

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Osteopathic Information Association - Osteopathic Political Action Committee

ADDRESS (number and street) 1090 Vermont Ave., NW

Suite 500

Washington DC 20005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00113803

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 08 / 01 / 2016 through [MM] / [DD] / [YYYY] 08 / 31 / 2016

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 Ronnie Martin D.O.

Signature of Treasurer *Ronnie Martin D.O.* [Electronically Filed] Date 09 / 14 / 2016

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 (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="284882.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="248907.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="103055.45"/>	<input type="text" value="286930.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="351962.52"/>	<input type="text" value="571812.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14919.98"/>	<input type="text" value="234770.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="337042.54"/>	<input type="text" value="337042.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 (Rev. 06/2004)

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	67984.00	213047.20
(ii) Unitemized	35058.00	73796.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	103042.00	286843.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	103042.00	286843.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	13.45	87.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	103055.45	286930.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	103055.45	286930.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	1069.98	5920.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1069.98	5920.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	228000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	850.00	850.00
(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)).....	850.00	850.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14919.98	234770.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14919.98	234770.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	103042.00	286843.20
34. Total Contribution Refunds (from Line 28(d))	850.00	850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102192.00	285993.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1069.98	5920.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1069.98	5920.15

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

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

FOR LINE NUMBER: PAGE 6 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Gerald F. Robbins DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1032 N Eagle Lake Dr
 City Kalamazoo State MI Zip Code 49009-9622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 150.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 39801375
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Stephen M. Swetech DO, FACOPF
 Full Name (Last, First, Middle Initial)
 Mailing Address 43600 Garfield Rd
 Stephen M. Swetech, Do, Med. Ctr.,
 City Clinton Township State MI Zip Code 48038-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 650.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 39801376
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Larry A. Wickless DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 928 Indian Beach Dr
 City Sarasota State FL Zip Code 34234-7350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 150.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 39801379
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 64
(check only one)

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

A. Gerald F. Robbins DO
Full Name (Last, First, Middle Initial)
Mailing Address 1032 N Eagle Lake Dr
City Kalamazoo State MI Zip Code 49009-9622
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39801381
Amount of Each Receipt this Period
150.00
 Memo Item

B. Gabriel Polk DO
Full Name (Last, First, Middle Initial)
Mailing Address 1175 Sequoya Trl
City Columbia State TN Zip Code 38401-8468
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
TOMA President
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39801393
Amount of Each Receipt this Period
250.00
 Memo Item

C. Edward W. Schreck DO
Full Name (Last, First, Middle Initial)
Mailing Address 3 Emerson St
City Athens State OH Zip Code 45701-3660
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39801394
Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Victor D. Angel DO, MPH

Mailing Address 839 Winding River Blvd

City State Zip Code
 Maineville OH 45039-7751

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : 39801395

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Melinda E. Ford DO

Mailing Address 2 Parks Hall
 Uma Family Medicine

City State Zip Code
 Athens OH 45701-1359

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : 39801396

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Sandra L. Cook DO

Mailing Address 4409 Clay St

City State Zip Code
 Geneva OH 44041-9270

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : 39801397

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 64
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. John F. Ramey DO

Mailing Address 404 Wexford Dr

City State Zip Code
Huron OH 44839-1463

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

Name of Employer Occupation
OOA President-Elect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39801398

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Beth A. Longenecker DO

Mailing Address 419 Longcommon Rd

City State Zip Code
Riverside IL 60546-1706

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39801646

Amount of Each Receipt this Period
150.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Thomas A. Boyle DO

Mailing Address 480 S Arlington Ave

City State Zip Code
Elmhurst IL 60126-3919

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39801649

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

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FOR LINE NUMBER: PAGE 10 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John C. Prestosh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 498 Timberlea Dr
 City Nazareth State PA Zip Code 18064-8567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bethlehem Emergency Care Specialists Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 39801665
 Amount of Each Receipt this Period 150.00
 Memo Item

B. David F. Hitzeman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 56915 E Elmwood Rd
 City Afton State OK Zip Code 74331-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 39801706
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Lewin Wyatt Jr DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 N Michigan Ave Apt 1307
 City Chicago State IL Zip Code 60611-3899
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 39801716
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 11 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mark Bailey DO, PhD

Mailing Address 197 Cahaba Farms Dr

City Pelham State AL Zip Code 35124-3532

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 03 / 2016
Transaction ID : 39809884

Amount of Each Receipt this Period
 500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Nancy L. Kragt DO

Mailing Address 16028 Sunset Bend Cir

City Anchorage State AK Zip Code 99516-7576

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 08 / 03 / 2016
Transaction ID : 39809885

Amount of Each Receipt this Period
 150.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Peter Wertheim

Mailing Address 5150 N. 16th St.
 A-122

City Phoenix State AZ Zip Code 85016-3925

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

Name of Employer Occupation
 Arizona Osteopathic Medical Associatio Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 03 / 2016
Transaction ID : 39809886

Amount of Each Receipt this Period
 500.00

Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Hollis H. King DO, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9333 Genesee Ave Ste 200
 City San Diego State CA Zip Code 92121-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wisconsin Department of Occupation Program Director and Director of Medic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809902
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brian J. Loveless DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 795 E 2nd St Ste 5 Western University of Health Scien
 City Pomona State CA Zip Code 91766-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809903
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Marc E. Lynch DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 13193 Central Ave
 City Chino State CA Zip Code 91710-4179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Synovation Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809904
 Amount of Each Receipt this Period 500.00
 Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dan E. Miulli DO, DME, F

Mailing Address 19162 Buckboard Ln

City Riverside State CA Zip Code 92508-7129

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

Name of Employer Occupation
 Self Employed Medical Director-Stroke Program

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2016
Transaction ID : 39809906

Amount of Each Receipt this Period
 500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Geraldine T. O'Shea DO

Mailing Address 235 New York Ranch Rd Ste B
 Foothills Women's Medical Ctr

City Jackson State CA Zip Code 95642-2173

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2016
Transaction ID : 39809908

Amount of Each Receipt this Period
 150.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Richard B. Riemer DO

Mailing Address 7761 Oak Bay Cir

City Sacramento State CA Zip Code 95831-5805

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2016
Transaction ID : 39809911

Amount of Each Receipt this Period
 500.00

Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 64
(check only one)

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

A. Steven D. Kamajian DO
Full Name (Last, First, Middle Initial)
Mailing Address 2103 Montrose Ave Ste E
City Montrose State CA Zip Code 91020-1546
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809914
Amount of Each Receipt this Period 500.00
 Memo Item

B. Julieanne P. Sees DO
Full Name (Last, First, Middle Initial)
Mailing Address 39 Augusta Ln
City Blackwood State NJ Zip Code 08012-5551
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809918
Amount of Each Receipt this Period 239.00
 Memo Item

C. Bruce G. Rankin DO
Full Name (Last, First, Middle Initial)
Mailing Address 862 Peachwood Dr
Family Practice West Volusia
City Deland State FL Zip Code 32720-0834
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1150.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809920
Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1739.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 64
(check only one)

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

A. Capt Teresa M. Brennan DO, MS
Full Name (Last, First, Middle Initial)
Mailing Address 7 Oceanside Dr
City Saint Augustine State FL Zip Code 32080-4901
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809925
Amount of Each Receipt this Period 250.00
 Memo Item

B. Teresa A. Hubka DO, FACOOG
Full Name (Last, First, Middle Initial)
Mailing Address 1432 W Wolfram St
City Chicago State IL Zip Code 60657-4117
FEC ID number of contributing federal political committee. **C**
Name of Employer ACOOG Occupation President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809929
Amount of Each Receipt this Period 250.00
 Memo Item

C. Michelina Desanti DO
Full Name (Last, First, Middle Initial)
Mailing Address 47 Deire Dr
City Sparta State NJ Zip Code 07871-1136
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 800.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809931
Amount of Each Receipt this Period 800.00
 Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 64
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Peter B. Ajluni DO

Mailing Address 1080 Dowling Rd

City Bloomfield Hills State MI Zip Code 48304-2526

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 03 / 2016
Transaction ID : 39809932

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Emily K. Hurst DO

Mailing Address 1700 Teggerdine Rd

City White Lake State MI Zip Code 48386-1744

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 03 / 2016
Transaction ID : 39809933

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Pamela L. Grimaldi DO

Mailing Address 12 Winifreds Way

City Rutland State MA Zip Code 01543-1455

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

Name of Employer MOS Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 03 / 2016
Transaction ID : 39809934

Amount of Each Receipt this Period
500.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. Bruce P. Bates DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 Patridge Lane
 City Scarborough State ME Zip Code 04074-9012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Board of Osteopathic Medical Occupation Senior Vice President for Cognitive Te
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809935
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Jerome A. Dixon DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 W Bear Track Rd Crossroads Family Medicine
 City Campbellsville State KY Zip Code 42718-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809936
 Amount of Each Receipt this Period 500.00
 Memo Item

C. William T. Betz DO, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Sycamore St Upike Kycom
 City Pikeville State KY Zip Code 41501-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pikeville-Kenucky Colleg Occupation Senior Associate Dean for Osteopathic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809937
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
<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

A. Samantha M. Olzeski DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 Navaho Dr
 City Maysville State KY Zip Code 41056-8799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809938
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Debra A. Smith DO, MIHM,M
 Full Name (Last, First, Middle Initial)
 Mailing Address 7008 Wooded Meadow Rd
 City Louisville State KY Zip Code 40241-6411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AOCOPM Occupation President
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 03 / 2016
Transaction ID : 39809939
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Gordon J. Katz DO, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8371 Yankee St
 City Dayton State OH Zip Code 45458-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Devore ENT Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 02 / 2016
Transaction ID : 39809943
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Charles G. Vonder Embse DO, BS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1728 Schrock Rd
 City Columbus State OH Zip Code 43229-1575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : 39809944
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Geraldine N. Urse DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5028 Blendon Ravine Ct
 City Columbus State OH Zip Code 43230-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : 39809945
 Amount of Each Receipt this Period **250.00**
 Memo Item

c. Thomas A. Cavalieri DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Medical Center Dr Ste 305
 City Stratford State NJ Zip Code 08084-1500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rowan University - School of Osteopath
 Occupation Dean, and Endowed Chair, Primary Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 02 / 2016**
Transaction ID : 39809946
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 22 OF 64
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Donald H. Polk DO

Mailing Address PO Box 778

City State Zip Code
Waynesboro TN 38485-0778

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2016
Transaction ID : 39809947

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dennis James Carter DO

Mailing Address PO Box 1234

City State Zip Code
Poteau OK 74953-1234

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

Name of Employer Occupation
Medical Plaza Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2016
Transaction ID : 39809948

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Cleanne Cass DO

Mailing Address 513 Timberlea Trl

City State Zip Code
Dayton OH 45429-1981

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

Name of Employer Occupation
Self Employed Administrative Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2016
Transaction ID : 39809949

Amount of Each Receipt this Period
500.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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

A. M. Terrance Simon DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Wales Ave NW
 Family Practice Associates Inc
 City Massillon State OH Zip Code 44646-2323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : 39809950
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Robert A. Taylor DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 13261 310th St
 City New Prague State MN Zip Code 56071-4151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wabasha Clinic/Male Health System
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : 39809951
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Madonna S. Ringswald DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 Alexander Dr
 City La Grange State KY Zip Code 40031-9069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madonna S Ringswald D.O., PSC
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : 39809952
 Amount of Each Receipt this Period
 500.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Greg D. Cohen DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 N 7th St
 Chariton Family Medical Center
 City Chariton State IA Zip Code 50049-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : 39809953
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. COL Robert Lee Gear III DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6817 N 57th PI
 City Paradise Valley State AZ Zip Code 85253-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : 39809954
 Amount of Each Receipt this Period
 500.00
 Memo Item

c. Anthony N. Ottaviani DO, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 14th St N
 Largo Medical Center
 City Largo State FL Zip Code 33770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : 39809955
 Amount of Each Receipt this Period
 500.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Adam B. Smith DO
Full Name (Last, First, Middle Initial)

Mailing Address 2501 Parkview Dr Ste 560
Ultimate Bariatrics

City Fort Worth State TX Zip Code 76102-5825

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39809956

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kenneth E. Jones DO
Full Name (Last, First, Middle Initial)

Mailing Address 1016 Linwood Rd

City Clinton State MO Zip Code 64735-9020

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39809957

Amount of Each Receipt this Period
1000.00

Memo Item

C. Larry A. Wickless DO
Full Name (Last, First, Middle Initial)

Mailing Address 928 Indian Beach Dr

City Sarasota State FL Zip Code 34234-7350

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
08 / 02 / 2016
Transaction ID : 39809958

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Howard L. Neer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 S University Dr
 Nsu/Com
 City Davie State FL Zip Code 33328-2018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Associate Dean for Alumni Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : 39809959
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Khawaja Haroun Ikram DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 4058
 City Jackson State MI Zip Code 49204-4058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Orthopaedic Care & Surgery, PC
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : 39809960
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Robert G G Piccinini DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 15220 Windmill Dr
 City Macomb State MI Zip Code 48044-4927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2016
Transaction ID : 39809961
 Amount of Each Receipt this Period
 1500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
<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

A. Bruce W. Ricker DO
Full Name (Last, First, Middle Initial)

Mailing Address 3150 Indian Point Dr

City Ellston State IA Zip Code 50074-4430

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833920

Amount of Each Receipt this Period 500.00

Memo Item

B. Laura M. Rosch DO
Full Name (Last, First, Middle Initial)

Mailing Address 2113 W Eastwood Ave

City Chicago State IL Zip Code 60625-1515

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833921

Amount of Each Receipt this Period 500.00

Memo Item

C. Harald Lausen DO
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 19671
Siu School of Medicine

City Springfield State IL Zip Code 62794-9671

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833922

Amount of Each Receipt this Period 500.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. W. Ashley Ashley Hood DO
Full Name (Last, First, Middle Initial)

Mailing Address 1020 River Oaks Dr Ste 430
W Ashley Hood D.O. PLLC

City Flowood State MS Zip Code 39232-9500

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

Name of Employer Occupation
Self Employed President-Elect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 04 / 2016
Transaction ID : 39833923

Amount of Each Receipt this Period
1000.00

Memo Item

B. Steven D. Brushwood DO
Full Name (Last, First, Middle Initial)

Mailing Address 10893 SE State Route T

City Easton State MO Zip Code 64443-4168

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 04 / 2016
Transaction ID : 39833924

Amount of Each Receipt this Period
1000.00

Memo Item

C. Bruce R. Williams DO
Full Name (Last, First, Middle Initial)

Mailing Address 1087 NW South Shore Dr

City Lake Waukomis State MO Zip Code 64151-1441

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
08 / 04 / 2016
Transaction ID : 39833925

Amount of Each Receipt this Period
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
<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

A. Otto F. Sabando DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Terrace Ave
 City West Orange State NJ Zip Code 07052-3662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NY United Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : 39833926
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Paul J. Morris DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 446 Hackensack St
 City Carlstadt State NJ Zip Code 07072-1316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : 39833927
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Sonia Rivera-Martinez DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Russell Dr Apt C15
 City Mineola State NY Zip Code 11501-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYSOMS Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2016
Transaction ID : 39833928
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
<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

A. Dennis J. Dowling DO, MA
Full Name (Last, First, Middle Initial)

Mailing Address 575 Underhill Blvd Ste 126
Omma

City Syosset State NY Zip Code 11791-3416

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

Name of Employer OMM Associates PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 04 / 2016
Transaction ID : 39833929

Amount of Each Receipt this Period
500.00

Memo Item

B. Lynn G. Mark DO, MA
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8000
Nycomec/Nyit

City Old Westbury State NY Zip Code 11568-8000

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 04 / 2016
Transaction ID : 39833930

Amount of Each Receipt this Period
500.00

Memo Item

C. Robert B. Goldberg DO
Full Name (Last, First, Middle Initial)

Mailing Address 230 W 125th St
Touro College of Osteopathic Medic

City New York State NY Zip Code 10027-4402

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

Name of Employer Touro College of Osteopathic Medicine Occupation Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 04 / 2016
Transaction ID : 39833931

Amount of Each Receipt this Period
500.00

Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 64
(x) 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 Committee

A. Anthony D. Elkins DO
Mailing Address 17006 Piermont St
City Davidson State NC Zip Code 28036-8890
FEC ID number of contributing federal political committee. C
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833932
Amount of Each Receipt this Period 500.00
Memo Item

B. Christopher J. Loyke DO
Mailing Address 9575 Nighthawk Dr
City Chagrin Falls State OH Zip Code 44023-1942
FEC ID number of contributing federal political committee. C
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833933
Amount of Each Receipt this Period 500.00
Memo Item

C. Peter Alan Bell DO
Mailing Address 8608 Morris Rd
City Hilliard State OH Zip Code 43026-8485
FEC ID number of contributing federal political committee. C
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833934
Amount of Each Receipt this Period 500.00
Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gilbert S. Bucholz DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1066
 City Sandusky State OH Zip Code 44871-1066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833935
 Amount of Each Receipt this Period 500.00
 Memo Item

B. William J. Pettit DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 W 17th St Osu Chs
 City Tulsa State OK Zip Code 74107-1886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSU COM CHS Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833936
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Robin L. Richardson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5646 SE Hillwood Cir
 City Portland State OR Zip Code 97267-4141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833937
 Amount of Each Receipt this Period 500.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Katherine E. Galluzzi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4190 City Ave Ste 315/528
 Pcom Geriatrics
 City Philadelphia State PA Zip Code 19131-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PCOM Geriatrics Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 04 / 2016**
Transaction ID : 39833938
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Ernest R. Gelb DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 533 Bodle Rd
 City Wyoming State PA Zip Code 18644-6019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1300.00**

Date of Receipt **08 / 04 / 2016**
Transaction ID : 39833939
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. George J. Pasquarello DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1351 S County Trl Bldg 1
 East Greenwich Spine and Sport
 City East Greenwich State RI Zip Code 02818-5105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RISOPS Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 04 / 2016**
Transaction ID : 39833940
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 34 OF 64
(check only one)

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

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

A. Paul Grayson Smith III DO
Full Name (Last, First, Middle Initial)
Mailing Address 2121 N Ocoee St Ste 101
City Cleveland State TN Zip Code 37311-3953
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833941
Amount of Each Receipt this Period 500.00
 Memo Item

B. Paul Grayson Smith Jr DO
Full Name (Last, First, Middle Initial)
Mailing Address 2121 N Ocoee St Ste 101 Ocoee Premier Park
City Cleveland State TN Zip Code 37311-3953
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833942
Amount of Each Receipt this Period 500.00
 Memo Item

C. Lee Daniel Logan DO
Full Name (Last, First, Middle Initial)
Mailing Address 8845 Rhea County Hwy Logan Family Medicine
City Dayton State TN Zip Code 37321-5926
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833943
Amount of Each Receipt this Period 500.00
 Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 64
(check only one)

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

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

A. Adrienne White-Faines MPA
Full Name (Last, First, Middle Initial)
Mailing Address 142 E Ontario St
City Chicago State IL Zip Code 60611-2874
FEC ID number of contributing federal political committee. **C**
Name of Employer American Osteopathic Association Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833944
Amount of Each Receipt this Period 1000.00
 Memo Item

B. Michael Michael Wieting DO, MEd
Full Name (Last, First, Middle Initial)
Mailing Address 309 Norris Dr
City Tazewell State TN Zip Code 37879-4571
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833945
Amount of Each Receipt this Period 1000.00
 Memo Item

C. James E. Froelich DO
Full Name (Last, First, Middle Initial)
Mailing Address 2105 N Center St
City Bonham State TX Zip Code 75418-2627
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Care Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2016
Transaction ID : 39833946
Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

A. Jeffrey S. Grove DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12020 Seminole Blvd
 Suncoast Family Medical Associates
 City Largo State FL Zip Code 33778-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOMA Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **08 / 17 / 2016**
Transaction ID : 39871445
 Amount of Each Receipt this Period **1000.00**
 Memo Item

B. Jeffrey S. Grove DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12020 Seminole Blvd
 Suncoast Family Medical Associates
 City Largo State FL Zip Code 33778-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOMA Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **08 / 17 / 2016**
Transaction ID : 39871446
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Jeffrey S. Grove DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12020 Seminole Blvd
 Suncoast Family Medical Associates
 City Largo State FL Zip Code 33778-2805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FOMA Occupation President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4000.00**

Date of Receipt **08 / 17 / 2016**
Transaction ID : 39871447
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 64
<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

A. Paul Martin DO, MS, FA
Full Name (Last, First, Middle Initial)

Mailing Address 676 Brookmeade Ct

City State Zip Code
Beavercreek OH 45434-6293

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

Name of Employer Occupation
ACOPF President-Elect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
08 / 17 / 2016
Transaction ID : 39871448

Amount of Each Receipt this Period
1000.00

Memo Item

B. Paul Martin DO, MS, FA
Full Name (Last, First, Middle Initial)

Mailing Address 676 Brookmeade Ct

City State Zip Code
Beavercreek OH 45434-6293

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

Name of Employer Occupation
ACOPF President-Elect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
08 / 17 / 2016
Transaction ID : 39871449

Amount of Each Receipt this Period
250.00

Memo Item

C. Jennifer L. Gwilym DO
Full Name (Last, First, Middle Initial)

Mailing Address 10950 Shadow Creek Rd

City State Zip Code
Athens OH 45701-8889

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 11 / 2016
Transaction ID : 39871451

Amount of Each Receipt this Period
250.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Albert M. Salomon DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 765 N Hamilton Rd Ste 210
 City State Zip Code
 Gahanna OH 43230-8703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OOA President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871452
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. David A. Bitonte DO, MBA, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 2295 Lake Center St NW
 City State Zip Code
 Uniontown OH 44685-6890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871458
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. David E. Tannehill DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Harbor Vw
 City State Zip Code
 Fenton MO 63026-7515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2016
Transaction ID : 39871463
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Monte E. Troutman DO, FACOI
 Full Name (Last, First, Middle Initial)
 Mailing Address 855 Montgomery St
 Division of Gastroenterology
 City Fort Worth State TX Zip Code 76107-2553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Unt Health Science Center Of Texas/ft
 Occupation: Associate Professor of Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: 08 / 05 / 2016
Transaction ID : 39871467
 Amount of Each Receipt this Period: **500.00**
 Memo Item

B. Wolfgang G. Gilliar DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8000
 City Old Westbury State NY Zip Code 11568-8000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: New York Institute of Technology Colle
 Occupation: Dean
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt: 08 / 11 / 2016
Transaction ID : 39871468
 Amount of Each Receipt this Period: **250.00**
 Memo Item

C. Ray Quintero
 Full Name (Last, First, Middle Initial)
 Mailing Address 11090 Vermont Ave, NW
 Ste 510
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Osteopathic Association
 Occupation: Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: 08 / 11 / 2016
Transaction ID : 39871475
 Amount of Each Receipt this Period: **250.00**
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ray E. Stowers DO
Full Name (Last, First, Middle Initial)
Mailing Address 56913 E Oak Rd

City Afton	State OK	Zip Code 74331-8030
---------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Vice President & Dean of College of Os
-----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	11	/	2016

Transaction ID : 39871482

Amount of Each Receipt this Period
150.00

Memo Item

B. Craig L. Magnatta DO
Full Name (Last, First, Middle Initial)
Mailing Address 385 N Lapeer Rd

City Oxford	State MI	Zip Code 48371-3610
----------------	-------------	------------------------

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

Name of Employer Oxford Family Practice	Occupation Physician
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	08	/	2016

Transaction ID : 39871484

Amount of Each Receipt this Period
150.00

Memo Item

C. Steven Fredric Rubin DO, FACOFF
Full Name (Last, First, Middle Initial)
Mailing Address 805 Minogue Ter

City Paramus	State NJ	Zip Code 07652-3800
-----------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Physician
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	05	/	2016

Transaction ID : 39871487

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Derrick J. Sorweide DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Mullins Dr
 Comp - Northwest
 City Lebanon State OR Zip Code 97355-3983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 08 / 2016**
Transaction ID : 39871490
 Amount of Each Receipt this Period **350.00**
 Memo Item

B. Jay E. Olsson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Wickham Rd Ste S
 Jay E. Olsson, D.O., P.A.
 City Melbourne State FL Zip Code 32935-8659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 12 / 2016**
Transaction ID : 39871499
 Amount of Each Receipt this Period **350.00**
 Memo Item

C. Lawrence L. Northorn DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 E Main St Ste 1
 Lawrence L Northorn Do Pc
 City East Islip State NY Zip Code 11730-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **645.00**

Date of Receipt **08 / 11 / 2016**
Transaction ID : 39871500
 Amount of Each Receipt this Period **645.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1345.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Marc G. Kaprow DO

Mailing Address 5079 N 89th Ave

City State Zip Code
Cooper City FL 33328-3636

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 17 / 2016
Transaction ID : 39871501

Amount of Each Receipt this Period
350.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Joshua L. Prober JD

Mailing Address 142 E Ontario St
American Osteopathic Association

City State Zip Code
Chicago IL 60611-2874

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

Name of Employer Occupation
Self Employed General Counsel, Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 12 / 2016
Transaction ID : 39871503

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Jennifer Kendall Thomas DO

Mailing Address 1747 Beam Ave Ste 100
Healtheast

City State Zip Code
Maplewood MN 55109-1128

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 08 / 2016
Transaction ID : 39871517

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 64
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Nicklaus J. Hess DO

Mailing Address 404 Brownstone Row

City State Zip Code
Springboro OH 45066-7522

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 11 / 2016
Transaction ID : 39871518

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dixie Tooke-Rawlins DO

Mailing Address 2265 Kraft Dr

City State Zip Code
Blacksburg VA 24060-6360

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

Name of Employer Occupation
Edward Via College of Osteopathic Medi Dean and Executive Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 05 / 2016
Transaction ID : 39871521

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Barbara E. Walker DO

Mailing Address 207 E Ave

City State Zip Code
Kure Beach NC 28449-3404

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt
08 / 11 / 2016
Transaction ID : 39871522

Amount of Each Receipt this Period
150.00

Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Martin Diamond DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 248 Harbor Ln
 City Massapequa Park State NY Zip Code 11762-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871527
 Amount of Each Receipt this Period 150.00
 Memo Item

B. William J. Burke DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 1277 Harrison Pond Dr
 City New Albany State OH Zip Code 43054-9552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio University Heritage College of Os
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871532
 Amount of Each Receipt this Period 250.00
 Memo Item

C. David J. Park DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7205 Barton Creek Ct
 City Las Vegas State NV Zip Code 89113-3090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871535
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Timothy J. Kowalski DO, FACN
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Aiken Hunt Cir
 City Columbia State SC Zip Code 29223-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edward Via College of Osteopathic Medi Occupation Vice Dean for Academic Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016
Transaction ID : 39871539
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Charles D. Milligan DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 365 S Crown Hill Rd Affinity Family Practice
 City Orrville State OH Zip Code 44667-9527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Practice Center Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871540
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Joseph R. Schlecht DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2605 W Main St
 City Jenks State OK Zip Code 74037-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 17 / 2016
Transaction ID : 39871543
 Amount of Each Receipt this Period 500.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 46 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Paul Martin DO, MS, FA
 Full Name (Last, First, Middle Initial)
 Mailing Address 676 Brookmeade Ct
 City State Zip Code
 Beavercreek OH 45434-6293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ACOFP President-Elect
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871544
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Michael E. Dietz DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 River Valley Blvd
 City State Zip Code
 New Richmond OH 45157-8566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871548
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Layne E. Subera DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3809 W 168th St N
 City State Zip Code
 Skiatook OK 74070-9444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OOA President-Elect
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871552
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. David E. Garza DO
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 450447
David E. Garza, DO, PA
City Laredo State TX Zip Code 78045-0010
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 05 / 2016
Transaction ID : 39871555
Amount of Each Receipt this Period 500.00
 Memo Item

B. David E. Garza DO
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 450447
David E. Garza, DO, PA
City Laredo State TX Zip Code 78045-0010
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 650.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871556
Amount of Each Receipt this Period 150.00
 Memo Item

C. Bernard J. Bernacki DO, MPH
Full Name (Last, First, Middle Initial)
Mailing Address 521 Greenfield Ave
City Pittsburgh State PA Zip Code 15207-1091
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 08 / 2016
Transaction ID : 39871561
Amount of Each Receipt this Period 250.00
 Memo Item

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark S. Cantieri DO, FAAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3555 Park Pl W Ste 200
 Edison Lakes Corporate Park
 City Mishawaka State IN Zip Code 46545-3587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 08 / 05 / 2016
Transaction ID : 39871571
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Isaac J. Kirstein DO, FACOI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4180 Warrensville Center Rd
 Ohio Univ Heritage Com
 City Warrensville Heights State OH Zip Code 44122-7024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Heritage College of Osteopathic Medici Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 08 / 2016
Transaction ID : 39871573
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Erin Wernert
 Full Name (Last, First, Middle Initial)
 Mailing Address C/o Indiana Osteopathic Associatio
 3200 Cold Spring Road
 City Indianapolis State IN Zip Code 46222-1960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Indiana Osteopathic Association Executive Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 17 / 2016
Transaction ID : 39871577
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jan D. Zieren DO, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 6965 Cumberland Gap Pkwy
 Lincoln Memorial University -Dcom
 City Harrogate State TN Zip Code 37752-8245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AOMA Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871579
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Kathryn C. Lambert DO, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Winslow Homer
 City Marlton State NJ Zip Code 08053-7227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2016
Transaction ID : 39871580
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Joel M. Feder DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 11904 Meadow Ln
 City Leawood State KS Zip Code 66209-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2016
Transaction ID : 39871586
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 64
<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

A. John Casey DO, MA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5156 Baker Ridge Dr
 City Columbus State OH Zip Code 43228-1794
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871587
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Darren Sommer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9339 Naples Ln
 City Dublin State OH Zip Code 43016-6114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 250.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871590
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Brian A. Kessler DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2009 Stewart St
 City Fuquay Varina State NC Zip Code 27526-8988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) Memo Item
 Aggregate Year-to-Date 2500.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871592
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 51 OF 64
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)
A. Jennifer J. Hauler DO

Mailing Address 728 Oak Lea Dr

City State Zip Code
Tipp City OH 45371-8813

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2016
Transaction ID : 39871597

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Sean D. Stiltner DO

Mailing Address 121 Fairway Ave

City State Zip Code
Piketon OH 45661-9123

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2016
Transaction ID : 39871603

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Chelsea Ann Nickolson DO

Mailing Address 201 Napoleon Dr

City State Zip Code
Kettering OH 45429-1737

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2016
Transaction ID : 39871608

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Boyd R. Buser DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Sycamore St
 Univ of Pikeville-Ky Com
 City State Zip Code
 Pikeville KY 41501-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Vice President and Dean
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2016
Transaction ID : 39871610
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Scott S. Cyrus DO, FACOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 8803 S 101st East Ave Ste 200
 Children and Adolescent Medical Sv
 City State Zip Code
 Tulsa OK 74133-5730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed President-Elect
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871617
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. C. Michael Michael Ogle DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1467
 City State Zip Code
 Enid OK 73702-1467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emergency Medical Services Inc Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2016
Transaction ID : 39871619
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Janice A. Wachtler
Full Name (Last, First, Middle Initial)

Mailing Address 1863 N Fremont St Fl 2

City Chicago State IL Zip Code 60614-5004

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

Name of Employer Self Employed Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016
Transaction ID : 39871620

Amount of Each Receipt this Period 250.00

Memo Item

B. Gregg S. Silberg DO
Full Name (Last, First, Middle Initial)

Mailing Address 140 Woodlands Trce

City Hattiesburg State MS Zip Code 39402-8669

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2016
Transaction ID : 39871628

Amount of Each Receipt this Period 500.00

Memo Item

C. Eric E. Gish DO
Full Name (Last, First, Middle Initial)

Mailing Address 1523 Walnut Hollow Rd

City Lynchburg State VA Zip Code 24503-4788

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

Name of Employer Self Employed Occupation President-Elect

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 12 / 2016
Transaction ID : 39871630

Amount of Each Receipt this Period 250.00

Memo Item

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 64
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Merideth C. Norris DO

Mailing Address 16 Winter St

City Kennebunk State ME Zip Code 04043-7043

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2016
Transaction ID : 39871631

Amount of Each Receipt this Period 300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. John F. Uslick DO

Mailing Address 2229 Devonshire Dr NW

City Canton State OH Zip Code 44708-2017

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871633

Amount of Each Receipt this Period 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Ronnie B. Martin DO, FACOFP

Mailing Address 100 Waterton Dr

City Lynchburg State VA Zip Code 24503-2161

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

Name of Employer Self Employed Occupation Vice Dean

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 11 / 2016
Transaction ID : 39871637

Amount of Each Receipt this Period 1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 64
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Thomas J. Mucci DO

Mailing Address 7240 Cobblers Run

City Poland State OH Zip Code 44514-5328

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

Name of Employer
Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 11 / 2016
Transaction ID : 39871640

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Paul T. Scheatzle DO, MS

Mailing Address 3300 Bailey St NW Ste 104
Bailey Rehabilitation

City Massillon State OH Zip Code 44646-3613

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

Name of Employer
Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 08 / 2016
Transaction ID : 39871641

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
c. Janette M. Willcox DO, FACOFF

Mailing Address 2265 Kraft Dr

City Blacksburg State VA Zip Code 24060-6360

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

Name of Employer
Edward Via Virginia College of Osteopa
Occupation Associate Dean for Clinical, Academic

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 12 / 2016
Transaction ID : 39871643

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jay E. Olsson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 N Wickham Rd Ste S
 Jay E. Olsson, D.O., P.A.
 City Melbourne State FL Zip Code 32935-8659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 18 / 2016
Transaction ID : 39943462
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Michael Markou DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1266 Turner St
 City Clearwater State FL Zip Code 33756-5921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 18 / 2016
Transaction ID : 39943471
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Karen J. Nichols DO, MA, FA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Oak Brook Club Dr Apt D306
 City Oak Brook State IL Zip Code 60523-8545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Dean; Professor, Internal Medicine
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1150.00

Date of Receipt
 08 / 08 / 2016
Transaction ID : 39944819
 Amount of Each Receipt this Period
 0.00
 Memo Item
 Refund(s) on Schedule B Totaling \$850.00 This changes the YTD Total to \$1150.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	67984.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39941893

Amount of Each Disbursement this Period

Memo Item
Credit card processing fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39941896

Amount of Each Disbursement this Period

Memo Item
Credit card processing fees

Full Name (Last, First, Middle Initial)

C. Heartland Card Services

Mailing Address P.O. Box 1587

City Jeffersonville State IN Zip Code 47131-1587

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39941954

Amount of Each Disbursement this Period

Memo Item
Credit card processing fees

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

001
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

Transaction ID : 39942107

Amount of Each Disbursement this Period

30.00

Memo Item
Credit card processing fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Memo Item

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

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

30.00

1055.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Rep. Xavier Becerra

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

Transaction ID : 39837766

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Matt Gaetz

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Matt Gaetz

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: FL District: 01

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

Transaction ID : 39837767

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc.

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Sen. Orrin G. Hatch

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2016

Transaction ID : 39837768

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address P.O. Box 261172

City State Zip Code
Hartford CT 06126-1172

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

/ /

Transaction ID : 39837771

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address PO Box 37

City State Zip Code
Roseville MI 48066

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

/ /

Transaction ID : 39837772

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Moulton for Congress

Mailing Address PO Box 2013

City State Zip Code
Salem MA 01970

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Seth Moulton

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 06

Date of Disbursement

/ /

Transaction ID : 39837773

Amount of Each Disbursement this Period

Memo Item
Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City State Zip Code
Dublin OH 43017-8914

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Sen. Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

/ /

Transaction ID : 39837774

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210-0137

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

/ /

Transaction ID : 39837775

Amount of Each Disbursement this Period

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Darren Soto for Congress

Mailing Address 338 N Magnolia Avenue, Suite D

City State Zip Code
Orlando FL 32801

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Mr. Darren Soto

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

/ /

Transaction ID : 39837787

Amount of Each Disbursement this Period

Memo Item
Contribution

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Young for Iowa, Inc.

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. David Young

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

Transaction ID : 39866803

Amount of Each Disbursement this Period

1000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

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

1000.00

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

13000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Karen J. Nichols DO, MA, FA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Mailing Address 3 Oak Brook Club Dr Apt D306

City State Zip Code
Oak Brook IL 60523-8545

Transaction ID : 39871433

Purpose of Disbursement
Refund of contribution

010
Category/ Type

Amount of Each Disbursement this Period

850.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item
Refund of contribution

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Memo Item

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

850.00

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

850.00
