

**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 Committee

ADDRESS (number and street)

1080 Vermont Ave., NW

Suite 510

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00113803

3. IS THIS REPORT

X

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)

X 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 (12S)

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

11

01

2005

through

11

30

2005

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

12

20

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Report Covering the Period: From: ^M 11 ^D 01 ^Y 2005 To: ^M 11 ^D 30 ^Y 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		37643.17
(b) Cash on Hand at Beginning of Reporting Period	152825.30	
(c) Total Receipts (from Line 19)	23189.83	333301.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	176015.13	370944.97
<hr/>		
7. Total Disbursements (from Line 31)	21049.18	215979.02
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	154965.95	154965.95
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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Page 3

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Report Covering the Period: From: ^M11 ⁻01 ⁻2005 To: ^M11 ⁻30 ⁻2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	18685.00	269900.50
(ii) Unitemized	4438.00	62908.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))	23133.00	332809.00
(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)	23133.00	332809.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	56.83	492.80
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))	23189.83	333301.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23189.83	333301.80

DETAILED SUMMARY PAGE

of Disbursements

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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.....	10049.18	52005.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10049.18	52005.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	163973.18
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	21049.18	215979.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	21049.18	215979.02

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	23133.00	332809.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23133.00	332809.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10049.18	52005.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10049.18	52005.84

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

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

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Edward A. Loniewski, D.O.		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 48818 Arboretum Cir		Transaction ID: 23082772
City Plymouth	State MI	Zip Code 48170-3460
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Retired	Occupation Retired	Contribution 700.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Philip L. Accardo, D.O.		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 416 NE Brockton Dr		Transaction ID: 23049212
City Lees Summit	State MO	Zip Code 64064-1614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Physician	Contribution 1050.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. Frank A E Bonifacio, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 87 Waterman Ave		Transaction ID: 23049214
City Rumson	State NJ	Zip Code 07760-2038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Contribution 1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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: PAGE 7 / 31

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Philip L. Shettle, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 187D Fox Rd		Transaction ID: 23062780
City Clearwater	State FL	Zip Code 33764-6433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2150.00	

Full Name (Last, First, Middle Initial) B. Richard M. Pursa, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 1121 Schultz Ln		Transaction ID: 23062779
City Yardley	State PA	Zip Code 19067-4061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) C. Paul A. Martin, D.O.		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 100 Forest Park Dr		Transaction ID: 23062773
City Dayton	State OH	Zip Code 45405-5000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Forest Park Family Care Center	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional)	▶	1070.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. CDL Marc I. Epstein, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 2375 N Wyatt Dr Ste 10B		Transaction ID: 23049280
City	State	Zip Code
Tucson	AZ	85712-2152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Marc I Epstein DO, Ltd.	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David F. Jedwin, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 183D Flower St Kearn Medical Center		Transaction ID: 23052731
City	State	Zip Code
Bakersfield	CA	93305-4144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Contribution

Full Name (Last, First, Middle Initial) C. G. Lynn Brook, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 4504 Salt Marsh Cir		Transaction ID: 23049277
City	State	Zip Code
Murrells Inlet	SC	29578-6811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Waccamaw Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Alan W. Brewer, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 802 N Riverside Rd Ste 100 Comprehensive Fam Care Ctr		Transaction ID: 23049215
City Saint Joseph	State MO	Zip Code 64507-2553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Anthony W. Jennings, DO		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 508 Forest Crest Ct		Transaction ID: 23052732
City Lake Saint Louis	State MO	Zip Code 63367-2440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Teresa A. Hukla, D.O.		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 1432 W Wolfram St		Transaction ID: 23052730
City Chicago	State IL	Zip Code 60657-4117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mark A. Mitchell, DO		Date of Receipt M / D / Y Y Y Y 11 / 01 / 2005
Mailing Address 10819 N Augusta Ct		Transaction ID: 23062777
City	State	Zip Code
Maquon	WI	53092-5169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John B. Kurish, DO		Date of Receipt M / D / Y Y Y Y 11 / 01 / 2005
Mailing Address 5285 N Academy Blvd Ste 1800		Transaction ID: 23062766
City	State	Zip Code
Colorado Springs	CO	80918-4060
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gary S. Edwards, DO, BS		Date of Receipt M / D / Y Y Y Y 11 / 01 / 2005
Mailing Address 981B Rogers Ave		Transaction ID: 23049279
City	State	Zip Code
Fort Smith	AR	72503-5769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11/31

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Teri L. Plunda, D.O. RN		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 5705 Manclava Rd		Transaction ID: 23062778
City Maumee	State OH	Zip Code 43537-1875
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Gregory L. Garvin, D.O.		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1351 W Central Park Ave Ste 4100		Transaction ID: 23062788
City Davenport	State IA	Zip Code 52804-1847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Genesis Health Group	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas J. Mucci, D.O.		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 7240 Cobblers Run		Transaction ID: 23062840
City Poland	State OH	Zip Code 44514-5328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 220.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	1020.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 12/31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Joseph M. Yasso, Jr DO		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 143B Minter Way Grain Valley Family Medical Care		Transaction ID: 23062855
City	State	Zip Code
Grain Valley	MO	64029-0648
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Kansas City University of Medicine and Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Rodney M. Wiseman, DO		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address PO Box 1045 #400 Hwy Lion		Transaction ID: 23062851
City	State	Zip Code
Whitehouse	TX	75791-1045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1020.00	

Full Name (Last, First, Middle Initial) C. Howard H. Galameau, Jr DO, MS		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1803 Hawks Rdg		Transaction ID: 23062851
City	State	Zip Code
San Antonio	TX	78248-1705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Howard H Galameau Jr Do Pa Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	320.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dawn A. Fairley, DO		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 164B W Hamilton St Ste 1		Transaction ID: 23062860
City Allentown	State PA	Zip Code 18102-5054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St Luke's Health Network	Occupation FP Residency Director	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jeffrey J. Esper, DO		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 3693 Volkman Rd		Transaction ID: 23062859
City Erie	State PA	Zip Code 16506-4767
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gregory James, DO, MPH		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 2323 Kings Point Dr Sun Coast Hospital		Transaction ID: 23062832
City Largo	State FL	Zip Code 33774-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1200.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TNs Page (optional)	800.00
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: PAGE 14 / 31

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. James M Turner, DO		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 978 Vineyard Point Rd		Transaction ID: 23062795
City Sumter	State SC	Zip Code 29150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Emergency Physicians Grp Inc	Occupation President	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kay L Lincoln McLaughlin, DO		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1201 S Swegles St		Transaction ID: 23062865
City Saint Johns	State MI	Zip Code 48879-2321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John K. Lynch, DO, MPH		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 212 Brookes Avenue		Transaction ID: 23062854
City Gaithersburg	State MD	Zip Code 20877-2559
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer National Institutes of He- alth (NIH)	Occupation Physician	Aggregate Year-to-Date ▼ 502.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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: PAGE 15 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Geraldine T. O'Shea, D.O.		Date of Receipt M / D / Y Y Y Y 11 / 02 / 2005
Mailing Address 235 New York Ranch Rd Ste B Foothills Womens Medical Center		Transaction ID: 23062829
City Jackson	State CA	Zip Code 95642-2147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Foothills Women's Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 1115.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MAJ Michael P. Ward, DO		Date of Receipt M / D / Y Y Y Y 11 / 02 / 2005
Mailing Address 3619 Desert Rose Ln		Transaction ID: 23062804
City Lake Havasu City	State AZ	Zip Code 86404-1748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Team Health	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephen Downay		Date of Receipt M / D / Y Y Y Y 11 / 02 / 2005
Mailing Address 142 East Ontario St		Transaction ID: 23062830
City Chicago	State IL	Zip Code 60611-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Osteopathic Association	Occupation Deputy Director- ADF	Aggregate Year-to-Date ▼ 270.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1120.00
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: PAGE 16 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Sydney Olson		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1090 Vermont Ave NW		Transaction ID: 23062793
City	State	Zip Code
Washington	DC	20005-4805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Osteopathic Association	Occupation Director of Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	

Full Name (Last, First, Middle Initial) B. Robert A. Marley, DO		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 1305 S Atlantic Blvd Unit 510		Transaction ID: 23062791
City	State	Zip Code
Cocoa Beach	FL	32931-5326
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Diane Burdick Ph.D		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 142 E Ontario St		Transaction ID: 23062834
City	State	Zip Code
Chicago	IL	60611-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer American Osteopathic Association	Occupation Deputy Director - Education	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	770.00
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: PAGE 17 / 31

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Stanley E. Grogg, D.O.		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address 4520 S Birmingham Pl		Transaction ID: 23063061
City Tulsa	State OK	Zip Code 74105-5126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1100.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Howard Feinberg, D.O.		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address 1901 Winchester Ave Ste 1D3		Transaction ID: 23063044
City Ashland	State KY	Zip Code 41101-7758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Howard L Feinberg Do Psc	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Peter Akin Bell, D.O.		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address 880B Morris Rd		Transaction ID: 23063037
City Hilliard	State OH	Zip Code 43028-6485
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
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: PAGE 18 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. B. Bryan Jordan, DO		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address 55 Wagon Wheel Rd		Transaction ID: 23063064
City West Redding	State CT	Zip Code 06896-1621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William R. Fraser, DO		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address 390 Delaney's Cr.		Transaction ID: 23063046
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Emergency Medicine Physi- cians	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. J. Clark Flanary, DO		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address RR 4 Box 4187		Transaction ID: 23063045
City Cassville	State MO	Zip Code 65625-9403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Mr. Shawn Martin		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2005	
Mailing Address 494B Sentinel Drive Apt 202		Transaction ID: 23063066	
City Bethesda	State MD	Zip Code 20816-3555	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Osteopathic Association	Occupation Director of Congressional Affairs		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		
Full Name (Last, First, Middle Initial) B. Keith D. Borzern, DO		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2005	
Mailing Address 4831 Fox Farm Rd		Transaction ID: 23063039	
City Great Falls	State MT	Zip Code 59404-5406	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Great Falls Orthopedic Associates	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Scott S. Simecek, DO		Date of Receipt M / D / Y Y Y Y 11 / 03 / 2005	
Mailing Address 189B Henrietta St		Transaction ID: 23063070	
City Birmingham	State MI	Zip Code 48009-4108	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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: PAGE 20/31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Jeff Heatherington		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address 2121 SW Broadway, Suite 300		Transaction ID: 23063062
City Portland	State OR	Zip Code 97201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1115.00
Name of Employer Osteopathic Physicians & Surgeons of O	Occupation Executive Director	Aggregate Year-to-Date ▼ 4615.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Adam B. Smith, DO		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 2501 Parkview Dr Ste 560		Transaction ID: 23067747
City Fort Worth	State TX	Zip Code 76102-5825
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carl M. Pesta, DO		Date of Receipt M / D / Y 11 / 09 / 2005
Mailing Address 50400 Sasse Rd		Transaction ID: 23157200
City New Baltimore	State MI	Zip Code 48047-4044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 830.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2445.00
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: PAGE 21/31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. William P. Penn, DO		Date of Receipt M / D / Y 11 / 22 / 2005
Mailing Address 948D Middlebelt Rd		Transaction ID: 23203662
City Livonia	State MI	Zip Code 48150-3042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carl L. Harwood, DO		Date of Receipt M / D / Y 11 / 22 / 2005
Mailing Address 555 Glasgow St		Transaction ID: 23203661
City Pottstown	State PA	Zip Code 19464-6557
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Stovs Family Practice	Occupation Physician	Aggregate Year-to-Date ▼ 1310.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David B. Levine, D.O.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 1111 West Broward Blvd		Transaction ID: 23203667
City Ft. Lauderdale	State FL	Zip Code 33312-1638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Specialty Care Center	Occupation Physician	Aggregate Year-to-Date ▼ 1105.50
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1400.00
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: PAGE 22 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Boyd R. Buser, D.O.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 11 Hills Beach Rd UNE/COM		Transaction ID: 23203663
City Biddeford	State ME	Zip Code 04005-9526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer UNECOM	Occupation Assoc Dean Clinical Affairs	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John L. Wright, Jr., D.O.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 307 W Upshur Ave		Transaction ID: 23203671
City Gladewater	State TX	Zip Code 75647-2121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph J. Kushinski, Jr., D.O.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 284 Morris Avenue		Transaction ID: 23203668
City Mountain Lakes	State NJ	Zip Code 07048-1805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Emergency Physicians of St. Clares	Occupation Emergency Physician	Aggregate Year-to-Date ▼ 3200.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	400.00
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: PAGE 23 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey Darren Rettig, D.O., B.S.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 204 W Trinity St Po Box 871		Transaction ID: 23203668
City Groesbeck	State TX	Zip Code 76642-1324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David E. Garza, D.O.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PO Box 450447		Transaction ID: 23203665
City Laredo	State TX	Zip Code 78045-0010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer David E Garza Do Pa	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raul J. Garcia, D.O.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 2802 150th Street		Transaction ID: 23203664
City Flushing	State NY	Zip Code 11354-1412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Quary Road Emergency Physi- cians, Inc.	Occupation Physician	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	325.00
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: PAGE 24 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. H. Sprague Sprague Tevesu, IV, D.O.		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box 51874		Transaction ID: 23203670
City Amarillo	State TX	Zip Code 79159-1674
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Philip Lee Shettle, DO		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 870 Clearwater Largo Road North Shettle Eye Center		Transaction ID: 23203669
City Largo	State FL	Zip Code 33770-2377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Shettle Eye Center	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Andrea Kuchinski		Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address 284 Morris Ave		Transaction ID: 23213481
City Mountain Lakes	State NJ	Zip Code 07048-1805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Homemaker	Occupation Homemaker	Aggregate Year-to-Date ▼ 1600.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	18695.00

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

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

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full) American Osteopathic Information Association - Osteopathic Political Action Comm- ittee	
Full Name (Last, First, Middle Initial) A. Citibank FSB	Date of Receipt M / D / Y 11 / 30 / 2005
Mailing Address PD Box 19748	Transaction ID: 23282662
City State Zip Code Washington DC 20036-0748	Amount of Each Receipt this Period 56.83
FEC ID number of contributing federal political committee. C	Interest Earned
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 492.80

SUBTOTAL of Receipts This Page (optional)	▶	56.83
TOTAL This Period (last page this line number only)	▶	56.83

**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 26 / 31

<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 PO Box 1587

City Jeffersonville State IN Zip Code 47131-1587

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 23283561
Date of Disbursement
11 / 02 / 2005

Amount of Each Disbursement this Period
18.28

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
Admin Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 001

Transaction ID: 23052718
Date of Disbursement
11 / 03 / 2005

Amount of Each Disbursement this Period
9171.95

Admin Expense

Full Name (Last, First, Middle Initial)
C. Marcelina Oliva, D.O.

Mailing Address P.O. Box 1234

City Dade City State FL Zip Code 33526-1234

Purpose of Disbursement
Reimbursement for Meal Expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type 003

Transaction ID: 23136213
Date of Disbursement
11 / 17 / 2005

Amount of Each Disbursement this Period
695.27

Reimbursement for Meal Expense

SUBTOTAL of Disbursements This Page (optional) 9885.48

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)

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<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: 23283564 Date of Disbursement 11 / 25 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.50	
City Phoenix	State AZ	Zip Code 85072-3852	001 Category/ Type
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name			Credit Card Processing Fees
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: 23283566 Date of Disbursement 11 / 28 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 147.70	
City Phoenix	State AZ	Zip Code 85072-3852	001 Category/ Type
Purpose of Disbursement Credit Card Processing Fees			
Candidate Name			Credit Card Processing Fees
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional)	▶	152.20
TOTAL This Period (last page this line number only)	▶	10037.68

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Sue Myrick For Congress		Transaction ID: 23080564 Date of Disbursement 11 / 04 / 2005	
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte	State NC	Zip Code 28237	011 Category/ Type
Purpose of Disbursement Political Contribution			
Candidate Name Rep. Sue Myrick		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Political Contribution		
State: NC District 9			

Full Name (Last, First, Middle Initial) B. Snowe for Senate		Transaction ID: 23080561 Date of Disbursement 11 / 07 / 2005	
Mailing Address P.O. Box 2006		Amount of Each Disbursement this Period 1500.00	
City Portland	State ME	Zip Code 04104	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Olympia J. Snowe		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Contribution		
State: ME District 1			

Full Name (Last, First, Middle Initial) C. Friends of Congressman Tim Holden		Transaction ID: 23080560 Date of Disbursement 11 / 07 / 2005	
Mailing Address 18 North Second Street P.O. Box 37		Amount of Each Disbursement this Period 1000.00	
City St. Clair	State PA	Zip Code 17970	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Rep. Tim Holden		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution		
State: PA District 6			

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial)
A. Charles Boustany, Jr. For Congress

Mailing Address P.O. Box 80128

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contribution

Candidate Name
Mr. Charles W. Boustany, Jr.

Office Sought: House
Senate
President

State: LA District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23080579
Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Schwarz For Congress

Mailing Address Post Office Box 2063

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Contribution

Candidate Name
Mr. John Schwarz

Office Sought: House
Senate
President

State: MI District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23072412
Date of Disbursement

11 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Mike DeWine for U.S. Senate

Mailing Address P.O. Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement
Contribution

Candidate Name
Mike Dewine

Office Sought: House
 Senate
President

State: OH District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23136179
Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Mike DeWine for U.S. Senate		Transaction ID: 23136201 Date of Disbursement 11 / 17 / 2005	
Mailing Address P.O. Box 340188		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43234	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Mike Dewine	Disbursement For: 2006 Primary X General Other (specify) ▼		
Office Sought: House X Senate President State: OH District 1			

Full Name (Last, First, Middle Initial) B. Friends of Sam Johnson		Transaction ID: 23136177 Date of Disbursement 11 / 17 / 2005	
Mailing Address 1611 Avenue K		Amount of Each Disbursement this Period 1000.00	
City Plano State TX Zip Code 75074	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Sam Johnson	Disbursement For: 2006 X Primary General Other (specify) ▼		
Office Sought: X House Senate President State: TX District 3			

Full Name (Last, First, Middle Initial) C. Lincoln Davis for Congress		Transaction ID: 23136176 Date of Disbursement 11 / 17 / 2005	
Mailing Address P.O. Box 350		Amount of Each Disbursement this Period 1000.00	
City Jamestown State TN Zip Code 38558	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Rep. Lincoln Davis	Disbursement For: 2006 X Primary General Other (specify) ▼		
Office Sought: X House Senate President State: TN District 4			

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<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

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

Full Name (Last, First, Middle Initial)
A. Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Pomeroy

Office Sought: House
Senate
President
State: ND District 1

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 23163657
Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

11000.00