

**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 75 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Steven Fredric Rubin DO, FACOPF

Mailing Address 805 Minogue Ter

City State Zip Code
Paramus NJ 07652-3800

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : 38446761

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Larry W. Anderson DO

Mailing Address 81 Northside Dawson Dr Ste 205

City State Zip Code
Dawsonville GA 30534-7169

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

Name of Employer Occupation
Anderson Family Medicine Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : 38446762

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
c. Sonice Rivera-Martinez DO, FACOPF

Mailing Address 4 Russell Dr Apt C15

City State Zip Code
Mineola NY 11501-4754

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

Name of Employer Occupation
NYSOMS President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : 38446763

Amount of Each Receipt this Period
500.00

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