

# 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

Check if different than previously reported. (ACC) Washington DC 20005

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

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

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

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

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

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2018 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2018

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

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer Thacker, Richard, , , D.O. [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		114011.08
(b) Cash on Hand at Beginning of Reporting Period.....	62326.49	
(c) Total Receipts (from Line 19) .....	8246.42	162401.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	70572.91	276412.84
7. Total Disbursements (from Line 31).....	45553.71	251393.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	25019.20	25019.20
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2018 To: M M / D D / Y Y Y Y 06 / 30 / 2018

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6356.50	121321.82
(ii) Unitemized .....	1887.00	36056.44
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8243.50	157378.26
(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) .....	8243.50	157378.26
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.92	23.50
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)).....▶	8246.42	162401.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8246.42	162401.76

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	553.71	4893.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	553.71	4893.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45000.00	245500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	45553.71	251393.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45553.71	251393.64

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8243.50	157378.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8243.50	156378.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	553.71	4893.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	553.71	4893.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Kaprow, Marc, G., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2201 Lucien Way Ste 100  
 City Maitland State FL Zip Code 32751-7003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Vitas Healthcare Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 02 / 2018  
**Transaction ID : 42266028**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Willyerd, Gary, L., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3719 Peabody Dr  
 City Bloomfield Hills State MI Zip Code 48301-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Michigan State University, College of Occupation (for Individual) Associate Dean  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 12 / 2018  
**Transaction ID : 42299637**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Zini, James, E., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1816 E Main St  
 City Mountain View State AR Zip Code 72560-6171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Zini Medical Clinic Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2018  
**Transaction ID : 42345376**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<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. Rush, Joel, L., , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1960 NE 47th St Ste 102

City Fort Lauderdale	State FL	Zip Code 33308-7708
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2018

**Transaction ID : 42444298**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Delo, Linda, F., , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 514 SE Port St Lucie Blvd

City Port Saint Lucie	State FL	Zip Code 34984-5108
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Delo Medical Associates	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2018

**Transaction ID : 42444299**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Guibord, Roberta, J., , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 W South Boundary St Bldg 3B

City Perrysburg	State OH	Zip Code 43551-5243
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Roberta June Guibord DO Inc.	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2018

**Transaction ID : 42448718**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Wagner-Largent, Alesia, J., , DO**

Mailing Address 169 Shoal Dr W

City Vallejo	State CA	Zip Code 94591-6955
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2018

**Transaction ID : 42448719**

Amount of Each Receipt this Period  
300.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. DeLuca, Robert, C., , DO**

Mailing Address 500 W Plummer St

City Eastland	State TX	Zip Code 76448-2629
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Robert DeLuca DO Pa	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2018

**Transaction ID : 42448720**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Cymet, Tyler, C., , DO**

Mailing Address 5550 Friendship Blvd Ste 310

City Chevy Chase	State MD	Zip Code 20815-7231
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) American Assoc of Colleges of Osteo Me	Occupation (for Individual) Associate VP of Medical Education
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2018

**Transaction ID : 42448721**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<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. Sosa, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Baymont St Apt 1002  
 City Clearwater Beach State FL Zip Code 33767-1720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Osteopathic Medical Heritage Group Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2018  
**Transaction ID : 42448722**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Henley, Kathleen, M., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33681 Canal Dr  
 City Frankford State DE Zip Code 19945-4754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2018  
**Transaction ID : 42448723**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Eisenberg, Traci-Lyn, , , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7645 Ripplepointe Way  
 City Windermere State FL Zip Code 34786-5722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 388.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2018  
**Transaction ID : 42448724**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<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. Maul, R. Greg, Greg, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7501 Lakeview Pkwy Ste 130  
 City Rowlett State TX Zip Code 75088-9324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 42448725**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dolansky, Robert, S., , DO, MBA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 Cetronia Rd  
 City Allentown State PA Zip Code 18104-9569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St Luke's Family Health Center Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 42448726**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Freeland, Daniel, V., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 Ranch Rd 620 S Ste 200  
 City Lakeway State TX Zip Code 78734-5633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bee Caves Family Practice Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 42448727**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<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. Lindenbaum, Jeffrey, A., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 298 Sydney Rd  
 City Southampton State PA Zip Code 18966-2895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2018  
**Transaction ID : 42448728**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Kase, Joel, A., , DO, MPH**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Fieldstone Dr  
 City N Yarmouth State ME Zip Code 04097-6745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2018  
**Transaction ID : 42448729**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Lally, James, M., , DO, MMM, F**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5050 San Bernardino Street  
 City Montclair State CA Zip Code 91763-2326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lally Medical Group Occupation (for Individual) President & Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2018  
**Transaction ID : 42448730**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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. Dardarian, Thomas, S., , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1030 E Lancaster Ave  
 City Bryn Mawr State PA Zip Code 19010-1451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Main Line Womens Health Care Associate Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 42448731**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Murphy, Michael, K., , DO, FACOFP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17123 Hedgerow Park Rd  
 City Charlotte State NC Zip Code 28277-6661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bluefield Regional Medical Center Occupation (for Individual) Vice President & Dean  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 626.50

Date of Receipt 06 / 28 / 2018  
**Transaction ID : 42448732**  
 Amount of Each Receipt this Period 431.50  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	556.50
<b>TOTAL</b> This Period (last page this line number only).....	6356.50

**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"/> 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. Deluxe**

Mailing Address P.O. Box 742572

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement  
Check printing expense

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42444311**  
Amount of Each Disbursement this Period

Memo Item  
Check printing expense

Full Name (Last, First, Middle Initial)

**B. 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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42444312**  
Amount of Each Disbursement this Period  
  
Credit card processing fees

Memo Item

Full Name (Last, First, Middle Initial)

**C. 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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42444314**  
Amount of Each Disbursement this Period  
  
Credit card processing fees

Memo Item

**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"/> 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. American Express**

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Credit card processing fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	8

FEC Identification Number

C [ ]

**Transaction ID : 42444315**

Amount of Each Disbursement this Period

[ ] 2.26

Credit card processing fees

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number

C [ ]

**Transaction ID : 42444316**

Amount of Each Disbursement this Period

[ ] 74.26

Credit card processing fees

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 76.52

[ ] 542.81

**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"/> 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. People for Ben**

Mailing Address PO Box 31129

City  
Santa Fe

State  
NM

Zip Code  
87594

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lujan, Ben, R., Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	8

FEC Identification Number

C C00443689

**Transaction ID : 42298495**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clarke for Congress**

Mailing Address 111-36 200th Street

City  
Hollis

State  
NY

Zip Code  
11412

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Clarke, Yvette, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NY District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	8

FEC Identification Number

C C00415331

**Transaction ID : 42298496**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City  
Palm Desert

State  
CA

Zip Code  
92261

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ruiz, Raul, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	8

FEC Identification Number

C C00502575

**Transaction ID : 42298498**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Contribution

Memo Item

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

4	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	0	0	0
---	---	---	---	---	---

**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"/> 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. Drew Ferguson for Congress, Inc.**

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271-1067

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Ferguson, Anderson, Drew, Rep., IV**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: GA District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42298500**

Amount of Each Disbursement this Period

Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Clyburn, James, E., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: SC District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42298502**

Amount of Each Disbursement this Period

Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Stabenow for US Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Stabenow, Debbie, , Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MI District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42298503**

Amount of Each Disbursement this Period

Contribution  
 Memo Item

**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"/> 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. Manchin for West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Manchin, Joe, , Sen., III**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WV District:

Date of Disbursement  
MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number  
C00486563  
**Transaction ID : 42298504**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cole for Congress**

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Cole, Thomas, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OK District: 04

Date of Disbursement  
MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number  
C00379735  
**Transaction ID : 42298506**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tammy Baldwin For Senate**

Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Baldwin, Tammy, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WI District:

Date of Disbursement  
MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number  
C00326801  
**Transaction ID : 42298507**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

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

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

4500.00

**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 checked="" type="checkbox"/> 23	<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. Graves for Congress**

Mailing Address 2345 Grand Blvd, Suite 2400

City Kansas City State MO Zip Code 64108-2642

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Graves, Samuel, B., Rep., Jr.**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MO District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42298508**

Amount of Each Disbursement this Period

Contribution  Memo Item

Full Name (Last, First, Middle Initial)

**B. Whitehouse for Senate**

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Whitehouse, Sheldon, , Sen., II**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: RI District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42298509**

Amount of Each Disbursement this Period

Contribution  Memo Item

Full Name (Last, First, Middle Initial)

**C. Buddy Carter for Congress**

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Carter, Earl, Leroy, Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: GA District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42298511**

Amount of Each Disbursement this Period

Contribution  Memo Item

**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"/> 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. Judy Chu for Congress**

Mailing Address 16633 Ventura Blvd, #1008

City Encino State CA Zip Code 91436

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Chu, Judy, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: CA District: 27

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number

C C00458125

Transaction ID : 42298512

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Johnson for Congress**

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Johnson, Bill, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: OH District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2018

FEC Identification Number

C C00476820

Transaction ID : 42298514

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Crowley for Congress**

Mailing Address 80-22 Northern Boulevard

City Jackson Heights State NY Zip Code 11372

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Crowley, Joseph, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: NY District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00338954

Transaction ID : 42330291

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

**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)	PAGE 20 OF 27
<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <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) <b>A. Mullin for Congress</b>			Date of Disbursement MM / DD / YYYY 06 / 21 / 2018		
Mailing Address PO Box 3681			FEC Identification Number C C00498345 <b>Transaction ID : 42330292</b> Amount of Each Disbursement this Period 1000.00 Contribution <input type="checkbox"/> Memo Item		
City Muskogee	State OK	Zip Code 74402			
Purpose of Disbursement Contribution		Category/ Type 011			
Candidate Name <b>Mullin, Markwayne, , Rep.,</b>		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK    District: 02					

Full Name (Last, First, Middle Initial) <b>B. TENN Political Action Committee Inc (TENN PAC)</b>			Date of Disbursement MM / DD / YYYY 06 / 21 / 2018		
Mailing Address 228 S Washington Street, Suite 115			FEC Identification Number C C00388421 <b>Transaction ID : 42330293</b> Amount of Each Disbursement this Period 1000.00 Contribution <input type="checkbox"/> Memo Item		
City Alexandria	State VA	Zip Code 22314			
Purpose of Disbursement Contribution		Category/ Type 011			
Candidate Name <b>TENN Political Action Committee Inc (TENN PAC)</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:    District:					

Full Name (Last, First, Middle Initial) <b>C. Doyle for Congress Committee</b>			Date of Disbursement MM / DD / YYYY 06 / 21 / 2018		
Mailing Address 205 Hawthorne Ct			FEC Identification Number C C00290064 <b>Transaction ID : 42330294</b> Amount of Each Disbursement this Period 1000.00 Contribution <input type="checkbox"/> Memo Item		
City Pittsburgh	State PA	Zip Code 15221-4400			
Purpose of Disbursement Contribution		Category/ Type 011			
Candidate Name <b>Doyle, Michael, , Rep.,</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA    District: 18					

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[Empty Box]

**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"/> 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. Latta for Congress**

Mailing Address PO Box 106

City  
Bowling Green

State  
OH

Zip Code  
43402-0106

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Latta, Robert, Edward, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42330295**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Vern Buchanan for Congress**

Mailing Address PO Box 48928

City  
Sarasota

State  
FL

Zip Code  
34230

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Buchanan, Vernon, G., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: FL District: 16

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42330296**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City  
Oregon City

State  
OR

Zip Code  
97045

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Schrader, Kurt, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42330297**

Amount of Each Disbursement this Period

Contribution

Memo Item

**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"/> 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. Cleaver for Congress**

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement Contribution

011

Candidate Name

**Cleaver, Emanuel, , Rep., II**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MO District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00395848

**Transaction ID : 42330299**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. McNerney for Congress**

Mailing Address PO Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement Contribution

011

Candidate Name

**McNerney, Gerald, Mark, Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00398644

**Transaction ID : 42330301**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Butterfield for Congress**

Mailing Address 434 Fayetteville Street, Suite 202

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Contribution

011

Candidate Name

**Butterfield, George, K., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00401190

**Transaction ID : 42330306**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

3500.00

**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 checked="" type="checkbox"/> 23	<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. Davis for Congress/Friends of Davis**

Mailing Address 5956 W Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Davis, Danny, K., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: IL District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00172619

**Transaction ID : 42330307**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Moulton for Congress**

Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Moulton, Seth, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify)

State: MA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00547240

**Transaction ID : 42330308**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blumenauer for Congress**

Mailing Address 901 SE Oak Street, Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Blumenauer, Earl, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00307314

**Transaction ID : 42330309**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Tony Cardenas for Congress**

Mailing Address 410 1st St SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00498873

**Transaction ID : 42330310**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Andre Carson for Congress**

Mailing Address PO Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Carson, Andre, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: IN District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00442921

**Transaction ID : 42330311**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lance for Congress**

Mailing Address PO Box 999

City Edison State NJ Zip Code 08818-0999

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Lance, Leonard, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00444224

**Transaction ID : 42330312**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

3000.00



**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 checked="" type="checkbox"/> 23	<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. Montanans for Tester**

Mailing Address PO Box 1135

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Tester, Jon, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00412304

**Transaction ID : 42330313**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Denali Leadership PAC**

Mailing Address 701 8th Street NW, Suite 500

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Denali Leadership PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00438291

**Transaction ID : 42330314**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dr. Matt Heinz for Arizona**

Mailing Address PO Box 57698

City  
Tucson

State  
AZ

Zip Code  
85732

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Heinz, Matthew, , Dr.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

/  /

FEC Identification Number

**C** C00647727

**Transaction ID : 42345947**

Amount of Each Disbursement this Period

Contribution

Memo Item

**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"/> 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. Latta for Congress**

Mailing Address PO Box 106

City  
Bowling Green

State  
OH

Zip Code  
43402-0106

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Latta, Robert, Edward, Rep.,**

Office Sought:  House  
 Senate  
 President  
State: OH District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C00438697

**Transaction ID : 42345948**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walden for Congress**

Mailing Address PO Box 1091

City  
Hood River

State  
OR

Zip Code  
97031-0037

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Walden, Gregory, Paul, Rep.,**

Office Sought:  House  
 Senate  
 President  
State: OR District: 02

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C00333427

**Transaction ID : 42345949**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ralph Abraham for Congress**

Mailing Address PO Box 14062

City  
Monroe

State  
LA

Zip Code  
71207-4062

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Abraham, Ralph, Lee, Rep., MD**

Office Sought:  House  
 Senate  
 President  
State: LA District: 05

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C00563940

**Transaction ID : 42345950**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

2500.00

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

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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Julio Gonzalez for Congress**

Mailing Address 133 S Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Gonzalez, Julio, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 17

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2018

FEC Identification Number

C C00671537

Transaction ID : 42349515

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Neal Dunn**

Mailing Address PO Box 16088

City Panama City State FL Zip Code 32406

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Dunn, Neal, Patrick, Rep., MD, FACS**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2018

FEC Identification Number

C C00582304

Transaction ID : 42349516

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

45000.00