarkston MI 48346-2983

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID: 31233682

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
Donald Findlay, DO

Mailing Address 3100 Thorncrest Dr SE

City State Zip Code
Grand Rapids MI 49546-7349

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 31233686

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **775.00**

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 13 / 25
	<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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Anthony G. Chila, DO		Date of Receipt
	Mailing Address 7948 Rolling Hills Dr		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Athens	OH	45701-3525
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer OUCOM		Occupation Professor of Family Medicinem Departm	Transaction ID: 31233768
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) George Thomas, DO		Date of Receipt
	Mailing Address 590 Solon Rd		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bentleyville	OH	44022-3300
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Physician	Transaction ID: 31234357
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Robert Snyder, DO		Date of Receipt
	Mailing Address 2367 North Deer Valley Drive		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Midland	MI	48642-8800
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MMAC		Occupation President	Transaction ID: 31234361
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1500.00"/>
TOTAL 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 14 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
Bruce S. Whitman, DO

Mailing Address 315 Londonderry Dr

City State Zip Code
Lumberton NC 28358-8316

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 31234363

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
William D. Strampel, DO

Mailing Address 111 Windy Rush Ln

City State Zip Code
Dewitt MI 48820-9599

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

Name of Employer Michigan State University, College of Occupation Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 31234367

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Scott E. Sellers, DO

Mailing Address 2510 Linksland Dr

City State Zip Code
Hutchinson KS 67502-9266

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

Name of Employer TCOM Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 31234372

Amount of Each Receipt this Period
500.00

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 15 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Martin S. Levine, DO, MPH		Date of Receipt
	Mailing Address 789 Ave C Steinbaum/Levine LLC		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Bayonne	NJ	07002-2820
	FEC ID number of contributing federal political committee. C		Transaction ID: 31234380
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Jay Kugler, DO		Date of Receipt
	Mailing Address 20431 Stonehill Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Ashburn	VA	20147-2387
	FEC ID number of contributing federal political committee. C		Transaction ID: 31234386
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Wayne A. Hey, DO		Date of Receipt
	Mailing Address 1101 University Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 5 / 2 0 1 0
	City	State	Zip Code
	Fort Worth	TX	76107-3012
	FEC ID number of contributing federal political committee. C		Transaction ID: 31234392
Name of Employer DFW Urology Consultants		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1750.00
TOTAL 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 16 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
Mark A. Baker, DO

Mailing Address 6317 Pamlico Rd

City State Zip Code
Fort Worth TX 76116-1630

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 31234396

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey S. Grove, DO

Mailing Address 12020 Seminole Blvd
Suncoast Family Medical Associates

City State Zip Code
Largo FL 33778-2805

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 31234406

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Harold Thomas, DO

Mailing Address 26151 Euclid Ave Ste 201
Harold Thomas DO Inc

City State Zip Code
Euclid OH 44132-3300

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2010

Transaction ID: 31234414

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 17 / 25
	<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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) John M. Ferretti, DO	Date of Receipt MM / DD / YYYY 01 / 25 / 2010
	Mailing Address 1858 W Grandview Blvd LECOM	Transaction ID: 31234420
	City Erie State PA Zip Code 16509-1025	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LECOM Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Joseph J. Kuchinski, DO	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 225 Williamson St Trenton Reg Med Ctr - Dept of EM	Transaction ID: 31236366
	City Elizabeth State NJ Zip Code 07202-3625	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Trenton Regional Medical Center Occupation Director, Medical Education Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) William G. Anderson, I DO	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 30690 Ivy Glen Ct	Transaction ID: 31236367
	City Franklin State MI Zip Code 48025-4622	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sinai Grace Hospital Occupation Vice President of Academic Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
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 18 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A. Full Name (Last, First, Middle Initial)
Robert J. George, DO

Mailing Address 5000 Lakewood Ranch Blvd
LECOM-Bradenton

City Bradenton State FL Zip Code 34211-4909

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

Name of Employer LECOM-Bradenton Occupation Associate Dean Academic Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 26 / 2010
Transaction ID: 31236368
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Jeff Heatherington, LHD

Mailing Address 825 NE Multnomah St Ste 300
FamilyCare, Inc.

City Portland State OR Zip Code 97232-2157

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

Name of Employer FamilyCare, Inc. Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 26 / 2010
Transaction ID: 31236372
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey D. Rettig, DO, FACOF

Mailing Address 204 W Trinity St

City Groesbeck State TX Zip Code 76642-1324

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2010
Transaction ID: 31236373
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 19 / 25
	<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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Anthony J. Silvagni, DO, Pharm	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 3200 South University Drive NSUCOM	Transaction ID: 31236374
	City State Zip Code Fort Lauderdale FL 33328-2018	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NSUCOM Occupation Dean Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Joseph John Calabro, DO	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 66 W Gilbert St Ste 100 Physicians' Practice Enhancement	Transaction ID: 31236377
	City State Zip Code Red Bank NJ 07701-4948	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Michael K. Murphy, DO, FACOPF	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 498 Tuscan Ave # 207 William Carey University COM	Transaction ID: 31236379
	City State Zip Code Hattiesburg MS 39401-5461	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer WCUCOM Occupation Vice President & Dean Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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 20 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
Ernest R. Gleb, DO

Mailing Address 16 Luzerne Ave Ste 125
Intermountian Medical Group

City State Zip Code
West Pittston PA 18643-2817

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 31236383

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
G. Dale Derby, DO

Mailing Address 7247 N 201st East Ave

City State Zip Code
Owasso OK 74055-5876

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 31236386

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Joseph A. Giaimo, DO

Mailing Address 2511 Burns Rd

City State Zip Code
Palm Beach Gardens FL 33410-5204

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 31236393

Amount of Each Receipt this Period
1000.00

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 21 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
Joel A. Kase, DO,MPH

Mailing Address 36 Waters Edge Dr

City State Zip Code
Lewiston ME 04240-2233

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

Name of Employer Self Employed Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31236394

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Armando Roca, DO

Mailing Address 1801 SW 117th Ave

City State Zip Code
Davie FL 33325-4644

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

Name of Employer Self Employed Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 31271352

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Paul M. Krueger, DO

Mailing Address 1 Medical Center Dr Ste 210

City State Zip Code
Stratford NJ 08084-1500

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

Name of Employer UMDNJ-SOM Occupation
Associate Dean for Academic Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 31271355

Amount of Each Receipt this Period
1000.00

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 22 / 25
(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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
Norman E. Vinn, DO

Mailing Address 260 Calle Campesino

City State Zip Code
San Clemente CA 92672-4553

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: 31271357

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Paul A. Martin, DO, MS

Mailing Address 100 Forest Park Dr
Forest Park Family Care Center

City State Zip Code
Dayton OH 45405-5000

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: 31271361

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Robin L. Richardson, DO

Mailing Address 5646 SE Hillwood Cir

City State Zip Code
Milwaukee OR 97267

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2010

Transaction ID: 31271362

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 23 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A. Full Name (Last, First, Middle Initial)
Brian D. Ranelle, DO
Mailing Address 1872 Norwood Dr
City State Zip Code
Hurst TX 76054-3066
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Texas Eye And Laser Center Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 01 / 29 / 2010
Transaction ID: 31271380
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Michael Chabot, DO
Mailing Address 1022 Claymark Dr
City State Zip Code
Saint Louis MO 63131-1125
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Spine Specialists Of St Louis Pc Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 29 / 2010
Transaction ID: 31271381
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Michael Coulson, DO
Mailing Address 2540 Hanford Ln
City State Zip Code
Aurora IL 60502-6969
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 29 / 2010
Transaction ID: 31271385
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00
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 24 / 25
	<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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Joseph M. Yasso, Jr DO		Date of Receipt
	Mailing Address 3600 NE Ralph Powell Rd Ste C		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Lees Summit	MO	64064-2369
	FEC ID number of contributing federal political committee. C		Transaction ID: 31271389
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Robert E. Coleman, DO		Date of Receipt
	Mailing Address 1101 Blaine Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Granger	WA	98932-9750
	FEC ID number of contributing federal political committee. C		Transaction ID: 31277135
Name of Employer Radiology Consultants Of The Lower Val		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Joseph Patrick Moran, DO, MS		Date of Receipt
	Mailing Address 1931 S Belt Line Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Dallas	TX	75253-4702
	FEC ID number of contributing federal political committee. C		Transaction ID: 31277137
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL 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 25 / 25	
	(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"/> 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)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Scott Michael Dorfner, DO		Date of Receipt	
	Mailing Address 1105 Sunset Rd Dorfner Family Medicine		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 31277180
	Burlington	NJ	08016-2290	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer Dorfner Family Medicine		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	30505.00