

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. George J. Pasquarello DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1351 S County Trl Bldg 1
 East Greenwich Spine and Sport
 City East Greenwich State RI Zip Code 02818-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RISOPS Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 38691144
 Amount of Each Receipt this Period
500.00

B. Robert G G Piccinini DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 15220 Windmill Dr
 City Macomb State MI Zip Code 48044-4927
 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 **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 38691146
 Amount of Each Receipt this Period
450.00

c. Robert G G Piccinini DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 15220 Windmill Dr
 City Macomb State MI Zip Code 48044-4927
 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 **1600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2015
Transaction ID : 38691147
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	1950.00
TOTAL This Period (last page this line number only).....	