

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Ohio State Medical Association Political Action Committee

ADDRESS (number and street) 3401 Mill Run Dr Hilliard OH 43026 9078 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00003327 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Timothy I. Maglione

Signature of Treasurer Electronically Filed by Timothy I. Maglione Date 04 14 2008

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Ohio State Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		217407.94
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	217407.94									
(c) Total Receipts (from Line 19) .....	47040.70	47040.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	264448.64	264448.64								
7. Total Disbursements (from Line 31) .....	81745.17	81745.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	182703.47	182703.47								
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  
Ohio State Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	16498.33	16498.33
(i) Itemized (use Schedule A) .....	26797.71	26797.71
(ii) Unitemized .....	43296.04	43296.04
(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) .....	43296.04	43296.04
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.) .....	3744.66	3744.66
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)) .....	47040.70	47040.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	47040.70	47040.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	600.65	600.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	600.65	600.65
22. Transfers to Affiliated/Other Party Committees.....	14210.00	14210.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	66434.52	66434.52
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))..	81745.17	81745.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81745.17	81745.17

**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) .....	43296.04	43296.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43296.04	43296.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	600.65	600.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	600.65	600.65

**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 6 / 43
	<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)  
Ohio State Medical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William Charles Sternfeld		Date of Receipt
	Mailing Address 4321 Dovewood Ln		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sylvania	OH	43560-4409
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Toledo Clinic Inc		Occupation Doctor	Transaction ID: T22630
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	A Contribution to the Federal PAC

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Ana M Thompson		Date of Receipt
	Mailing Address 8730 Birch Bark Dr		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sylvania	OH	43560-8933
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Anders Dermatology Inc		Occupation Doctor	Transaction ID: T22773
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	A Contribution to the Federal PAC

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Bradley D Carman		Date of Receipt
	Mailing Address 925 Ash Rd		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Marietta	OH	45750-7859
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Surgical Associates Of Marietta Inc		Occupation Doctor	Transaction ID: T22776
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="2300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Derek Lee Snook

Mailing Address 4137 Sudbrook Sq E

City State Zip Code  
New Albany OH 43054-9686

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

Name of Employer Occupation  
The Cardinal Orthopaedic Institute Doctor

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

**Transaction ID:** T22784

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Glenn Elliott Whitted

Mailing Address 815 Lincoln St

City State Zip Code  
Amherst OH 44001-1040

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

Name of Employer Occupation  
Orthopaedic Surgeons Doctor

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

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2008

**Transaction ID:** T22866

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Marvin Horton Forick, III

Mailing Address 8020 Peregrine Ln

City State Zip Code  
Cincinnati OH 45243-2714

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

Name of Employer Occupation  
Riverhills Healthcare Inc Doctor

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

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2008

**Transaction ID:** T22877

Amount of Each Receipt this Period  
1000.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Lawrence Mehle

Mailing Address 6634 Covington Cv

City State Zip Code  
Canfield OH 44406-8161

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

Name of Employer Occupation  
Dermatology Centre Of Northeast Ohio L Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 8

**Transaction ID:** T22886

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Andrew P Cook

Mailing Address 529 Keresan Trl

City State Zip Code  
Lima OH 45805-4199

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

Name of Employer Occupation  
Lima Radiological Associates Inc Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 0 8

**Transaction ID:** T22878

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Morris Wade Pulliam

Mailing Address 9485 Hunt Club Trl NE

City State Zip Code  
Warren OH 44484-1740

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

Name of Employer Occupation  
Morris W Pulliam MD Inc Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 8

**Transaction ID:** T24199

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lawrence Michael Stallings

Mailing Address 1519 Gasche St

City State Zip Code  
Wooster OH 44691-3020

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

Name of Employer Occupation  
Trilogy Cancer Care Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

**Transaction ID:** T23019

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Miles J Burke

Mailing Address 8475 Sleepy Hollow Dr

City State Zip Code  
Cincinnati OH 45243-1186

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

Name of Employer Occupation  
Miles J Burke MD Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

**Transaction ID:** T23020

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey John Roberts

Mailing Address 31012 Wilderness Trl

City State Zip Code  
Westlake OH 44145-1794

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

Name of Employer Occupation  
Orthopaedic Associates Inc Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 8

**Transaction ID:** T23018

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Deepak Kumar

Mailing Address 1425 Brittany Hills Dr

City State Zip Code  
Dayton OH 45459-1421

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

Name of Employer Dayton Colon & Rectal Center Inc  
Occupation Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	0	8

**Transaction ID:** T23220

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Deepak Kumar

Mailing Address 1425 Brittany Hills Dr

City State Zip Code  
Dayton OH 45459-1421

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

Name of Employer Dayton Colon & Rectal Center Inc  
Occupation Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	8

**Transaction ID:** T23296

Amount of Each Receipt this Period  
200.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary Michael Schniegenberg

Mailing Address 1982 Road P1

City State Zip Code  
Bluffton OH 45817-9304

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

Name of Employer Orthopaedic Institute Of Ohio Inc  
Occupation Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	0	8

**Transaction ID:** T23297

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Douglas William Reader		Date of Receipt
	Mailing Address 8263 Clouse Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	New Albany	OH	43054-8724
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: T23418
Name of Employer Riverside Radiology Associates Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			A Contribution to the Federal PAC

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Richard Joseph Wiseley		Date of Receipt
	Mailing Address 6857 Ridgewood Trl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Toledo	OH	43617-1181
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: T23519
Name of Employer Drs Wiseley & Hunter Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			A Contribution to the Federal PAC

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Thomas Gerald Welch		Date of Receipt
	Mailing Address 4052 Nantuckett Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Toledo	OH	43623-3256
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: T23567
Name of Employer Toledo Cardiology Consultants Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. James Michael Sudimack

Mailing Address 2774 Timber Creek Dr N

City State Zip Code  
Cortland OH 44410-1756

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

Name of Employer Trumbull Memorial Hospital Occupation Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

**Transaction ID:** T23587

Amount of Each Receipt this Period  
1000.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gerald Wayne Marsa

Mailing Address 4030 Estateway Rd

City State Zip Code  
Toledo OH 43607-1018

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

Name of Employer Toledo Radiation Oncology Inc Occupation Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

**Transaction ID:** T23563

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David Miles Novick

Mailing Address 28 Thruston Blvd W

City State Zip Code  
Dayton OH 45419-3330

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

Name of Employer Digestive Specialists Inc Occupation Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

**Transaction ID:** T23571

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Anantha Padmanabhan

Mailing Address 637 Crossing Crk S

City State Zip Code  
Gahanna OH 43230-6114

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

Name of Employer Occupation  
Central Ohio Colon & Rectal Center Inc Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

**Transaction ID:** T23562

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Susan Lee Hubbell

Mailing Address 250 S Fernwood Dr

City State Zip Code  
Lima OH 45805-2521

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

Name of Employer Occupation  
Physical Medicine Associates Of NW Ohi Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

**Transaction ID:** T23561

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark Glenn Moseley

Mailing Address 7801 Holliston Ct

City State Zip Code  
Dublin OH 43016-8659

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

Name of Employer Occupation  
Ohio State University Physicians Inc Doctor

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 8

**Transaction ID:** T23615

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Andrew Jack Wherley		Date of Receipt
	Mailing Address 2399 Baker Rd SW		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New Philadelphia	OH	44663-7104
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: T23606
Name of Employer Andrew J Wherley MD Ltd		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
			A Contribution to the Federal PAC

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Van Ness		Date of Receipt
	Mailing Address 2520 Fox Hill Dr NW		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Canton	OH	44708-1336
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: T23729
Name of Employer Gastroenterology Specialists Inc		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			A Contribution to the Federal PAC

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Walter Anthony Reiling, III		Date of Receipt
	Mailing Address 1950 Meandering Cv		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dayton	OH	45459-6967
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: T23744
Name of Employer Samaritan North Family Physicians		Occupation Doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
			A Contribution to the Federal PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="965.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 43  
(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
							17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Edward Jonas	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 3793 Brighton Manor Ln	<b>Transaction ID:</b> T23754
	City State Zip Code Cincinnati OH 45208-1965	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>A Contribution to the Federal PAC</b>
Name of Employer Greater Cincinnati Gastroenterology As	Occupation Doctor	
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) Dr. James Patrick Havey	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 598 Timber Ln	<b>Transaction ID:</b> T23739
	City State Zip Code Wilmington OH 45177-2533	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>A Contribution to the Federal PAC</b>
Name of Employer Riverside Radiology Associates Inc	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Francis Antenucci	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 76 Walnut Woods Ct	<b>Transaction ID:</b> T23722
	City State Zip Code Gahanna OH 43230-6200	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>A Contribution to the Federal PAC</b>
Name of Employer Mount Carmel East	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Annette Marie Chavez

Mailing Address 3100 N Diamond Mill Rd

City State Zip Code  
Trotwood OH 45426-4210

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

Name of Employer Occupation  
Carillon Family Practice Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2008

**Transaction ID:** T23885

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Samuel Heidt, Jr.

Mailing Address 9075 Cunningham Rd

City State Zip Code  
Cincinnati OH 45243-1503

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

Name of Employer Occupation  
Wellington Orthopaedic & Sports Medici Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2008

**Transaction ID:** T23878

Amount of Each Receipt this Period  
200.00

A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. David Andrew Floering

Mailing Address 301 The Alameda

City State Zip Code  
Middletown OH 45044-4807

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

Name of Employer Occupation  
Middletown Diagnostic Services Inc Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2008

**Transaction ID:** T23877

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Carl Joseph Foster

Mailing Address 1041 Northview Ave

City State Zip Code  
Alliance OH 44601-3605

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

Name of Employer: Anesthesia Associates Of Alliance LLC  
Occupation: Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 07 / 2008  
**Transaction ID:** T23875  
 Amount of Each Receipt this Period: 300.00  
 A Contribution to the Federal PAC

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ralph Warren Roach

Mailing Address 441 Mountainview Dr

City State Zip Code  
Chillicothe OH 45601-8173

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

Name of Employer: Mid Ohio Oncology/Hematology Inc  
Occupation: Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 07 / 2008  
**Transaction ID:** T23882  
 Amount of Each Receipt this Period: 300.00  
 A Contribution to the Federal PAC

**C.** Full Name (Last, First, Middle Initial)  
Dr. Linda Toivonen Swan

Mailing Address 3097 Dresden Rd

City State Zip Code  
Zanesville OH 43701-1541

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

Name of Employer: PrimeCare Of Southeastern Ohio Inc  
Occupation: Doctor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 07 / 2008  
**Transaction ID:** T23870  
 Amount of Each Receipt this Period: 500.00  
 A Contribution to the Federal PAC

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mary Jo Panzone Welker

Mailing Address 5150 Johnstown Rd

City State Zip Code  
New Albany OH 43054-9519

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

Name of Employer Occupation  
Family Medical Foundation LLC Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** T23884

Amount of Each Receipt this Period  
300.00

A Contribution to the Federal PAC

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Charles Westerbeck

Mailing Address 4104 Glenmoor Rd NW

City State Zip Code  
Canton OH 44718-2251

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

Name of Employer Occupation  
West Medical Inc Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** T23874

Amount of Each Receipt this Period  
500.00

A Contribution to the Federal PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Philip Michael Weinerman

Mailing Address 92 Stanbery Ave

City State Zip Code  
Columbus OH 43209-1464

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

Name of Employer Occupation  
Riverside Radiology Associates Inc Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** T23927

Amount of Each Receipt this Period  
250.00

A Contribution to the Federal PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Sammy A Hamway	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 400 Claxton Glen Ct	<b>Transaction ID:</b> T23935
	City State Zip Code Dayton OH 45429-6000	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>A Contribution to the Federal PAC</b>
Name of Employer South Dayton Urological Associates	Occupation Doctor	
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) Dr. Dominic Anthony Brandy	Date of Receipt MM / DD / YYYY 03 / 14 / 2008
	Mailing Address 406 Heights Dr	<b>Transaction ID:</b> T23933
	City State Zip Code Gibsonia PA 15044-6031	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	<b>A Contribution to the Federal PAC</b>
Name of Employer Dominic A Brandy MD	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Lisa Bohman Egbert	Date of Receipt MM / DD / YYYY 03 / 18 / 2008
	Mailing Address 790 W Rahn Rd	<b>Transaction ID:</b> T23244
	City State Zip Code Kettering OH 45429-2043	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	<b>A Contribution to the Federal PAC</b>
Name of Employer Paragon Womens Care Inc	Occupation Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 43  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Dr. Timothy Joseph Anders

Mailing Address 8730 Birch Bark Dr

City State Zip Code  
Sylvania OH 43560-8933

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

Name of Employer Occupation  
Anders Dermatology Inc Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	8

Transaction ID: T24065

Amount of Each Receipt this Period  
300.00

A Contribution to the Fed-  
eral PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16498.33

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 43  
(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"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Date of Receipt MM / DD / YYYY 01 / 31 / 2008
	Mailing Address P O Box 710634		<b>Transaction ID:</b> T24117
	City Columbus	State OH	Zip Code 43240-0634
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 142.05
Name of Employer JP Morgan Chase Bank		Occupation BANK	A Credit to the Federal Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 142.05		

<b>B.</b>	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address P O Box 710634		<b>Transaction ID:</b> T24118
	City Columbus	State OH	Zip Code 43240-0634
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 51.96
Name of Employer JP Morgan Chase Bank		Occupation BANK	A Credit to the Federal Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 194.01		

<b>C.</b>	Full Name (Last, First, Middle Initial) JP Morgan Chase Bank		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address P O Box 710634		<b>Transaction ID:</b> T24182
	City Columbus	State OH	Zip Code 43240-0634
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3550.65
Name of Employer JP Morgan Chase Bank		Occupation BANK	A Credit to the Federal Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3744.66		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3744.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3744.66</b>

**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 22 / 43

<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

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Internal Revenue Service

Mailing Address 550 Main St

City Cincinnati

State OH

Zip Code 45202-3222

Purpose of Disbursement  
1120-POL 12/31/07

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: A1708831

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

600.65

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

600.65

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

600.65

# 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 checked="" 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

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

<b>A.</b> Full Name (Last, First, Middle Initial) AMPAC Mailing Address 25 Massachusetts Ave NW Ste 600 City Washington State DC Zip Code 20001-7400 Purpose of Disbursement AMPAC certification Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1707630 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 8420.00 Category/Type: 008
<b>B.</b> Full Name (Last, First, Middle Initial) AMPAC Mailing Address 25 Massachusetts Ave NW Ste 600 City Washington State DC Zip Code 20001-7400 Purpose of Disbursement AMPAC certification Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708556 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1460.00 Category/Type: 008
<b>C.</b> Full Name (Last, First, Middle Initial) AMPAC Mailing Address 25 Massachusetts Ave NW Ste 600 City Washington State DC Zip Code 20001-7400 Purpose of Disbursement AMPAC certification Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708753 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1850.00 Category/Type: 008

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11730.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" 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

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement  
AMPAC certification

Candidate Name

008  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: A1708832

Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

2480.00

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

2480.00

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

14210.00

**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 25 / 43

<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)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

People For Wyderski

Mailing Address 164 Earlsgate Rd

City Dayton State OH Zip Code 45440-3666

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: A1708829

Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

500.00

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

500.00

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

500.00

**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)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mecklenborg For State Representative <hr/> Mailing Address 6648 Pownerfarm Dr <hr/> City Cincinnati State OH Zip Code 45248-2972 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> A1708323 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8	Amount of Each Disbursement this Period 250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Barrett For State Representative <hr/> Mailing Address 354 Golden Russett Blvd <hr/> City Amherst State OH Zip Code 44001-3123 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> A1708321 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8	Amount of Each Disbursement this Period 250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Batchelder For Representative Committee <hr/> Mailing Address 105 W Liberty St <hr/> City Medina State OH Zip Code 44256-2215 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> A1707631 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 8	Amount of Each Disbursement this Period 500.00

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

1000.00

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Families For Lundy  Mailing Address 338 Olive St  City Elyria State OH Zip Code 44035-4020  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708322 Date of Disbursement 01 / 16 / 2008  Amount of Each Disbursement this Period 250.00  001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Committee To Elect Brad Lewis  Mailing Address 52 E Gay St  City Columbus State OH Zip Code 43215-3108  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708331 Date of Disbursement 01 / 23 / 2008  Amount of Each Disbursement this Period 500.00  001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) O'Connor For Supreme Court  Mailing Address 211 S Fifth St  City Columbus State OH Zip Code 43215-5203  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708334 Date of Disbursement 01 / 28 / 2008  Amount of Each Disbursement this Period 4500.00  001 Category/ Type

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

5250.00

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

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

A.	Full Name (Last, First, Middle Initial) Stratton For Supreme Court Committee	Transaction ID: A1708554 Date of Disbursement
	Mailing Address 260 N Cassady Ave	<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Columbus State OH Zip Code 43209-1457	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee To Elect David Goodman	Transaction ID: A1708555 Date of Disbursement
	Mailing Address 7250 Talanth Place	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City New Albany State OH Zip Code 43054-7002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="900.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee To Elect Grace Kendrick	Transaction ID: A1708560 Date of Disbursement
	Mailing Address 3380 W Montgomery Rd	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Loveland State OH Zip Code 45140	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="250.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6650.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

A.

Full Name (Last, First, Middle Initial)  
Committee To Elect Niehaus

Mailing Address 1131 Little Indian Creek Rd

City State Zip Code  
New Richmond OH 45157-9602

Purpose of Disbursement

Candidate Name

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

Transaction ID: A1708565

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

1400.00

001  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)  
Friends Of Matt Dolan

Mailing Address 1500 W 3rd St Ste 120

City State Zip Code  
Cleveland OH 44113-1447

Purpose of Disbursement

Candidate Name

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

Transaction ID: A1708612

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

2200.00

001  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)  
Friends Of Matt Szollosi

Mailing Address 3166 N Republic

City State Zip Code  
Toledo OH 43615-1507

Purpose of Disbursement

Candidate Name

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

Transaction ID: A1708628

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

500.00

001  
Category/  
Type

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

4100.00

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Jason Wilson For Senate <hr/> Mailing Address 252 W Main St <hr/> City Saint Clairsville State OH Zip Code 43950-1061 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708602 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Garrison For State Rep Committee <hr/> Mailing Address 427 Fifth St <hr/> City Marietta State OH Zip Code 45750-2012 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708655 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Jimmy Stewart For State Representative <hr/> Mailing Address 1021 Four Mile Creek Rd <hr/> City Coolville State OH Zip Code 45723-9502 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708593 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1200.00
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1950.00

**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)

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

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

A.	Full Name (Last, First, Middle Initial) Karen Gillmor For Ohio	Transaction ID: A1708599 Date of Disbursement 02 / 15 / 2008
	Mailing Address 514 Hedgegate North Ct	Amount of Each Disbursement this Period 2500.00
	City Tiffin State OH Zip Code 44883-3183	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matt Huffman For State Representative	Transaction ID: A1708604 Date of Disbursement 02 / 15 / 2008
	Mailing Address 2220 Merit Dr	Amount of Each Disbursement this Period 1500.00
	City Lima State OH Zip Code 45805-2527	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee	Transaction ID: A1708561 Date of Disbursement 02 / 15 / 2008
	Mailing Address 211 S Fifth St	Amount of Each Disbursement this Period 3000.00
	City Columbus State OH Zip Code 43215-5203	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Seitz For Senate Committee	Transaction ID: A1708566 Date of Disbursement
	Mailing Address 4401 Abby Ct	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Cincinnati State OH Zip Code 45248-2306	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="6200.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tom Sawyer Senate Committee	Transaction ID: A1708601 Date of Disbursement
	Mailing Address 271 E State St	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Columbus State OH Zip Code 43215-4342	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee To Elect Brad Lewis	Transaction ID: A1708608 Date of Disbursement
	Mailing Address 52 E Gay St	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Columbus State OH Zip Code 43215-3108	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Committee To Elect Brian G Williams</p> <p>Mailing Address 1725 Broodwood Dr</p> <p>City Akron State OH Zip Code 44313-5072</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A1708654</p> <p>Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>001 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Committee To Elect Christopher R Widener</p> <p>Mailing Address 23 S Center St Ste 103</p> <p>City Springfield State OH Zip Code 45502-1201</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A1708592</p> <p>Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1650.00</p> <p>001 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Armond Budish</p> <p>Mailing Address 23240 Chagrin Blvd Ste 450</p> <p>City Beachwood State OH Zip Code 44122-5455</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A1708613</p> <p>Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>001 Category/ Type</p>

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

2400.00

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

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Faber	Transaction ID: A1708575 Date of Disbursement 02 / 15 / 2008
	Mailing Address 218 B S Main St	Amount of Each Disbursement this Period 1200.00
	City Celina State OH Zip Code 45822-2258	
	Purpose of Disbursement	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Mike Foley	Transaction ID: A1708619 Date of Disbursement 02 / 15 / 2008
	Mailing Address 3525 Carrmunn Ave	Amount of Each Disbursement this Period 250.00
	City Cleveland State OH Zip Code 44111-2912	
	Purpose of Disbursement	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Sandra Williams	Transaction ID: A1708614 Date of Disbursement 02 / 15 / 2008
	Mailing Address 17109 Lotus Dr	Amount of Each Disbursement this Period 250.00
	City Cleveland State OH Zip Code 44128-2545	
	Purpose of Disbursement	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Senator Cafaro	Transaction ID: A1708603 Date of Disbursement 02 / 15 / 2008
	Mailing Address 600 Warner Rd	Amount of Each Disbursement this Period 500.00
	City Hubbard State OH Zip Code 44425-2729	
	Purpose of Disbursement	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Shannon Jones	Transaction ID: A1708610 Date of Disbursement 02 / 15 / 2008
	Mailing Address 800 Valley View Point	Amount of Each Disbursement this Period 500.00
	City Springboro State OH Zip Code 45066-9097	
	Purpose of Disbursement	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Timothy DeGeeter	Transaction ID: A1708623 Date of Disbursement 02 / 15 / 2008
	Mailing Address 5580 Ridge Rd	Amount of Each Disbursement this Period 500.00
	City Parma State OH Zip Code 44129-2305	
	Purpose of Disbursement	001 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1500.00

**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)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends Of Tom Patton <hr/> Mailing Address 17157 Rabbit Run Dr <hr/> City Strongsville State OH Zip Code 44136-6243 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708576 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Grendell For Good Government <hr/> Mailing Address 7413 Tattersall Dr <hr/> City Chesterland State OH Zip Code 44026-2036 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708577 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2200.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Husted For Ohio <hr/> Mailing Address 148 Sherbrooke Dr <hr/> City Kettering State OH Zip Code 45429-1742 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708594 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1650.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Batchelder For Representative Committee	Transaction ID: A1708611 Date of Disbursement
	Mailing Address 105 W Liberty St	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Medina State OH Zip Code 44256-2215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Book Election Committee	Transaction ID: A1708629 Date of Disbursement
	Mailing Address 32 State Rte 239	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Portsmouth State OH Zip Code 45663-8929	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens For Gardner	Transaction ID: A1708606 Date of Disbursement
	Mailing Address 14900 Mitchell Rd	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Bowling Green State OH Zip Code 43402-8900	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Citizens For Gibbs Mailing Address 12785 County Rd 330 City Big Prairie State OH Zip Code 44611-9604 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708590 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00 001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens For Jim Hughes Mailing Address 14 E Gay St 2nd Fl City Columbus State OH Zip Code 43215-3182 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708591 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 1500.00 001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Citizens For Sayre Mailing Address 1045 4th St SW City New Philadelphia State OH Zip Code 44663-9118 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708652 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 250.00 001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens For Wagoner <hr/> Mailing Address 3331 Pelham Rd <hr/> City Ottawa Hills State OH Zip Code 43606-2469 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708567 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) Citizens To Elect Dan Dodd <hr/> Mailing Address 106 N Main St <hr/> City New Lexington State OH Zip Code 43764 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708630 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Citizens With Celeste <hr/> Mailing Address 366 E Broad St <hr/> City Columbus State OH Zip Code 43215-3819 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708627 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citizens For Delev  Mailing Address 1050 Delta Ave  City Cincinnati State OH Zip Code 45208-3141  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708657 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8  Amount of Each Disbursement this Period 100.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Karen Gillmor For Ohio  Mailing Address 514 Hedgegate North Ct  City Tiffin State OH Zip Code 44883-3183  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708656 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8  Amount of Each Disbursement this Period 2500.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ohio House Republican Campaign Committee  Mailing Address 100 E Broad St Ste 2225  City Columbus State OH Zip Code 43215-3641  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708830 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 8  Amount of Each Disbursement this Period 500.00  001 Category/ Type

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

3100.00

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

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

A.	Full Name (Last, First, Middle Initial) The Printing Network Inc Mailing Address 490 City Park Ste 200 City Columbus State OH Zip Code 43215-5780 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708833 Date of Disbursement 03 / 19 / 2008	Amount of Each Disbursement this Period 2861.94
B.	Full Name (Last, First, Middle Initial) The Printing Network Inc Mailing Address 490 City Park Ste 200 City Columbus State OH Zip Code 43215-5780 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708834 Date of Disbursement 03 / 20 / 2008	Amount of Each Disbursement this Period 572.58
C.	Full Name (Last, First, Middle Initial) Friends Of Matt Szollosi Mailing Address 3166 N Republic City Toledo State OH Zip Code 43615-1507 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708836 Date of Disbursement 03 / 24 / 2008	Amount of Each Disbursement this Period 1000.00

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

4434.52

**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)

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

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

A.	Full Name (Last, First, Middle Initial) Committee To Elect Bill Harris  Mailing Address 1238 Township Rd 1506  City Ashland State OH Zip Code 44805-4580  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708840 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8  Amount of Each Disbursement this Period 2500.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Citizens For McGregor  Mailing Address 5524 Old Columbus Rd  City Springfield State OH Zip Code 45502-8824  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708837 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8  Amount of Each Disbursement this Period 250.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Citizens For Buehrer  Mailing Address 704 Greenview Dr  City Delta State OH Zip Code 43515-1075  Purpose of Disbursement  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A1708839 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8  Amount of Each Disbursement this Period 500.00  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Lance T Mason		Transaction ID: A1708838	
	Mailing Address 17111 Kenyon Rd		Date of Disbursement 03 / 28 / 2008	
	City Cleveland	State OH	Zip Code 44120-3742	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement		001	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

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

300.00

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

66434.52