

# 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 07 01 2007 through 07 31 2007

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 Robert George, D.O.

Signature of Treasurer Electronically Filed by Robert George, D.O. Date 08 17 2007

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

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		177573.94
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	193753.39									
(c) Total Receipts (from Line 19) .....	114657.91	339424.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	308411.30	516998.50								
7. Total Disbursements (from Line 31) .....	26523.38	235110.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	281887.92	281887.92								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

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	75252.00	237862.00
(i) Itemized (use Schedule A) .....	39335.00	101034.88
(ii) Unitemized .....	114587.00	338896.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	114587.00	338896.88
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.) .....	70.91	527.68
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)) .....	114657.91	339424.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	114657.91	339424.56

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	21023.38	139060.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	21023.38	139060.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	95000.00
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 .....	500.00	1050.00
(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)) .....	500.00	1050.00
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))..	26523.38	235110.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26523.38	235110.58

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	114587.00	338896.88
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	1050.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	114087.00	337846.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21023.38	139060.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21023.38	139060.58

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 68
	<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

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)  
Carl M. Pesta, Sr DO, FAC

Mailing Address 50400 Sass Rd

City State Zip Code  
New Baltimore MI 48047-4044

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  
M M / D D / Y Y Y Y Y  
07 / 03 / 2007

Transaction ID: 26172224

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
James W. Fetchero, DO

Mailing Address 2734 Flynn Cove Rd

City State Zip Code  
Jacksonville FL 32223-1800

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

Name of Employer Family Medical Centers 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  
07 / 06 / 2007

Transaction ID: 26186395

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Anthony A. Minissale, DO, BS

Mailing Address 325 S Belmont St  
PO Box M15118

City State Zip Code  
York PA 17403-2608

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

Name of Employer Memorial Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 06 / 2007

Transaction ID: 26186406

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 68
	<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	

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)  
John E. Bodell, D.O.

Mailing Address 2871 West Rd

City State Zip Code  
Trenton MI 48183-2476

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  
MM / DD / YYYY  
07 / 06 / 2007

**Transaction ID: 26198984**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Scott S. Cyrus, DO

Mailing Address 8803 South 101st East Avenue  
Suite 200

City State Zip Code  
Tulsa OK 74133-5730

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

Name of Employer  
Children and Adolescent Medical Svcs

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2007

**Transaction ID: 26198997**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth A. Palmarozzi, DO

Mailing Address 6745 East Park dr

City State Zip Code  
Fort Worth TX 76132

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

Name of Employer  
UNTHSC

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2007

**Transaction ID: 26202470**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Roy E. Heaton, DO

Mailing Address 2517 N Glebe Rd

City State Zip Code  
Arlington VA 22207-3524

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

Name of Employer Occupation  
Arlington Osteopathic Gen- Executive Director  
eral Practice

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: 26205586

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
William Sumners Mayo, DO

Mailing Address 413 Turnberry Circle  
PO Box 1393

City State Zip Code  
Oxford MS 38655-1393

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: 26205589

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
David C. Conner, DO

Mailing Address 204 Sylvan Drive

City State Zip Code  
Lookout Mtn TN 37350-1630

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 09 / 2007

Transaction ID: 26206559

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68
	<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

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)  
Thomas L. Ely, DO

Mailing Address 2879 Carriage Way

City State Zip Code  
Clarksville TN 37043

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

Name of Employer Gateway Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2007

Transaction ID: 26214702

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Morton Morris, DO, JD

Mailing Address 512 Palm Dr

City State Zip Code  
Hallandale Beach FL 33009-6534

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

Name of Employer AOA Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 10 / 2007

Transaction ID: 26215072

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
James B. Towry, DO

Mailing Address 440 Greene 773

City State Zip Code  
Paragould AR 72450

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

Name of Employer NEA Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2007

Transaction ID: 26221727

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 68
	<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	

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)  
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  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 12 / 2007

Transaction ID: 26224723

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Geraldine T. O'Shea, DO

Mailing Address 235 New York Ranch Road  
Suite B

City State Zip Code  
Jackson CA 95642-2147

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  
M M / D D / Y Y Y Y Y  
07 / 12 / 2007

Transaction ID: 26224724

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Antonios J. Tsompanidis, DO

Mailing Address 10 Mulberry Lane

City State Zip Code  
Holmdel NJ 07733

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

Name of Employer Antonios J. Tsompanidis, D.O., P.C. 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  
07 / 15 / 2007

Transaction ID: 26230373

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 68
	<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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Paula Willoughby De Jesus, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2007	
Mailing Address 4922T S Cornell Ave		<b>Transaction ID:</b> 26232751	
City State Zip Code Chicago IL 60615-3014	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jamie A. Goodman, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2007	
Mailing Address 81990 Overseas Hwy Ste 101		<b>Transaction ID:</b> 26232753	
City State Zip Code Islamorada FL 33036-3614	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Key Family Health 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		

Full Name (Last, First, Middle Initial) <b>C.</b> Susan M. Friedman		Date of Receipt M M / D D / Y Y Y Y Y 07 / 13 / 2007	
Mailing Address 1090 Vermont Avenue, NW Suite 510		<b>Transaction ID:</b> 26232754	
City State Zip Code Washington DC 20005-4905	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer American Osteopathic Association	Occupation Deputy Director - Gov't Relation		
Receipt For: <input type="checkbox"/> Primary <input 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 68
	<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	

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)  
Plato E. Varidin, DO

Mailing Address 6955 Greenbrier Dr

City State Zip Code  
Largo FL 33777-4514

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2007

Transaction ID: 26232755

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Manuel W. Ballas, DO

Mailing Address 4017 Palisades Dr

City State Zip Code  
Weirton WV 26062-4364

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

Name of Employer Weirton Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2007

Transaction ID: 26232759

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas W. Salyer, DO

Mailing Address 1302 S Lynn Ln

City State Zip Code  
Idabel OK 74745-6860

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

Name of Employer Thomas W Salyer DO PC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2007

Transaction ID: 26232761

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 13 / 68</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
--	--

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gail D. Feinberg, DO Mailing Address 409 Bluebird Dr City State Zip Code Russell KY 41169-1571 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26232793 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	7		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	3		2	0	0	7														
	500.00																						
Name of Employer Ironton Family Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table>		500.00																				
	500.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) Howard Feinberg, DO Mailing Address 1901 Winchester Ave Ste 103 City State Zip Code Ashland KY 41101-7758 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26232794 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	7		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	3		2	0	0	7														
	500.00																						
Name of Employer Howard L Feinberg Do Psc Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table>		500.00																				
	500.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) Robert J. George, DO Mailing Address 500 Lakewood Ranch Blvd. City State Zip Code Bradenton FL 34211 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26232795 Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>600.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	7		600.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	3		2	0	0	7														
	600.00																						
Name of Employer LECOM- Bradenton Occupation Associate Dean Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1350.00</td> </tr> </table>		1350.00																				
	1350.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>1600.00</td> </tr> </table>		1600.00
	1600.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td></td> </tr> </table>		

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 68
	(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

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)  
Phillip L. Accardo, DO

Mailing Address 416 NE Brockton Dr

City State Zip Code  
Lees Summit MO 64064-1614

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  
07 / 13 / 2007

**Transaction ID: 26232796**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J. Feinstein, DO

Mailing Address 251 B Ave

City State Zip Code  
Coronado CA 92118

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

Name of Employer Encompass Medical Group Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2007

**Transaction ID: 26232797**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
James E. Zini, DO

Mailing Address PO Box 1160  
1816 E Main St

City State Zip Code  
Mountain View AR 72560-1160

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  
M M / D D / Y Y Y Y Y  
07 / 16 / 2007

**Transaction ID: 26233713**

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 68
	<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	

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)  
Alison A. Clarey, DO

Mailing Address 1030 W Rahn Rd

City State Zip Code  
Dayton OH 45429-2049

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  
07 / 16 / 2007

**Transaction ID: 26233716**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Paul J. Morris, DO

Mailing Address 446 Hackensack St

City State Zip Code  
Carlstadt NJ 07072-1316

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  
07 / 17 / 2007

**Transaction ID: 26251054**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Anita K. Kalousek, DO, MS

Mailing Address 8733 Beverly Blvd.  
Suite 408

City State Zip Code  
West Hollywood CA 90048-1842

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  
07 / 19 / 2007

**Transaction ID: 26274480**

Amount of Each Receipt this Period  
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<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	

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)  
Thomas A. Boyle, DO

Mailing Address 480 S Arlington Ave

City State Zip Code  
Elmhurst IL 60126-3919

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  
07 / 20 / 2007

**Transaction ID: 26283276**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Frederick G. Meoli, DO

Mailing Address PO Box 1497

City State Zip Code  
Voorhees NJ 08043-7497

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

**Transaction ID: 26283277**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Anthony N. Ottaviani, DO, MPH

Mailing Address 13644 Walsingham Road

City State Zip Code  
Largo FL 33774-3532

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

Name of Employer Suncoast Internal Medicine Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

**Transaction ID: 26283278**

Amount of Each Receipt this Period  
500.00

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> Theresa A. Hubka, DO, MS		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2007	
Mailing Address 1432 West Wolfram Street		<b>Transaction ID:</b> 26292481	
City State Zip Code Chicago IL 60657-4117	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Comprehensive Women Care	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen M. Swetech, DO, BS		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007	
Mailing Address 44370 Cadbury Dr		<b>Transaction ID:</b> 26313512	
City State Zip Code Clinton Township MI 48038-1451	Amount of Each Receipt this Period 150.00		
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Frank M. Clark, DO		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007	
Mailing Address 1183 E Grand Blvd		<b>Transaction ID:</b> 26313513	
City State Zip Code Detroit MI 48211-3426	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alsan Medical Clinic PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 68
	<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

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)  
Randall L. DeArment, DO

Mailing Address 11294 W Royal Rd

City State Zip Code  
Stanwood MI 49346-8931

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  
07 / 24 / 2007

**Transaction ID:** 26313515

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
John H. Windsor, DO

Mailing Address 310 N 10th Street

City State Zip Code  
Bismarck ND 58501

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

Name of Employer St Alexius Heart and Lung Clinic Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2007

**Transaction ID:** 26313517

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Gordon Blackburn, DO

Mailing Address 10494 Northcliffe Blvd

City State Zip Code  
Spring Hill FL 34608-3656

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  
MM / DD / YYYY  
07 / 24 / 2007

**Transaction ID:** 26313518

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 19 / 68</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
--	--

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

<p><b>A.</b> Full Name (Last, First, Middle Initial)                  Sydney Olson</p> <p>Mailing Address 1090 Vermont Ave NW Ste 510</p> <p>City State Zip Code                  Washington DC 20005-4949</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                  American Osteopathic Association</p> <p>Occupation                  Associate Executive Director</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2350.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 24 / 2007</span></p> <p><b>Transaction ID:</b> 26313519</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial)                  Patrick J. Botz, DO</p> <p>Mailing Address PO Box 265</p> <p>City State Zip Code                  Frankenmuth MI 48734-0265</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                  St Marys Family Physicians Of Frankenm</p> <p>Occupation                  Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 24 / 2007</span></p> <p><b>Transaction ID:</b> 26313523</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial)                  Susan C. Sevensma, DO</p> <p>Mailing Address 1919 Boston Street, SE</p> <p>City State Zip Code                  Grand Rapids MI 49506-4160</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                  Self Employed</p> <p>Occupation                  Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">650.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">07 / 24 / 2007</span></p> <p><b>Transaction ID:</b> 26313532</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">800.00</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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Carl M. Pesta, DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 852 Linden Way		<b>Transaction ID: 26313535</b>	
City State Zip Code Auburn Hills MI 48326-3888	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Richard J. Krejsa, DO, RPH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 17723 Downing Dr		<b>Transaction ID: 26313538</b>	
City State Zip Code Lowell IN 46356-2132	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel J. Callan, DO, MPH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 147 Sycamore St PCSOM		<b>Transaction ID: 26313548</b>	
City State Zip Code Pikeville KY 41501-9118	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PCSOM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Force Surgeon	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 21 / 68</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
--	--

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Duane G. Koehler, DO, FACOF</p> <p>Mailing Address 30 B Street, SW</p> <p>City State Zip Code Miami OK 74354-6808</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 Self Employed Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input 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;">07 / 24 / 2007</span></p> <p><b>Transaction ID:</b> 26313552</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) David F. Hitzeman, DO</p> <p>Mailing Address 2012 W Rockport St</p> <p>City State Zip Code Broken Arrow OK 74012-0444</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 Self Employed Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 24 / 2007</span></p> <p><b>Transaction ID:</b> 26313553</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">150.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) R. Troy Barton, DO</p> <p>Mailing Address 120 Powerline Rd Ste 4</p> <p>City State Zip Code Rogersville MO 65742-7997</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 St Johns Rogersville Medic- al Center Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 24 / 2007</span></p> <p><b>Transaction ID:</b> 26313602</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">450.00</span></p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1100.00</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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Michael D. McNamara, D.O. Mailing Address PO Box 449		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
City State Zip Code Derby VT 05829-0449		<b>Transaction ID:</b> 26313618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffery A. Kerr, DO Mailing Address 11851 Arbour Cir		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
City State Zip Code Rolla MO 65401-7476		<b>Transaction ID:</b> 26313625
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Emergency And Nursing Home Services	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Michael D. McNamara, D.O. Mailing Address PO Box 449		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
City State Zip Code Derby VT 05829-0449		<b>Transaction ID:</b> 26313630
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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 ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Farber, DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 200 E 69th St Apt 5M		<b>Transaction ID: 26313675</b>	
City State Zip Code New York NY 10021-5748	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Peninsula Hospital Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Joseph R. Schlecht, DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 324 W Main St		<b>Transaction ID: 26313677</b>	
City State Zip Code Jenks OK 74037-3747	Amount of Each Receipt this Period 1150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1150.00		

Full Name (Last, First, Middle Initial) <b>C. J. William McCord, Jr., DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 4842 Cove Creek Drive, SE		<b>Transaction ID: 26313679</b>	
City State Zip Code Brownsboro AL 35741-9396	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> George T. Sawabini, Sr DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address PO Box 524		<b>Transaction ID:</b> 26313683	
City Dearborn	State MI	Zip Code 48121	Amount of Each Receipt this Period 150.00
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 ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mary Jo Voelpel, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 3175 Wynns Court		<b>Transaction ID:</b> 26313684	
City Metamora	State MI	Zip Code 48455-8956	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		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael D. LaRochelle, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 5 Lakeshore Dr		<b>Transaction ID:</b> 26313686	
City Laurel	State MS	Zip Code 39443-7848	Amount of Each Receipt this Period 500.00
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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 68
	<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	

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)  
Robert L. Hunter, DO

Mailing Address 2605 Greenbrier Ct

City State Zip Code  
Dayton OH 45431-8564

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  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID: 26313690**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Eugene D. Pogorelec, DO

Mailing Address 2300 Wales Avenue, NW

City State Zip Code  
Massillon OH 44646-2323

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  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID: 26313691**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
William F. Emlich, Jr DO

Mailing Address 5461 Dublin Rd

City State Zip Code  
Delaware OH 43015-8883

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

Name of Employer Consolidated Medical Spec-  
ialists Inc Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID: 26313692**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
M. Terrance Simon, DO

Mailing Address 2300 Wales Avenue, NW

City State Zip Code  
Massillon OH 44646-2323

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

Name of Employer Family Practice Associates, Inc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

Transaction ID: 26313693

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Lloyd J. Cleaver, DO

Mailing Address PO Box 297

City State Zip Code  
Kirksville MO 63501-0297

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  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

Transaction ID: 26313695

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Danny W. Jackson, DO

Mailing Address 29 South Fourth Street

City State Zip Code  
Rolling Fork MS 39159-5146

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  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

Transaction ID: 26313698

Amount of Each Receipt this Period  
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 68
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> George M. Cole, D.O.		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
Mailing Address 4141 Blue Lake Cir Ste 200		<b>Transaction ID:</b> 26313699
City State Zip Code Dallas TX 75244-5166	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Russell G. Gamber, DO, MPH		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
Mailing Address 3500 Camp Bowie Blvd		<b>Transaction ID:</b> 26313700
City State Zip Code Fort Worth TX 76107-2644	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer TCOM - University of North Texas Health	Occupation Professor, Dept of Manipulative Medici	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Hector Lopez, DO		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
Mailing Address 9955 Dyer St Community Medical Clinic		<b>Transaction ID:</b> 26313701
City State Zip Code El Paso TX 79924-4709	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Stephen Worrall, DO Mailing Address 8668 Skillman Street City Dallas State TX Zip Code 75243-8216 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007 <b>Transaction ID: 26313702</b> Amount of Each Receipt this Period 500.00
Name of Employer Paul S. Worrell DO, 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>B.</b> Full Name (Last, First, Middle Initial) Eliot L. Ames, DO Mailing Address 1878 Route 70 East PO Box 4474 City Cherry Hill State NJ Zip Code 08003-2090 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007 <b>Transaction ID: 26313703</b> Amount of Each Receipt this Period 500.00
Name of Employer New Jersey Hand Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Bridget A. Bellinger, DO Mailing Address 8588 Starkey Rd Ste A City Largo State FL Zip Code 33777-2831 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007 <b>Transaction ID: 26313716</b> Amount of Each Receipt this Period 500.00
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 68
	(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

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)  
Jeffrey W. Morgan, D.O.

Mailing Address 5757 West Thunderbird Road  
Suite W-310

City State Zip Code  
Glendale AZ 85306-4641

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

Name of Employer Occupation  
Desert Harbor Internal Me-  
dicine PLLC Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID:** 26313718

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Karen J. Nichols, DO, MA, F

Mailing Address 3 Oak Brook Club Dr D306

City State Zip Code  
Oak Brook IL 60523

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

Name of Employer Occupation  
CCOM Dean; Professor, Internal Medicine

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID:** 26313719

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Kelli M. Ward, DO

Mailing Address 2090 Smoketree Ave N

City State Zip Code  
Lake Havasu City AZ 86403-5806

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID:** 26313720

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 68</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17
--	--

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jan D. Zieren, DO, MPH</p> <p>Mailing Address 720 E Thunderbird Rd Ste 3</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td>Phoenix</td> <td>AZ</td> <td>85022</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Name of Employer Self Employed</td> <td style="width: 65%;">Occupation Physician</td> </tr> <tr> <td>                     Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td>                     Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">650.00</span> </td> </tr> </table>	City	State	Zip Code	Phoenix	AZ	85022	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 ▼ <span style="border: 1px solid black; padding: 2px;">650.00</span>	<p>Date of Receipt  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M /</td> <td style="width: 33%; text-align: center;">D D /</td> <td style="width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 7</td> <td style="text-align: center;">2 4</td> <td style="text-align: center;">2 0 0 7</td> </tr> </table> </p> <p><b>Transaction ID:</b> 26313721</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p>	M M /	D D /	Y Y Y Y	0 7	2 4	2 0 0 7
City	State	Zip Code															
Phoenix	AZ	85022															
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 ▼ <span style="border: 1px solid black; padding: 2px;">650.00</span>																
M M /	D D /	Y Y Y Y															
0 7	2 4	2 0 0 7															

<p><b>B.</b> Full Name (Last, First, Middle Initial) Adrian L. Woolley, DO</p> <p>Mailing Address 400 E Trowbridge St</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td>Des Moines</td> <td>IA</td> <td>50315-3668</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Name of Employer East Des Moines Clinic Pc</td> <td style="width: 65%;">Occupation Physician</td> </tr> <tr> <td>                     Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td>                     Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">350.00</span> </td> </tr> </table>	City	State	Zip Code	Des Moines	IA	50315-3668	Name of Employer East Des Moines Clinic Pc	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span>	<p>Date of Receipt  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M /</td> <td style="width: 33%; text-align: center;">D D /</td> <td style="width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 7</td> <td style="text-align: center;">2 4</td> <td style="text-align: center;">2 0 0 7</td> </tr> </table> </p> <p><b>Transaction ID:</b> 26313726</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p>	M M /	D D /	Y Y Y Y	0 7	2 4	2 0 0 7
City	State	Zip Code															
Des Moines	IA	50315-3668															
Name of Employer East Des Moines Clinic Pc	Occupation Physician																
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span>																
M M /	D D /	Y Y Y Y															
0 7	2 4	2 0 0 7															

<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael K. Murphy, DO</p> <p>Mailing Address 147 Sycamore Street</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 20%;">State</td> <td style="width: 50%;">Zip Code</td> </tr> <tr> <td>Pikeville</td> <td>KY</td> <td>41501-9118</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Name of Employer PC SOM</td> <td style="width: 65%;">Occupation Associate Dean, Clinical Sciences</td> </tr> <tr> <td>                     Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼                 </td> <td>                     Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">552.00</span> </td> </tr> </table>	City	State	Zip Code	Pikeville	KY	41501-9118	Name of Employer PC SOM	Occupation Associate Dean, Clinical Sciences	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">552.00</span>	<p>Date of Receipt  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">M M /</td> <td style="width: 33%; text-align: center;">D D /</td> <td style="width: 33%; text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 7</td> <td style="text-align: center;">2 4</td> <td style="text-align: center;">2 0 0 7</td> </tr> </table> </p> <p><b>Transaction ID:</b> 26313729</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">52.00</span></p>	M M /	D D /	Y Y Y Y	0 7	2 4	2 0 0 7
City	State	Zip Code															
Pikeville	KY	41501-9118															
Name of Employer PC SOM	Occupation Associate Dean, Clinical Sciences																
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">552.00</span>																
M M /	D D /	Y Y Y Y															
0 7	2 4	2 0 0 7															

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">352.00</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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> Frank A E Bonifacio, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 87 Waterman Ave		<b>Transaction ID:</b> 26313735	
City State Zip Code Rumson NJ 07760-2038	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Bruce W. Kuhlmann, D.O.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 12800 Rolling Ridge Road		<b>Transaction ID:</b> 26313738	
City State Zip Code Becker MN 55308-8838	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CentraCare Clinics-Becker	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard M. Purse, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007	
Mailing Address 1121 Schultz Ln		<b>Transaction ID:</b> 26313742	
City State Zip Code Yardley PA 19067	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 / 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Jonathan W. Singer, DO, MS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007
Mailing Address 8400 E Prentice Avenue Suite 301		<b>Transaction ID:</b> 26313746
City State Zip Code Greenwood Village CO 80111-2915	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) George Thomas, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007
Mailing Address 590 Solon Rd		<b>Transaction ID:</b> 26313759
City State Zip Code Bentleyville OH 44022-3300	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Paul A. Martin, DO, MS		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007
Mailing Address 100 Forest Park Dr		<b>Transaction ID:</b> 26313762
City State Zip Code Dayton OH 45405-5000	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Forest Park Family Care Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 68
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Robert S. Juhasz, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007
Mailing Address 7090 Pinehill Road Cleveland Clinic Willoughby Hills		<b>Transaction ID:</b> 26313764
City State Zip Code Concord Twnship OH 44077	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Schield M. Wikas, DO, RPH		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007
Mailing Address 421 Graham Road Suite C		<b>Transaction ID:</b> 26313765
City State Zip Code Cuyahoga Falls OH 44221-1344	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 312.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Cynthia Morris, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2007
Mailing Address 2881 Hastings Rd		<b>Transaction ID:</b> 26313768
City State Zip Code Stow OH 44224-3755	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Falls Family Practice Inc- /a Womans Pla	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 68
	<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	

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)  
Thomas R. Pickard, DO

Mailing Address 2345 Southwest Blvd

City State Zip Code  
Tulsa OK 74107-2705

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  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID:** 26313770

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas R. Pickard, DO

Mailing Address 2345 Southwest Blvd

City State Zip Code  
Tulsa OK 74107-2705

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 ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID:** 26313771

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Stanley E. Essl, DO, RPH

Mailing Address 2124 Berwyn St

City State Zip Code  
Philadelphia PA 19115-3305

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

Name of Employer Stanley E Essl Do Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

**Transaction ID:** 26313779

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 / 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Earle Noble Noble Wagner, DO Mailing Address 424 Central Ave City Cheltenham State PA Zip Code 19012-2104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26313781 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	7	300.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		2	4		2	0	0	7															
300.00																								
Name of Employer: E Noble Wagner DO PC Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>		300.00																						
300.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) Beverly L. Roberts-Atwater, DO, PhD Mailing Address 881 Hospital Rd City Indiana State PA Zip Code 15701-3629 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26313782 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	7	300.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		2	4		2	0	0	7															
300.00																								
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 ▼ <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>		300.00																						
300.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) James R. Marshall, DO Mailing Address 2133 Canyon Rock Ct City Abilene State TX Zip Code 79606-3647 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26313783 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">150.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	4		2	0	0	7	150.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		2	4		2	0	0	7															
150.00																								
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 ▼ <table border="1"> <tr> <td colspan="2">300.00</td> </tr> </table>		300.00																						
300.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00
750.00		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 68
	<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

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)  
Michael B. Clearfield, DO

Mailing Address 1310 Johnson Ln

City State Zip Code  
Vallejo CA 94592-1118

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

Name of Employer Occupation  
Touro University College of Osteopathi Dean

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 24 / 2007

Transaction ID: 26313799

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Glen C. Knowles, DO

Mailing Address PO Box 70

City State Zip Code  
Bradford AR 72020-0070

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

Transaction ID: 26339527

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Tim J. Kowalski, DO

Mailing Address 112 Aiken Hunt Circle

City State Zip Code  
Columbia SC 29223-8403

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

Transaction ID: 26339531

Amount of Each Receipt this Period  
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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 68
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Tim McNichol, JD</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 3 Bethesda Metro Center Suite 508		<b>Transaction ID: 26339536</b>	
City State Zip Code Bethesda MD 20814-5383	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ACOI	Occupation Deputy Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. L. Mark Bell, Jr., DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 1600 2nd Avenue, SW Suite 27		<b>Transaction ID: 26339541</b>	
City State Zip Code Minot ND 58701-3459	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Psychiatric Services, Pc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Daniel W. Saylak, DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 841 N Rosemary Dr		<b>Transaction ID: 26339546</b>	
City State Zip Code Bryan TX 77802-4310	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 68
	<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	

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)  
Morton Morris, DO, JD

Mailing Address 512 Palm Dr

City State Zip Code  
Hallandale Beach FL 33009-6534

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

Name of Employer Occupation  
AOAO Executive Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

**Transaction ID: 26339547**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dawn A. Fairley, DO

Mailing Address PO Box 389  
1926 Oak Steet

City State Zip Code  
Unionville MO 63565-0389

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

Name of Employer Occupation  
St Luke's Health Network FP Residency Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

**Transaction ID: 26339550**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Laura S. Stiles, DO

Mailing Address 620 Sunset Hill Dr

City State Zip Code  
Rockwall TX 75087-3219

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

Name of Employer Occupation  
Rockwall Medical Assoc dba Dr Laura St Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

**Transaction ID: 26339551**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 / 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald R. Burns, DO Mailing Address 2865 Old Castle Dr City State Zip Code Winter Park FL 32792-9421 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26339552 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">150.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	7	150.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		2	5		2	0	0	7															
150.00																								
Name of Employer Occupation University Family Medicine Physician Center Pa Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table>		1000.00																						
1000.00																								

<b>B.</b> Full Name (Last, First, Middle Initial) John M. Ferretti, DO Mailing Address 1858 West Grandview Blvd City State Zip Code Erie PA 16509-1025 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26339554 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">150.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	7	150.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		2	5		2	0	0	7															
150.00																								
Name of Employer Occupation Lake Erie College of Osteopathic Medic President Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td colspan="2">1400.00</td> </tr> </table>		1400.00																						
1400.00																								

<b>C.</b> Full Name (Last, First, Middle Initial) Peter Alan Bell, DO Mailing Address 8608 Morris Rd City State Zip Code Hilliard OH 43026-8485 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 26339558 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="2">200.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	7	200.00	
M	M	/	D	D	/	Y	Y	Y	Y															
0	7		2	5		2	0	0	7															
200.00																								
Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <table border="1"> <tr> <td colspan="2">700.00</td> </tr> </table>		700.00																						
700.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 68
	<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	

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)  
George D. Vermeire, DO

Mailing Address 1211 Bergan Rd

City State Zip Code  
Oreland PA 19075-2405

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

Name of Employer Occupation  
Aetna Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

**Transaction ID: 26339561**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Ronnie B. Martin, DO, RPH

Mailing Address PO Box 441246

City State Zip Code  
Aurora CO 80044-1246

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

Name of Employer Occupation  
Rocky Vista University Co-  
llege of Oste Chief Academic Officer and Dean

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

**Transaction ID: 26339563**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Fredric Rubin, DO

Mailing Address 15-01 Broadway  
Suite 23

City State Zip Code  
Fair Lawn NJ 07410-6003

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 25 / 2007

**Transaction ID: 26339566**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 68
	<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	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Sarah L. Agsten, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address P.O. Box 614		<b>Transaction ID:</b> 26339567
City Winchester	State OR	Zip Code 97495-0614
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 150.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dixie Tooke-Rawlins, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address 2265 Kraft Drive		<b>Transaction ID:</b> 26339574
City Blacksburg	State VA	Zip Code 24060-6360
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Virginia College of Osteo- pathic Medici	Occupation Dean and Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Boyd R. Buser, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address 11 Hills Beach Road		<b>Transaction ID:</b> 26339577
City Biddeford	State ME	Zip Code 04005-9526
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 700.00	
Name of Employer UNECOM	Occupation Assoc Dean Clinical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Joseph J. Kuchinski, Jr DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 284 Morris Ave		<b>Transaction ID: 26339578</b>	
City State Zip Code Mountain Lakes NJ 07046-1605	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New York United Hospital Medical Cente	Occupation Director, Medical Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Michael B. Clearfield, DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 1310 Johnson Ln		<b>Transaction ID: 26342270</b>	
City State Zip Code Vallejo CA 94592-1118	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Touro University College of Osteopathi	Occupation Dean		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C. Harald Lausen, DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 2060 West Washington Street		<b>Transaction ID: 26342277</b>	
City State Zip Code Springfield IL 62702-6630	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Robert J. Stomel, DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007	
Mailing Address 28080 Grand River Ave Ste 300W		<b>Transaction ID: 26342278</b>	
City State Zip Code Farmington Hills MI 48336-5966	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. B. Frank Shaw, DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007	
Mailing Address PO Box 140550		<b>Transaction ID: 26342283</b>	
City State Zip Code Broken Arrow OK 74014-0005	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) <b>C. Gabriel M. Pitman, DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007	
Mailing Address 1109 Huntington Ave		<b>Transaction ID: 26342285</b>	
City State Zip Code Nichols Hills OK 73116-6212	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 / 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> Trudy J. Milner, DO, RN		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address 4337 E 68th PI		<b>Transaction ID:</b> 26342287
City Tulsa	State OK	Zip Code 74136-4637
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dennis James Carter, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address PO Box 1234		<b>Transaction ID:</b> 26342290
City Poteau	State OK	Zip Code 74953-1234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Medical Plaza	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Donald H. Polk, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address PO Box 778		<b>Transaction ID:</b> 26342293
City Waynesboro	State TN	Zip Code 38485-0778
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Waynesboro Clinic Pc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 68
	<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

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

Full Name (Last, First, Middle Initial) <b>A. Monte E. Troutman, DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 855 Montgomery St		<b>Transaction ID: 26342298</b>	
City State Zip Code Fort Worth TX 76107-2553		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Unt Health Science Center Of Texas/ft		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael P. Jaczko, DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 25 / 2007	
Mailing Address 348 S Pine		<b>Transaction ID: 26342303</b>	
City State Zip Code Carlton OR 97111-9609		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Stephen D. Blood, DO</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007	
Mailing Address 1225 Martha Custis Dr Ste C7		<b>Transaction ID: 26342308</b>	
City State Zip Code Alexandria VA 22302-2040		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Osteopathic Family Physic- ians Ltd		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 68
	<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	

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)  
Carol Monaco

Mailing Address 1090 Vermont Avenue, NW  
Suite 510

City Washington State DC Zip Code 20005-4905

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

Name of Employer American Osteopathic Association Occupation Assistant Director Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342309

Amount of Each Receipt this Period  
75.00

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

Mailing Address 1225 Martha Custis Dr Ste C7

City Alexandria State VA Zip Code 22302-2040

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

Name of Employer Osteopathic Family Physicians Ltd Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342313

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Ernest H. Agresti, Jr DO

Mailing Address 8735 Sierra College Blvd  
100

City Roseville State CA Zip Code 95661-5920

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  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342314

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 68
	(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

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)  
Donna R. Moyer, DO

Mailing Address 8130 S Luce Rd

City State Zip Code  
Perrinton MI 48871-9725

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

Name of Employer Occupation  
Kellam & Associates, PC Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** 26342316

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
John H. Morrison, Jr., D.O.

Mailing Address 10641 Castlewood Street

City State Zip Code  
White Lake MI 48386-3724

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** 26342319

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Edward A. Loniewski, DO

Mailing Address 46618 Arboretum Cir

City State Zip Code  
Plymouth MI 48170-3460

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** 26342320

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Peter B. Ajluni, DO</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 21620 Harrington Street		<b>Transaction ID: 26342321</b>
City State Zip Code Clinton Township MI 48036-2319	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Orthopedic Surgical Physi- cians Pc	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B. Kurt C. Anderson, DO</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 217 W Wright Ave PO Box 370		<b>Transaction ID: 26342322</b>
City State Zip Code Shepherd MI 48883-2502	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. William D. Strampel, DO</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 7
Mailing Address 111 Windy Rush Ln		<b>Transaction ID: 26342323</b>
City State Zip Code Dewitt MI 48820-9599	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Michigan State University, College of	Occupation Dean	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 68
	(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

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

Full Name (Last, First, Middle Initial) <b>A. Larry A. Wickless, DO</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007	
Mailing Address 28080 Grand River Ave St 306N Botsford Professional Building		<b>Transaction ID: 26342325</b>	
City Farmington State MI Zip Code 48336	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1150.00		

Full Name (Last, First, Middle Initial) <b>B. John E. Bodell, D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007	
Mailing Address 2871 West Rd		<b>Transaction ID: 26342331</b>	
City Trenton State MI Zip Code 48183-2476	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1150.00		

Full Name (Last, First, Middle Initial) <b>C. Carol L. Monson, DO, MSCMH</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007	
Mailing Address B201E West Fee Hall MSU/COM		<b>Transaction ID: 26342332</b>	
City East Lansing State MI Zip Code 48824	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MSU/COM	Occupation Program Dir, Dept of Family & Communit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 68
	<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	

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)  
Bruce P. Bates, DO

Mailing Address 11 Hills Beach Rd

City Biddeford State ME Zip Code 04005-9526

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

Name of Employer Univ of New England/Colle-  
ge of Osteopa Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342343

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Michelle R. Mendez, DO

Mailing Address 12737 Michaels Landing Cir N

City Jacksonville State FL Zip Code 32224-7989

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  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342347

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Lynette McLain

Mailing Address 4848 North Lincoln Blvd.

City Oklahoma City State OK Zip Code 73105-3321

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

Name of Employer Oklahoma Osteopathic Medi-  
cal Associati Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342348

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Anna M. Lamb, DO

Mailing Address 9281 Ellinwood Road

City State Zip Code  
Corfu NY 14036

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 ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342349

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Elaine Welsh Joslyn, DO

Mailing Address 301 Bellefontaine Ave

City State Zip Code  
Kansas City MO 64124-3137

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

Name of Employer Neighborhood Family Care Inc Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342353

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Gordon P. Laird, DO

Mailing Address 304 Boulder St

City State Zip Code  
Pawnee OK 74058-4028

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  
M M / D D / Y Y Y Y  
07 / 26 / 2007

Transaction ID: 26342354

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 68
	<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	

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)  
Linda M. Agresti, DO

Mailing Address 8735 Sierra College Blvd Ste 100

City State Zip Code  
Roseville CA 95661-5920

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  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** 26342355

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Donald J. Krpan, DO, FACOF

Mailing Address 19032 Lamplight Ln

City State Zip Code  
Yorba Linda CA 92886-2701

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

Name of Employer Osteopathic Medical Occupation  
Provost and Vice President 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  
07 / 26 / 2007

**Transaction ID:** 26359740

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael K. Cooper, DO

Mailing Address 3100 Medical Pkwy Suite 100

City State Zip Code  
Claremore OK 74017-1088

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  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID:** 26359746

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 68
	(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

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)  
Layne E. Subera, DO

Mailing Address 201 East 2nd Street

City State Zip Code  
Skiatook OK 74070-1211

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  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID: 26359750**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Scott S. Cyrus, DO

Mailing Address 8803 South 101st East Avenue  
Suite 200

City State Zip Code  
Tulsa OK 74133-5730

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

Name of Employer Children and Adolescent Medical Svcs Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID: 26359753**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel M. Pierce, DO, MS

Mailing Address 10 Washington St

City State Zip Code  
Waterville ME 04901-4315

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  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID: 26359755**

Amount of Each Receipt this Period  
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Virginia Johnson, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007
Mailing Address 1192 Garrison Dr		Transaction ID: 26359759
City Saint Augustine	State FL	Zip Code 32092-1074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Max T. McKinney, II DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007
Mailing Address 35564 Knight Dr		Transaction ID: 26359764
City Farmington Hills	State MI	Zip Code 48331-3523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1150.00
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 ▼ 2150.00	

Full Name (Last, First, Middle Initial) C. Ray E. Stowers, DO		Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2007
Mailing Address 6965 Cumberland Gap Pkwy Lincoln Memorial University		Transaction ID: 26359772
City Harrogate	State TN	Zip Code 37752-8245
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Lincoln Memorial Universi- ty	Occupation Vice President & Dean of College of Os	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> James W. Cole, DO		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007	
Mailing Address 19555 North 59th Avenue		<b>Transaction ID:</b> 26359774	
City State Zip Code Glendale AZ 85308-6813	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Midwestern University AZ-COM	Occupation Dean		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Richard R. Thacker, DO		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007	
Mailing Address 9381 Wintercreek Ct		<b>Transaction ID:</b> 26359776	
City State Zip Code Tallahassee FL 32309-7299	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Group Of North Florida	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph P. McNerney, DO		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007	
Mailing Address 7733 East Jefferson Avenue		<b>Transaction ID:</b> 26359778	
City State Zip Code Detroit MI 48214-3707	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St. John Detroit Riverview Hospital	Occupation Director of the Osteopathic Division o		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 68
	<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	

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)  
Robert G. Glinski, DO, RPH

Mailing Address 805 Oak Pond Dr

City State Zip Code  
Osprey FL 34229-8998

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

Name of Employer  
Glinski Medical Associates  
Pc Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID: 26359785**

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Gary L. Willyerd, DO

Mailing Address 3719 Peabody Dr

City State Zip Code  
Bloomfield Hills MI 48301-2036

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

Name of Employer  
Pontiac Osteopathic Hospi-  
tal Occupation  
Director Of Medical Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID: 26359792**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Algirdas A. Juocys, DO

Mailing Address 4986 N Adams

City State Zip Code  
Rochester MI 48306

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

Name of Employer  
Country Creek Family Phys-  
icians Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2007

**Transaction ID: 26359797**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> Victor D. Angel, DO, MPH		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007	
Mailing Address 839 Winding River Blvd		<b>Transaction ID:</b> 26359815	
City State Zip Code Maineville OH 45039-7751	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeff Stanley, DO		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2007	
Mailing Address 4110 Warrensville Center Road		<b>Transaction ID:</b> 26359821	
City State Zip Code Cleveland OH 44122-7024	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Northeastern Rio Surgical Specialists	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David L. Wolf, DO, MS		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007	
Mailing Address 2275 West Jefferson Avenue		<b>Transaction ID:</b> 26364416	
City State Zip Code Trenton MI 48183-2114	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 68
	<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	

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)  
Kenneth J. Steier, DO, BS

Mailing Address 69 Old E Neck Rd

City State Zip Code  
Melville NY 11747-2811

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  
07 / 30 / 2007

Transaction ID: 26364418

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Raul J. Garcia, DO, FACOE

Mailing Address 2602 150th St

City State Zip Code  
Flushing NY 11354-1412

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  
07 / 31 / 2007

Transaction ID: 26370234

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph J. Kuchinski, Jr DO

Mailing Address 284 Morris Ave

City State Zip Code  
Mountain Lakes NJ 07046-1605

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

Name of Employer New York United Hospital Medical Cente Occupation  
Director, Medical Education

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2007

Transaction ID: 26370235

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 68
	<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	

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 Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas W. Kupferer, DO

Mailing Address 628 N 14th St

City Murphysboro State IL Zip Code 62966-1807

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

Name of Employer Murphysboro Family Medicine Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2007

Transaction ID: 26370236

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 100 Forest Park Dr

City Dayton State OH Zip Code 45405-5000

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

Name of Employer Forest Park Family Care Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2007

Transaction ID: 26370237

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Lee Peters, DO

Mailing Address 405 Old West Dr  
Round Rock Medical Clinic

City Round Rock State TX Zip Code 78681-7452

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 ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 31 / 2007

Transaction ID: 26370238

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 60 / 68</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey D. Rettig, DO, FACOF</p> <p>Mailing Address 204 W Trinity St Po Box 871</p> <p>City State Zip Code Groesbeck TX 76642-1324</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 Self Employed Occupation Self Employed Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p><b>Transaction ID:</b> 26370239</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	7												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Robin L. Richardson, DO</p> <p>Mailing Address 5646 SE Hillwood Cir</p> <p>City State Zip Code Milwaukee OR 97267</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 Self Employed Occupation Self Employed Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p><b>Transaction ID:</b> 26370240</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	7												

<p><b>C.</b> Full Name (Last, First, Middle Initial) George T. Sawabini, Sr DO</p> <p>Mailing Address PO Box 524</p> <p>City State Zip Code Dearborn MI 48121</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 Self Employed Occupation Self Employed Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">900.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table> </p> <p><b>Transaction ID:</b> 26370241</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">250.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	7												

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 68
	<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	

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

Full Name (Last, First, Middle Initial) <b>A. William M. Silverman, D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
Mailing Address 590 Ruby Court Lake Howell Family Medical Associa		Transaction ID: 26370242
City Maitland State FL Zip Code 32751	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Lake Howell Family Medical Associates Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Amelia G. Tunanidas, DO, BS</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
Mailing Address 12077 Gandy Blvd N Apt 383		Transaction ID: 26370243
City Saint Petersburg State FL Zip Code 33702-1523	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Medical Director, Health Services	Aggregate Year-to-Date ▼ 620.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kevin Vincent deRegnier, D.O.</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
Mailing Address P.O. Box 192		Transaction ID: 26370244
City Winterset State IA Zip Code 50273-0192	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Madison County Medical As- sociates, PC Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 68
	<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

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)  
David A. Connett, DO, FACOF

Mailing Address P.O. Box 17

City State Zip Code  
Northville MI 48167-0017

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

Name of Employer Occupation  
Western University of Health Sciences Assistant Dean & Assoc Prof of Family

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2007

Transaction ID: 26370245

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Carlo J. DiMarco, DO

Mailing Address 4000 Sterrettania Road

City State Zip Code  
Erie PA 16506-4125

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

Name of Employer Occupation  
Sterrettania Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2007

Transaction ID: 26370246

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12020 Seminole Blvd

City State Zip Code  
Largo FL 33778-2805

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2007

Transaction ID: 26370247

Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 63 / 68	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)  
Lawrence U. Haspel, DO

Mailing Address 1316 Horizon Lane

City	State	Zip Code
Northbrook	IL	60062

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

Name of Employer Metropolitan Chicago Heal- thcare Council	Occupation Physician
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>
---	---

Date of Receipt  
MM / DD / YYYY  
**07 / 31 / 2007**

Transaction ID: 26446729

Amount of Each Receipt this Period  
**0.00**

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$500.00 This changes  
the YTD Total to \$50-  
0.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>75252.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 64 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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)  
Citibank FSB

Mailing Address P.O. Box 19748

City	State	Zip Code
Washington	DC	20036-0748

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.68

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	7

Transaction ID: 26381946

Amount of Each Receipt this Period  
70.91

Bank Interest Earned

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.91
<b>TOTAL</b> This Period (last page this line number only) .....	▶	70.91

**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 65 / 68

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A.** Heartland Card Services

Mailing Address P.O. Box 1587

City Jeffersonville State IN Zip Code 47131-1587

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26381965

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

283.61

Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

**B.** American Osteopathic Information Association

Mailing Address 142 East Ontario

City Chicago State IL Zip Code 60611

Purpose of Disbursement  
Administrative Expenses-Salaries, copyin

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26200847

Date of Disbursement

07 / 09 / 2007

Amount of Each Disbursement this Period

20603.73

Administrative Expenses-Salaries, copying, etc.

Full Name (Last, First, Middle Initial)

**C.** Citibank FSB

Mailing Address P.O. Box 19748

City Washington State DC Zip Code 20036-0748

Purpose of Disbursement  
Bank Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26381938

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

2.18

Bank Service Charge

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

20889.52

**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 66 / 68

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Committee

Full Name (Last, First, Middle Initial)

**A.** American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 26381939

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

4.50

Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

**B.** American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 26381945

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

113.76

Credit Card Processing Fees

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

118.26

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

21007.78

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Committee

Full Name (Last, First, Middle Initial)

**A.** Friends Of Max Baucus

Mailing Address P.O. Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

Contribution

Candidate Name Sen. Max Baucus

011  
Category/  
Type

Office Sought:  House  Senate  President

State: MT District: 1

Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: 26215075

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

**B.** Whitehead For Congress

Mailing Address P.O. Box 619

City Evans State GA Zip Code 30809

Purpose of Disbursement

Contribution

Candidate Name Mr. James Leslie Whitehead, Sr.

011  
Category/  
Type

Office Sought:  House  Senate  President

State: GA District: 10

Disbursement For: 2007  Primary  General  Other (specify) ▼

Runoff

Transaction ID: 26215076

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

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

5000.00

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

5000.00

**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 68 / 68

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A.** Lawrence U. Haspel, DO

Transaction ID: 26382002

Date of Disbursement

Mailing Address 1316 Horizon Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

City Northbrook State IL Zip Code 60062

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement Refund of Contribution  
Candidate Name

010
Category/ Type

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

Refund of Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	500.00