

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 American Osteopathic Information Association - Osteopathic Political Action Comm-  
 ittee

ADDRESS (number and street) **Check if different than previously reported. (ACC)**  
 1090 Vermont Ave., NW  
 Suite 510  
 Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00113803 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)	X	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 03 01 2002 through 03 31 2002

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

Type or Print Name of Treasurer Robert George, D.O.

Signature of Treasurer Electronically Filed by Robert George, D.O. Date 04 10 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: <sup>Month</sup> 03 <sup>Day</sup> 01 <sup>Year</sup> 2002 To: <sup>Month</sup> 03 <sup>Day</sup> 31 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2002		49134.95
(b) Cash on Hand at Beginning of Reporting Period .....	20113.25	
(c) Total Receipts (from Line 19) .....	47284.56	53977.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	67397.81	103112.13
7. Total Disbursements (from Line 30) .....	24111.74	59826.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43286.07	43286.07
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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: <sup>MM</sup>03 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>03 <sup>DD</sup>31 <sup>YYYY</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	43550.00	
(ii) Unitemized .....	3700.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	47250.00	53885.00
(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 32, page 4) .....	47250.00	53885.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	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.) .....	34.56	92.18
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	47284.56	53977.18
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	47284.56	53977.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6036.36	22372.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	6036.36	22372.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18075.38	37453.38
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	24111.74	59826.06
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	24111.74	59826.06
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	47250.00	53885.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	47250.00	53885.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	6036.36	22372.68
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	6036.36	22372.68

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 44

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial)

A. Frank J. McDevitt, DO

Mailing Address

38475 Champion Ct

City

State

Zip Code

Northville

MI

48167-4320

Date of Receipt

N M / D E / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868787

Full Name (Last, First, Middle Initial)

B. Morton Moris, DO, JD

Mailing Address

512 Palm Dr

City

State

Zip Code

Hallandale

FL

33009-6534

Date of Receipt

N M / D E / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
AOAO

Occupation

Executive Director

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868790

Full Name (Last, First, Middle Initial)

C. Louis J. Radnotty, DO

Mailing Address

PO Box 2325

390 S Central

City

State

Zip Code

Umatilla

FL

32784-2325

Date of Receipt

N M / D E / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868796

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

**1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Gibert S. Bucholz, DO

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Mailing Address  
PO Box 1066

City State Zip Code  
Sandusky OH 44871-1066

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868778

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Mailing Address  
405 Old West Dr

City State Zip Code  
Round Rock TX 78681-7452

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Round Rock Medical Clinic Occupation  
Physician

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

Transaction ID: 7868795

**C.** Full Name (Last, First, Middle Initial)  
Phillip L. Accardo, DO

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Mailing Address  
416 NE Brockton Dr

City State Zip Code  
Lees Summit MO 64064-1814

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868808

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Ronald A. Esper, DO**

Mailing Address  
5050 W Ridge Rd  
City: Erie State: PA Zip Code: 16506-1216  
Ridgeway Esper Medical Ctr

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed  
Occupation  
Physician

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

Transaction ID: 7868781

Full Name (Last, First, Middle Initial)  
**B. Harvey M. Spector, DO**

Mailing Address  
7201 Rising Sun Ave  
City: Philadelphia State: PA Zip Code: 19111-3926

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer  
Harvey M Spector Do  
Occupation  
Physician

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

Transaction ID: 7868770

Full Name (Last, First, Middle Initial)  
**C. Marcelino Oliva, DO**

Mailing Address  
PO Box 1234  
City: Dade City State: FL Zip Code: 33526-1234

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed  
Occupation  
Physician

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

Transaction ID: 7868793

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Philip L. Shettle, DO

Mailing Address  
1670 Fox Rd

City State Zip Code  
Clearwater FL 33764-6433

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Philip L Shettle DO Pa Physician

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

Transaction ID: 7868798

**B.** Full Name (Last, First, Middle Initial)  
Wayne C. Cole, DO

Mailing Address  
PO Box 310

City State Zip Code  
Providence KY 42450-0310

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868771

**C.** Full Name (Last, First, Middle Initial)  
Donald J. Krpan, DO, FACC

Mailing Address  
19032 Lamplight Ln

City State Zip Code  
Yorba Linda CA 92866-2701

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
WUHS College of Ost. Medicine University Provost

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

Transaction ID: 7868784

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Boyd W. Bowden, II DO

Mailing Address  
1313 Olentangy River Rd

City State Zip Code  
Columbus OH 43212-3129

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Physician

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

Transaction ID: 7868776

**B.** Full Name (Last, First, Middle Initial)  
Robert J. George, DO

Mailing Address  
St. John Detroit Riverview Hospita 7733 E. Jefferson Avenue

City State Zip Code  
Detroit MI 48214-3707

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Physician

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

Transaction ID: 7868783

**C.** Full Name (Last, First, Middle Initial)  
Peter B. Ajuni, DO

Mailing Address  
21620 Harrington St

City State Zip Code  
Clinton Township MI 48036-2319

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Physician

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

Transaction ID: 7868805

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Max T. McKinney, II DO

Mailing Address  
31700 W 12 Mile Rd Ste 102

City State Zip Code  
Farmington MI 48334-4460

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Farmington Hills Family Healthcare Pc Physician

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

Transaction ID: 7868788

**B.** Full Name (Last, First, Middle Initial)  
John W. Bechar, DO

Mailing Address  
1 Lakeshore Dr

City State Zip Code  
Newtown Square PA 19073-3938

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868774

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

Mailing Address  
12000 McCracken Rd Suite 106

City State Zip Code  
Garfield Heights OH 44125-2964

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Harold Thomas Do Inc Physician

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

Transaction ID: 7868801

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1150.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. John M. Feretti, DO**

Mailing Address  
1237 Saint Mary Dr  
City State Zip Code  
Erie PA 16509-2948

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Osteopathic Internal Medicine Ass-oclat President and Chief Executive Officer

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

Transaction ID: 7868769

Full Name (Last, First, Middle Initial)  
**B. Daryl A. Beehler, DO**

Mailing Address  
808 Washington Ave  
City State Zip Code  
Detroit Lakes MN 56501-3033

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Doctors Office Physician

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

Transaction ID: 7868775

Full Name (Last, First, Middle Initial)  
**C. Paul M. Krueger, DO**

Mailing Address  
1 Medical Center Dr Ste 305  
City State Zip Code  
Stratford NJ 08084-1500

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UMDNJ-SOM Acting Asst. Dean, Clin. Affairs; Medi

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

Transaction ID: 7868764

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

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

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

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

Mailing Address  
196 W Spraul Rd Ste 103 Healthplex Med Office Pavilion  
City State Zip Code  
Springfield PA 19064-2045

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Delaware Valley Eye Assoc Inc Occupation Physician

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

Transaction ID: 7868780

**B.** Full Name (Last, First, Middle Initial)  
Benjamin A. Field, DO

Mailing Address  
4207 E Vogel Ave  
City State Zip Code  
Phoenix AZ 85028-5108

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Physician

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

Transaction ID: 7868782

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

Mailing Address  
4005 Orchard Dr  
City State Zip Code  
Midland MI 48640

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Mid Michigan Anesthesiology Group Pc Occupation President

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

Transaction ID: 7868772

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

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

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

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

Mailing Address  
8258 E Palm Ln  
City State Zip Code  
Mesa AZ 85207-9713

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Southwest Medical Associates Ltd Associate Professor - AZCOM

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

Transaction ID: 7868792

Full Name (Last, First, Middle Initial)  
**B. Steve P. Buchanan, DO**

Mailing Address  
Camp Bowie at Montgomery TCOM Dept of Ob/Gyn  
City State Zip Code  
Fort Worth TX 76107

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American College of Ost. OBGYNs Executive Director

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

Transaction ID: 7868777

Full Name (Last, First, Middle Initial)  
**C. Analia G. Tunanides, DO, BS**

Mailing Address  
12 Windermere Pl  
City State Zip Code  
Poland OH 44514-1971

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868802

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Tracy L. Neuendorf, DO**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Mailing Address  
12 Windemere Pl

City State Zip Code  
Poland OH 44514-1971

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Anesthesiologists Do Inc Doctors Pain Physician

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

Transaction ID: 7868791

Full Name (Last, First, Middle Initial)  
**B. Dina Maria Perino, DO**

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Mailing Address  
1D Mulberry Ln

City State Zip Code  
Holmdel NJ 07733-1165

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Integrated Medicine Alliance Physician

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

Transaction ID: 7868768

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Mailing Address  
8D Hazlet Ave Suite 7

City State Zip Code  
Hazlet NJ 07730-1800

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868767

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Ralph D. Scaleri, DO**

Mailing Address  
284 Lakeview St

City State Zip Code  
Lake Orion MI 48362-2777

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868797

Full Name (Last, First, Middle Initial)  
**B. Mr. James Swartzoul**

Mailing Address  
142 E Ontario St

City State Zip Code  
Chicago IL 60611-2818

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer American Osteopathic Association Occupation  
Deputy Director of Education

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

Transaction ID: 7868800

Full Name (Last, First, Middle Initial)  
**C. Elmer C. Baum, DO**

Mailing Address  
908 Nueces

City State Zip Code  
Austin TX 78701-2218

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868810

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert S. Seiple, DO

Mailing Address  
7633 Johntimm Ct

City State Zip Code  
Dublin OH 43017-3427

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868819

**B.** Full Name (Last, First, Middle Initial)  
T. Eugene Zachary, DO

Mailing Address  
4006 Ramsgate Ct

City State Zip Code  
Colleyville TX 76034-4473

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868820

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

Mailing Address  
1225 Martha Custis Dr Ste C7

City State Zip Code  
Alexandria VA 22302-2040

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Osteopathic Family Physicians Ltd Physician

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

Transaction ID: 7868814

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Deniz Hayes-Davis, III DO**

Mailing Address  
1125 Madisan St Box 1128  
City State Zip Code  
Jefferson City MO 65101-5227

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868823

Full Name (Last, First, Middle Initial)  
**B. Burton N. Rouman, DO**

Mailing Address  
308 E College Plz COMP  
City State Zip Code  
Pomona CA 91766

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868809

Full Name (Last, First, Middle Initial)  
**C. Mark A. Baker, DO**

Mailing Address  
6317 Pamlico Rd  
City State Zip Code  
Fort Worth TX 76116-1830

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868817

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. William T. Betz, DO**

Mailing Address  
214 Sycamore St Dpt of Fam Med      Pikeville College-CDM  
City      State      Zip Code  
Pikeville      KY      41501

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed      Occupation  
Physician

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

Transaction ID: 7868812

Full Name (Last, First, Middle Initial)  
**B. Joanne Bujnoski, DO**

Mailing Address  
5151 N 8th Ave      Cancer Center  
City      State      Zip Code  
Pensacola      FL      32504-8721

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed      Occupation  
Physician

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

Transaction ID: 7868811

Full Name (Last, First, Middle Initial)  
**C. Elaine Welsh Joelyn, DO**

Mailing Address  
301 Bellefontaine Ave  
City      State      Zip Code  
Kansas City      MO      64124-3137

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Neighborhood Family Care Inc      Occupation  
Physician

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

Transaction ID: 7868808

**SUBTOTAL** of Receipts This Page (optional) ..... ▶      **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Theodore A. Spevack, DO, MA**

Mailing Address  
1B Chenwing Rd  
City State Zip Code  
Yankees NY 10701-5325

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Query Road Emergency Services Pc President

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

Transaction ID: 7868807

Full Name (Last, First, Middle Initial)  
**B. Konrad C. Miskowicz-Rebz, Ph.D.**

Mailing Address  
142 E Ontario St  
City State Zip Code  
Chicago IL 60611-2818

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Osteopathic Association Director of the Department of Educatio

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

Transaction ID: 7868818

Full Name (Last, First, Middle Initial)  
**C. Susan Friedman**

Mailing Address  
1090 Vermont Ave. NW Ste. 510  
City State Zip Code  
Washington DC 20005-4905

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Osteopathic Association Deputy Director - Gov't Relation

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

Transaction ID: 7868818

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Mary Jane Savabini**

Mailing Address  
PO Box 798  
City State Zip Code  
Farmington Hills MI 48332-0798

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
N/A Homemaker

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

Transaction ID: 7868813

Full Name (Last, First, Middle Initial)  
**B. Ann Wilner**

Mailing Address  
142 E Ontario St  
City State Zip Code  
Chicago IL 60611-2818

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Osteopathic Association Director/Administration

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

Transaction ID: 7868821

Full Name (Last, First, Middle Initial)  
**C. Dennis Parodi**

Mailing Address  
2445 Woodlake Cir  
City State Zip Code  
Okemos MI 48864-5841

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Michigan Osteopathic Association Executive Director

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

Transaction ID: 7868822

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address  
11486 74th Ave  
City State Zip Code  
Seminole FL 33772-5323

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Tom A Latus DO Pa

Occupation  
Physician

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

Transaction ID: 7868845

Full Name (Last, First, Middle Initial)  
**B. Timothy J. Gray, DO**

Mailing Address  
PO Box 189  
City State Zip Code  
Forest Grove OR 97116-0189

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Physician

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

Transaction ID: 7868847

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

Mailing Address  
3100 Apache Dr Suite B-3  
City State Zip Code  
Jonesboro AR 72401-7404

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Physician

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

Transaction ID: 7868848

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A. Ethan R. Allen, DO**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
12820 Studebaker Rd No 101 \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
Norwalk CA 90650-2578 \_\_\_\_\_  
Amount of Each Receipt this Period \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ 250.00

Name of Employer Occupation \_\_\_\_\_  
Osteopathic Medical Clinic Physician \_\_\_\_\_

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

Transaction ID: 7868871

**B. Andrew H. Berry, DO**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
522 W Commerce Rd \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
Commerce Twp MI 48382-3923 \_\_\_\_\_  
Amount of Each Receipt this Period \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ 500.00

Name of Employer Occupation \_\_\_\_\_  
Self Employed Physician \_\_\_\_\_

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

Transaction ID: 7868842

**C. Isabelle Chapello, DO, FAAD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
10643 Valleywood Dr \_\_\_\_\_  
City State Zip Code \_\_\_\_\_  
Luna Pier MI 48157 \_\_\_\_\_  
Amount of Each Receipt this Period \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ 500.00

Name of Employer Occupation \_\_\_\_\_  
Self Employed Physician \_\_\_\_\_

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

Transaction ID: 7868839

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial)

A. Patricia Anne Cobble, DO

Mailing Address

962 Marco Dr NE

City

State

Zip Code

Saint Petersburg

FL

33702-2727

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868869

Full Name (Last, First, Middle Initial)

B. Max T. Gubensohn, DO

Mailing Address

PO Box 988

City

State

Zip Code

Kirksville

MO

63501-0968

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868840

Full Name (Last, First, Middle Initial)

C. Howard L. Near, DO

Mailing Address

5840 SW 8th St

City

State

Zip Code

Plantation

FL

33317-4322

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

400.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Nova Southeastern Univ Ctg of Osteo-  
podiat

Occupation

Associate Dean for Alumni Affairs

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 7868928

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address  
46618 Arboretum Cir

City State Zip Code  
Plymouth MI 48170-3460

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868896

Full Name (Last, First, Middle Initial)  
**B. John D. McCusick, DO**

Mailing Address  
PO Box 891913

City State Zip Code  
Oklahoma City OK 73189-1913

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868864

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

Mailing Address  
PO Box M15118 325 S Belmont Ave

City State Zip Code  
York PA 17403-2808

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868858

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Anthony G. Chila, DO

Mailing Address  
Grosvenor Hall

City State Zip Code  
Athens OH 45701

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OUCOM Physician

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

Transaction ID: 7868866

**B.** Full Name (Last, First, Middle Initial)  
Thomas A. Ward, DO

Mailing Address  
2289 Riverview Dr

City State Zip Code  
Tahlequah OK 74464-8810

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Thomas A Ward Do Physician

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

Transaction ID: 7868863

**C.** Full Name (Last, First, Middle Initial)  
Daniel Hawes-Davis, III DO

Mailing Address  
1125 Madison St Box 1128

City State Zip Code  
Jefferson City MO 65101-5227

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868878

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Alfred J. Paggi DO

Mailing Address  
277 Neilan Rd

City State Zip Code  
Somerset PA 15501-8733

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Alfred J Paggi DO Ltd Physician

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

Transaction ID: 7868872

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

Mailing Address  
6255 Inkster Rd Suite 204

City State Zip Code  
Garden City MI 48135-2577

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
John H Morrison Jr DO Pc Physician

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

Transaction ID: 7868882

**C.** Full Name (Last, First, Middle Initial)  
Stephen G. Paplah DO

Mailing Address  
1180 Route 48 Suite 104

City State Zip Code  
Parsippany NJ 07054-2142

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868917

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael K. Murphy, DO

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Mailing Address  
147 Sycamore St

City State Zip Code  
Pikeville KY 41501-9118

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
PCSCM-AOPTIC Executive Director

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

Transaction ID: 7868852

**B.** Full Name (Last, First, Middle Initial)  
Thomas N. Tald, DO

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Mailing Address  
580 Pershing

City State Zip Code  
Craig CO 81625-3047

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868897

**C.** Full Name (Last, First, Middle Initial)  
Robert H. Sculthorpe, DO

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Mailing Address  
200 NW 130th Ave

City State Zip Code  
Plantation FL 33325-2208

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868875

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial)

A. Jeffrey A. Lindenbaum, DO

Mailing Address

636 Almshouse Rd

City

State

Zip Code

Warminster

PA

18974-1303

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Jeffrey A. Lindenbaum DO PC

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7868891

Full Name (Last, First, Middle Initial)

B. William M. Silverman, DO

Mailing Address

590 Ruby Ct

City

State

Zip Code

Maitland

FL

32751-5226

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868893

Full Name (Last, First, Middle Initial)

C. Steven M. Levins, DO

Mailing Address

789 Ave C

City

State

Zip Code

Bayonne

NJ

07002-2820

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Steinbaum-Levine Assoc Llc

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868837

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

**1250.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial)

A. Eugene D. Pogorelec, DO

Mailing Address

2300 Wales Ave NW

City

Massillon

State

OH

Zip Code

44646-2323

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Family Practice Associates Inc

Occupation  
Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868884

Full Name (Last, First, Middle Initial)

B. Keran P. Krapp, DO

Mailing Address

55 N Main St

City

Jacobus

State

PA

Zip Code

17407-1248

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Jacobus Medical Center Inc

Occupation  
Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868882

Full Name (Last, First, Middle Initial)

C. Gary P. Plundo, DO

Mailing Address

20110 Governors Hwy

City

Olympia Fields

State

IL

Zip Code

60461-1030

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

400.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Westmoreland Primary Health Center

Occupation  
Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 7868870

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 44	
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert R. Coleman, DO, JD

Mailing Address  
5809 Teakwood Cir

City State Zip Code  
Tuscaloosa AL 35405-5628

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Physician

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

Transaction ID: 7868838

**B.** Full Name (Last, First, Middle Initial)  
Carol Manson, DO

Mailing Address  
2445 W Jolly Rd Suite 400

City State Zip Code  
Okemos MI 48864-4590

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer  
West Side Medical Center  
Occupation  
Physician

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

Transaction ID: 7868851

**C.** Full Name (Last, First, Middle Initial)  
Jan D. Zieren, DO, MPH

Mailing Address  
720 E Thunderbird Suite 3

City State Zip Code  
Phoenix AZ 85022-5398

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
J Michael Holder DO Ltd  
Occupation  
Physician

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

Transaction ID: 7868861

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. William Summers Mayo, DO**

Mailing Address  
413 Tumbery Cir PD Box 1393  
City State Zip Code  
Oxford MS 38655-2569

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed  
Occupation  
Physician

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

Transaction ID: 7868879

Full Name (Last, First, Middle Initial)  
**B. David B. Levine, DO, DPM**

Mailing Address  
7441 SW 19th St  
City State Zip Code  
Plantation FL 33317-4916

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Specialty Care Center  
Occupation  
Physician

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

Transaction ID: 7868855

Full Name (Last, First, Middle Initial)  
**C. Jon E. Minter, DO**

Mailing Address  
5182 Baldwin Ter  
City State Zip Code  
Marietta GA 30066-1578

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Southeastern Orthopaedic Institute  
Occupation  
Physician

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

Transaction ID: 7868850

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1150.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Halis H. King, DO, PhD**

Mailing Address  
5445 Oberlin Dr Suite 100  
City State Zip Code  
San Diego CA 02121-1704

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Physician

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

Transaction ID: 7868895

Full Name (Last, First, Middle Initial)  
**B. Carl L. Harwood, DO**

Mailing Address  
730 S Hanover St  
City State Zip Code  
Pottstown PA 19465-7520

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Coventry Family Care  
Occupation  
Physician

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

Transaction ID: 7868860

Full Name (Last, First, Middle Initial)  
**C. Joel B. Ross, DO**

Mailing Address  
PO Box 281748  
City State Zip Code  
Tampa FL 33665-1748

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Physician

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

Transaction ID: 7868851

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 44

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial)

**A.** Mark S. Carteri, DO, F.A.

Mailing Address

3555 Park Pl W Ste 200

Edison Lakes Corporate Park

City

State

Zip Code

Mishawaka

IN

46545-3513

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Corrective Care, P.C.

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868856

Full Name (Last, First, Middle Initial)

**B.** Howard Feinberg, DO

Mailing Address

1901 Winchester Ave

No 103

City

State

Zip Code

Ashland

KY

41101-7741

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Howard L Feinberg Do Psc

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868825

Full Name (Last, First, Middle Initial)

**C.** Alan D. Cundat, DO, MS

Mailing Address

360 E Mission Blvd

COMPNET

City

State

Zip Code

Pomona

CA

91766-1847

Date of Receipt

N M / D E / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Western University Medical Center

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7868868

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

**1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Anne E. Musser, DO, MS**

Mailing Address  
1024 Yale Ave

City State Zip Code  
Claremont CA 91711-3820

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Anne E Musser DO Physician

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

Transaction ID: 7868853

Full Name (Last, First, Middle Initial)  
**B. Glenn K. Moran, DO**

Mailing Address  
201 NW 82nd Ave Ste 401

City State Zip Code  
Plantation FL 33324-1856

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Plantation Family Medical Associa-  
tes P Physician

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

Transaction ID: 7868802

Full Name (Last, First, Middle Initial)  
**C. Charles T. Mehner, DO**

Mailing Address  
3939 Bumet Ave Childrens Hosp MC-Ortho Surg

City State Zip Code  
Cincinnati OH 45229-3028

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Childrens Hosp Medical Ctr Pediat-  
ric O Physician

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

Transaction ID: 7868874

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. J. Michael Weing, DO, M.ED**

Mailing Address  
4520 Waswilmer Dr

City State Zip Code  
Holt MI 48842-1646

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
MSUCOM Physician

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

Transaction ID: 7868850

Full Name (Last, First, Middle Initial)  
**B. James M. Lally, DO, MS**

Mailing Address  
5450 Jefferson Ave Suite 3

City State Zip Code  
Chino CA 91710-3522

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Inland Region Medical Group Physician

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

Transaction ID: 7868889

Full Name (Last, First, Middle Initial)  
**C. Ronald Langman, DO**

Mailing Address  
7401 Myrtle Ave Glendale Medical Associates

City State Zip Code  
Glendale NY 11365-7433

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Physician

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

Transaction ID: 7868877

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 44	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Steven D. Claus, DO**

Mailing Address  
800 Fort Pickens Rd Apt 11 D3 Santa Rosa Towers  
City State Zip Code  
Pensacola Beach FL 32561-2077

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868867

Full Name (Last, First, Middle Initial)  
**B. Ms. Shirley L. Bayles**

Mailing Address  
PO Box 223801  
City State Zip Code  
Dallas TX 75222-3801

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Orthopedic Clinic Occupation  
Office Manager

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

Transaction ID: 7868849

Full Name (Last, First, Middle Initial)  
**C. Paul Grayson Smith, Jr DO**

Mailing Address  
2121 N Ocoee St Suite 101 Ocoee Premier Park  
City State Zip Code  
Cleveland TN 37311-3953

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868894

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 44	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address  
448 Hackensack St

City State Zip Code  
Carlstadt NJ 07072-1316

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Physician

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

Transaction ID: 7868841

Full Name (Last, First, Middle Initial)  
**B. Jasmine Widmer**

Mailing Address  
2802 150th St

City State Zip Code  
Flushing NY 11354-1412

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation  
Homemaker

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

Transaction ID: 7868838

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>43550.00</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)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial) <b>A. Heartland Card Services</b>		Date of Disbursement 03 / 04 / 2002
Mailing Address PO Box 1587 City Jeffersonville State IN Zip Code 47131-1587		Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Monthly credit card fees		Monthly credit card fees
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 7874490
State: District: 0		

Full Name (Last, First, Middle Initial) <b>B. Heartland Card Services</b>		Date of Disbursement 03 / 05 / 2002
Mailing Address PO Box 1587 City Jeffersonville State IN Zip Code 47131-1587		Amount of Each Disbursement this Period 25.00
Purpose of Disbursement Monthly credit card fees		Monthly credit card fees
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 7874318
State: District: 0		

Full Name (Last, First, Middle Initial) <b>C. Deloitte &amp; Touche LLP</b>		Date of Disbursement 03 / 25 / 2002
Mailing Address PO Box 277694 City Atlanta State GA Zip Code 30384-7694		Amount of Each Disbursement this Period 580.00
Purpose of Disbursement Payment for accounting services		Payment for accounting se- rvices
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 7701508
State: District: 0		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>925.00</b>
<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)

PAGE 39 / 44

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial)

A. Four Seasons Resort

Mailing Address

2800 South Ocean Blvd.

City

Palm Beach

State

FL

Zip Code

33480

Purpose of Disbursement

Payment for 2/5/02 donor fundraising rec

Candidate Name

DD3

Category/  
Type

Office Sought:

House

Senate

President

State:

District: 0

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

03 / 25 / 2002

Amount of Each Disbursement this Period

4684.14

Payment for 2/5/02 donor  
fundraising reception

Transaction ID: 7701508

B.

C.

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

**4684.14**

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

**5609.14**

**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 40 / 44

<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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial) <b>A. Keller For Congress</b>		Date of Disbursement 03 / 05 / 2002
Mailing Address 201 South Orange Ave. #300 City: Orlando State: FL Zip Code: 32801		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00 Ric Keller (R/FL-08)		Ric Keller (R/FL-08)
Candidate Name Richard Keller		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7809090
State: FL District: 8	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement 03 / 13 / 2002
Mailing Address 300 First St., SE City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1422.18
Purpose of Disbursement YTD:\$3,422.18 In-kind contribution John		In-kind contribution John Sullivan for Congress (R/ OK-01) 3/13/02 fundraising reception
Candidate Name Mr. John Sullivan		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7704922
State: OK District: 1	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Fletcher For Congress</b>		Date of Disbursement 03 / 14 / 2002
Mailing Address 3220 Stowers Drive City: Monroe State: LA Zip Code: 71201		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Lee Fletcher (R/LA-05)		Lee Fletcher (R/LA-05)
Candidate Name Mr. Lee Fletcher		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7679149
State: LA District: 6	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4422.18</b>
<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)

PAGE 41 / 44

<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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial) <b>A. The ESPN Zone</b>		Date of Disbursement 03 / 15 / 2002
Mailing Address 555 12th St., NW City Washington State DC Zip Code 20004		Amount of Each Disbursement this Period 853.20
Purpose of Disbursement YTD:\$853.20 In-kind to Redwine Congressl		011 Category/ Type
Candidate Name John Redwine, D.O.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	In-kind to Redwine Congre- ssional Committee for 3/1- 5/02 fundraising luncheon
State: IA District: 5		Transaction ID: 7874177

Full Name (Last, First, Middle Initial) <b>B. Democratic Congressional Campaign Committee</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address 430 South Capital St City Washington State DC Zip Code 20003		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00		011 Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General Other (specify) ▼	Transaction ID: 7706170
State: District: 0		

Full Name (Last, First, Middle Initial) <b>C. Inslee For Congress</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address 579 Azalea Ne City Bainbridge State WA Zip Code 98110		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Jay Inslee (DWA-01)		011 Category/ Type
Candidate Name Jay Inslee		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Jay Inslee (DWA-01)
State: WA District: 1		Transaction ID: 7704930

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6153.20</b>
<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)

PAGE 42 / 44

<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				

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial) <b>A. Inslée For Congress</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address 579 Azalea Ne City: Bainbridge State: WA Zip Code: 98110		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$1,000.00 Jay Inslée (D/WA-01)		011 Category/ Type Jay Inslée (D/WA-01)
Candidate Name Jay Inslée		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7706163
State: WA District: 1		

Full Name (Last, First, Middle Initial) <b>B. Shelia Jackson Lee for Congress</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address PO Box 75214 City: Washington State: DC Zip Code: 20013-5214		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Shelia Jackson Lee (D/TX-18)		011 Category/ Type Shelia Jackson Lee (D/TX-18)
Candidate Name Shelia Jackson Lee		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7706169
State: TX District: 18		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Jerry Kleczka</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address 4200 Christine Place City: Alexandria State: VA Zip Code: 22311		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Gerald Kleczka, Democrat,		011 Category/ Type Gerald Kleczka, Democrat, WV 4
Candidate Name Gerald D. Kleczka		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7704927
State: WV District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<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)

PAGE 43 / 44

<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				

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

Full Name (Last, First, Middle Initial) A. Friends Of John Tanner		Date of Disbursement 03 / 29 / 2002
Mailing Address PO Box 523024 City State Zip Code Springfield VA 22151		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 John Tanner (D/TN-08)		011 Category/ Type John Tanner (D/TN-08)
Candidate Name John S. Tanner		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7706165
State: TN District: 8		

Full Name (Last, First, Middle Initial) B. Friends Of Lois Capps		Date of Disbursement 03 / 29 / 2002
Mailing Address PO Box 23940 City State Zip Code Santa Barbara CA 93121		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Lois Capps (D/CA-22)		011 Category/ Type Lois Capps (D/CA-22)
Candidate Name Rep. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7706168
State: CA District: 22		

Full Name (Last, First, Middle Initial) C. Hoyer For Congress		Date of Disbursement 03 / 29 / 2002
Mailing Address 7905 Malcolm Road Suite 102 City State Zip Code Clinton MD 20735		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 Steny Hoyer (D/MD-05)		011 Category/ Type Steny Hoyer (D/MD-05)
Candidate Name Rep. Steny Hoyer		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 7704924
State: MD District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<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 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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-  
ittee

Full Name (Last, First, Middle Initial) <b>A. Luther For Congress Volunteer Committee</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address 1399 Geneva Avenue North Suite 20 City: Oakdale State: MN Zip Code: 55128		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD: \$500.00 Bill Luther (DMN-06)		011 Category/ Type
Candidate Name Rep. William Luther		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Bill Luther (DMN-06)
State: MN District: 8		Transaction ID: 7706168

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Peterson</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address 114 W State St PD Box 295 City: Pleasantville State: PA Zip Code: 16341		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$1,000.00 John Peterson (R/PA-05)		011 Category/ Type
Candidate Name Rep. John Peterson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	John Peterson (R/PA-05)
State: PA District: 5		Transaction ID: 7706164

Full Name (Last, First, Middle Initial) <b>C. Friends Of Max Cleland For The Us Senate Inc</b>		Date of Disbursement 03 / 29 / 2002
Mailing Address 3148 Northeast Expressway P O Box 7843 City: Atlanta State: GA Zip Code: 30357		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$1,000.00 Max Cleland (D/GA)		011 Category/ Type
Candidate Name Sen. Max Cleland		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Max Cleland (D/GA)
State: GA District: 1		Transaction ID: 7706167

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>18075.38</b>