

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

ADDRESS (number and street)

1080 Vermont Ave., NW

Suite 510

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00113803

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

X

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2005

through

04

30

2005

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

Type or Print Name of Treasurer

Robert George, D.O.

Signature of Treasurer

Electronically Filed by Robert George, D.O.

Date

05

20

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Report Covering the Period: From: ^M04 ^{: :}01 ^Y2005 To: ^M04 ^{: :}30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		37643.17
(b) Cash on Hand at Beginning of Reporting Period	130727.14	
(c) Total Receipts (from Line 19)	17628.29	138456.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	148355.43	176099.69
<hr/>		
7. Total Disbursements (from Line 31)	34907.76	62652.02
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113447.67	113447.67
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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**

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Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

Report Covering the Period: From: ^M04 ⁻01 ⁻2005 To: ^M04 ⁻30 ⁻2005

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)	14342.00	128542.00
(ii) Unitemized	3240.50	9794.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))	17582.50	138336.50
(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)	17582.50	138336.50
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.)	45.79	120.02
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17628.29	138456.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17628.29	138456.52

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	907.76	12652.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	907.76	12652.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	50000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	34907.76	62652.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	34907.76	62652.02

DETAILED SUMMARY PAGE
of Disbursements

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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)	17582.50	138336.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17582.50	138336.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	907.76	12652.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	907.76	12652.02

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

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

FOR LINE NUMBER: PAGE 6 / 25
(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 Comm-
ittee

Full Name (Last, First, Middle Initial) A. Anthony A. Minissale, DO, BS		Date of Receipt M / D / Y Y Y Y 04 / 05 / 2005
Mailing Address 325 S Belmont St PO Box M15118		Transaction ID: 21415253
City York	State PA	Zip Code 17403-2608
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Memorial Hospital	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David F. Hitzeman, DO		Date of Receipt M / D / Y Y Y Y 04 / 05 / 2005
Mailing Address 875 W 108th St S		Transaction ID: 21415252
City Jenks	State OK	Zip Code 74037-2602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OSU Physicians	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David L. Vastola, DO		Date of Receipt M / D / Y Y Y Y 04 / 05 / 2005
Mailing Address 824 US Highway 1 No 230		Transaction ID: 21415254
City North Palm Beach	State FL	Zip Code 33408-5873
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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ITEMIZED RECEIPTS**

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American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. John H. Windsor, DO		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 310 N 10th St		Transaction ID: 21427892
City Bismarck	State ND	Zip Code 58501-4516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer St AlexisHeart and Lung Clinic	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Ethan R. Allen, DO		Date of Receipt M / D / Y 04 / 13 / 2005
Mailing Address 12820 Studebaker Rd Ste 101 Osteopathic Medical Clinic		Transaction ID: 21524282
City Norwalk	State CA	Zip Code 90650-2590
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Osteopathic Medical Clinic	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. John H. Finley, Jr DO		Date of Receipt M / D / Y 04 / 13 / 2005
Mailing Address PO Box 266		Transaction ID: 21524288
City Southfield	State MI	Zip Code 48037-0266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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ITEMIZED RECEIPTS**

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American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Ronnie B. Martin, DO, RPH		Date of Receipt M / D / Y 04 / 13 / 2005
Mailing Address 3100 N Ocean Blvd Apt 2808		Transaction ID: 21524281
City Fort Lauderdale	State FL	Zip Code 33308-7196
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hector Lopez, DO		Date of Receipt M / D / Y 04 / 13 / 2005
Mailing Address 9955 Dyer St Community Medical Clinic		Transaction ID: 21524285
City El Paso	State TX	Zip Code 79924-4709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Alecia J. Wagner, DO		Date of Receipt M / D / Y 04 / 13 / 2005
Mailing Address 27722 Tamboro Dr		Transaction ID: 21524309
City Canyon Country	State CA	Zip Code 91351-2537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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ittee

Full Name (Last, First, Middle Initial) A. Ronald R. Burns, DO		Date of Receipt M / D / Y 04 / 13 / 2005
Mailing Address 2885 Old Castle Dr		Transaction ID: 21524307
City Winter Park	State FL	Zip Code 32782-9421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University Family Medicine Center Pa	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard R. Tracker, DO		Date of Receipt M / D / Y 04 / 13 / 2005
Mailing Address 8381 Wintercreek Ct		Transaction ID: 21524308
City Tallahassee	State FL	Zip Code 32309-7239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Group Of North Fl- orida	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tyler C. Gynet, DO		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 4915 Deer Park Rd		Transaction ID: 21474884
City Owings Mills	State MD	Zip Code 21117-4713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Full Name (Last, First, Middle Initial) A. Robert G. Maul, DO		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 4426 88th St		Transaction ID: 21499279
City Lubbock	State TX	Zip Code 79424-4210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lakeridge Primary Care Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paul M. Krueger, DO		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 1 Medical Center Dr Ste 210		Transaction ID: 21499277
City Stratford	State NJ	Zip Code 08084-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UMDNJ-SOM	Occupation Assistant Dean for Education and Curri	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas L. Ey, DO		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 1771 Madison St		Transaction ID: 21499107
City Clarksville	State TN	Zip Code 37043-4560
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gateway Health System	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Joel B. Rose, DO		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address PD Box 28174B		Transaction ID: 21499505
City Tampa	State FL	Zip Code 33685-1748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jay Kugler, DO		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 20431 Stonehill Ct		Transaction ID: 21499278
City Ashburn	State VA	Zip Code 20147-2387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Poggi		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 150 Hickory Hollow Rd		Transaction ID: 21498340
City Somerset	State	Zip Code 15501-1120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Albert F. Milford, DO		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 1835 Dixie Hwy Ste 201		Transaction ID: 21499280
City	State	Zip Code
Flossmoor	IL	60422-1001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Milford & Associates PC	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jeff Heatherington		Date of Receipt M / D / Y 04 / 10 / 2005
Mailing Address 2121 SW Broadway Ste 300		Transaction ID: 21499109
City	State	Zip Code
Portland	OR	97201-3182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Osteopathic Physicians & Surgeons of O	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ronald L. Kraus, DO		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 1301 Seminole Blvd Bldg B Ste 112		Transaction ID: 21532308
City	State	Zip Code
Largo	FL	33770-0173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 13 / 25
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Bridget A. Belinger, DO		Date of Receipt M / D / Y 04 / 20 / 2005
Mailing Address 858B Starkey Rd Ste A		Transaction ID: 21532908
City Largo	State FL	Zip Code 33777-2831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Philip L. Accardo, DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 416 NE Brockton Dr		Transaction ID: 21534188
City Lees Summit	State MO	Zip Code 64064-1614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John A. Strocklar, DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 147 Sycamore St Pikeville College-Sch of Osteopath		Transaction ID: 21534205
City Pikeville	State KY	Zip Code 41501-9118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Dean	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

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)
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FOR LINE NUMBER: PAGE 14 / 25

(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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American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Glenn G. Miller, DO		Date of Receipt M / D / Y 04 / 30 / 2005	
Mailing Address 700 Fayette St		Transaction ID: 21534202	
City Conshohocken	State PA	Zip Code 19428-1707	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 750.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Steve P. Buchanan, DO		Date of Receipt M / D / Y 04 / 30 / 2005	
Mailing Address 855 Montgomery St Ste PCC6-604		Transaction ID: 21534190	
City Fort Worth	State TX	Zip Code 76107-2553	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNTHSC-Dept of OB/GYN	Occupation Executive Director	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Analia G. Tunandea, DO, BS		Date of Receipt M / D / Y 04 / 30 / 2005	
Mailing Address 12 Windemere Pl		Transaction ID: 21534208	
City Poland	State OH	Zip Code 44514-1571	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation President	Aggregate Year-to-Date ▼ 800.00	
Receipt For: Primary General Other (specify) ▼			

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)
or each category of the
Detailed Summary Page

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(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 Comm-
ittee

Full Name (Last, First, Middle Initial) A. Joseph P. McNemey, DO, BA		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 7733 E Jefferson Ave		Transaction ID: 21534197
City	State	Zip Code
Detroit	MI	48214-3707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Toledo University COM	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas W. Kupferer, DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 828 N 14th St		Transaction ID: 21534193
City	State	Zip Code
Murphysboro	IL	62566-1807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 167.00
Name of Employer Murphysboro Family Medicine Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 334.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph J. Kuchinski, Jr DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 284 Morris Ave		Transaction ID: 21534192
City	State	Zip Code
Mountain Lakes	NJ	07048-1805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Director, Medical Education	Aggregate Year-to-Date ▼ 1300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	517.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 25
(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 Comm-
ittee

Full Name (Last, First, Middle Initial) A. Ronald J. Renuart, DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 520 A1a N Ste 101		Transaction ID: 21534203
City Ponte Vedra Beach	State FL	Zip Code 32082-2260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baptist Primary Care	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Raul J. Garcia, DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 2802 150th St		Transaction ID: 21534191
City Flushing	State NY	Zip Code 11354-1412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jon Wills		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 53 W. Third Ave.		Transaction ID: 21534207
City Columbus	State OH	Zip Code 43201-5208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ohio Osteopathic Association	Occupation Executive Director	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 25
(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 Comm-
ittee

Full Name (Last, First, Middle Initial) A. Martin S. Levine, DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 789 Avenue C Steinbaum/Levine LLC		Transaction ID: 21534195
City Bayonne	State NJ	Zip Code 07002-2820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Victor J. Scali, DO		Date of Receipt M / D / Y 04 / 30 / 2005
Mailing Address 521 W Woodland Ave		Transaction ID: 21534204
City Springfield	State PA	Zip Code 19064-1646
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	14342.00

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

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

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Comm-
ittee

Full Name (Last, First, Middle Initial) A. Heartland Card Services		Transaction ID: 21906702 Date of Disbursement 04 / 04 / 2005	
Mailing Address PO Box 1587		Amount of Each Disbursement this Period 442.93	
City Jeffersonville State IN Zip Code 47131-1587	Purpose of Disbursement Credit Card Processing Fees Candidate Name	Disbursement For: Primary General Other (specify) ▼	001 Category/ Type
Office Sought: House Senate President State: District	Credit Card Processing Fees		

Full Name (Last, First, Middle Initial) B. Direct Mail Advertising		Transaction ID: 21410678 Date of Disbursement 04 / 05 / 2005	
Mailing Address 5215 Lawrence Place		Amount of Each Disbursement this Period 308.58	
City Hyattsville State MD Zip Code 20781	Purpose of Disbursement Postage Candidate Name	Disbursement For: Primary General Other (specify) ▼	001 Category/ Type
Office Sought: House Senate President State: District	Postage		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 22106701 Date of Disbursement 04 / 25 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.50	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name	Disbursement For: Primary General Other (specify) ▼	001 Category/ Type
Office Sought: House Senate President State: District	Credit Card Processing Fees		

SUBTOTAL of Disbursements This Page (optional) ▶ **756.01**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: 21907318
Date of Disbursement

04 / 28 / 2005

Amount of Each Disbursement this Period

134.75

Credit Card Processing Fees

SUBTOTAL of Disbursements This Page (optional) ▶

134.75

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

890.76

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial)
A. Congressman Joe Barton Committee

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contribution

Candidate Name
Joe L. Barton

Office Sought: House
Senate
President

State: TX District 6

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21410677
Date of Disbursement

04 / 05 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. The Monocle

Mailing Address 107 D Street, NW

City Washington State DC Zip Code 20002

Purpose of Disbursement
In-kind Contribution Rep. Roy Blunt

Candidate Name
Roy Blunt

Office Sought: House
Senate
President

State: MO District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 22108148
Date of Disbursement

04 / 13 / 2005

Amount of Each Disbursement this Period

345.60

In-kind Contribution Rep.-
Roy Blunt

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address PO Box 27B

City Strafford State MO Zip Code 65757

Purpose of Disbursement
Contribution

Candidate Name
Roy Blunt

Office Sought: House
Senate
President

State: MO District 7

Disbursement For: 2006
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 21484866
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

4654.40

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial)
A. Mike DeWine for U.S. Senate 2006

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement
Contribution

Candidate Name
Mike Dewine

Office Sought: House Disbursement For: 2006
 Senate X Primary General
President
State: OH District: 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 21484862
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)
B. John D. Dingell For Congress

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
John D. Dingell

Office Sought: House Disbursement For: 2006
Senate X Primary General
President
State: MI District: 15 Other (specify) ▼

011
Category/
Type

Transaction ID: 21484844
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Hulshof For Congress

Mailing Address PO Box 1621

City Columbia State MO Zip Code 65205

Purpose of Disbursement
Contribution

Candidate Name
Kenny Hulshof

Office Sought: House Disbursement For: 2006
Senate X Primary General
President
State: MO District: 9 Other (specify) ▼

011
Category/
Type

Transaction ID: 21484842
Date of Disbursement

04 / 18 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. McCrery for Congress Committee		Transaction ID: 21484872 Date of Disbursement 04 / 18 / 2005
Mailing Address P.O. Box 52958 333 Texas Street Suite 190D		Amount of Each Disbursement this Period 1000.00
City Shreveport	State LA Zip Code 71135	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: LA District 4		

Full Name (Last, First, Middle Initial) B. John Shadegg's Friends		Transaction ID: 21484856 Date of Disbursement 04 / 18 / 2005
Mailing Address Po Box 45444		Amount of Each Disbursement this Period 1000.00
City Phoenix	State AZ Zip Code 85064	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: AZ District 4		

Full Name (Last, First, Middle Initial) C. Walden for Congress		Transaction ID: 21484846 Date of Disbursement 04 / 18 / 2005
Mailing Address PO Box 10B1		Amount of Each Disbursement this Period 1500.00
City Hood River	State OR Zip Code 97031	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Greg Walden		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: OR District 2		

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Friends Of Max Baucus 2002			Transaction ID: 21484800 Date of Disbursement 04 / 18 / 2005	
Mailing Address PO Box 586			Amount of Each Disbursement this Period 2500.00	
City Helena	State MT	Zip Code 59624	011 Category/ Type	
Purpose of Disbursement Contribution				
Candidate Name Sen. Max Baucus			Contribution	
Office Sought: House X Senate President	Disbursement For: 2008 X Primary General Other (specify) ▼			
State: MT District: 1				

Full Name (Last, First, Middle Initial) B. Talent For Senate Committee			Transaction ID: 21484858 Date of Disbursement 04 / 18 / 2005	
Mailing Address 1031 Executive Parkway Suite 100			Amount of Each Disbursement this Period 2500.00	
City St Louis	State MO	Zip Code 63141	011 Category/ Type	
Purpose of Disbursement Contribution				
Candidate Name Mr. James Talent			Contribution	
Office Sought: House X Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼			
State: MO District: D				

Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress			Transaction ID: 21484847 Date of Disbursement 04 / 18 / 2005	
Mailing Address Post Office Box 748			Amount of Each Disbursement this Period 2000.00	
City Bismarck	State ND	Zip Code 58502	011 Category/ Type	
Purpose of Disbursement Contribution				
Candidate Name Rep. Earl Pomeroy			Contribution	
Office Sought: X House Senate President	Disbursement For: 2006 X Primary General Other (specify) ▼			
State: ND District: 1				

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial)
A. Keep Our Majority PAC

Mailing Address P.O. Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21484868
Date of Disbursement
04 / 18 / 2005

Amount of Each Disbursement this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Contribution

Candidate Name
Rep. Phil Gingrey

Office Sought: House Senate President
State: GA District 11

Disbursement For: 2006
 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21484840
Date of Disbursement
04 / 18 / 2005

Amount of Each Disbursement this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. The Blue Dog PAC

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 21484839
Date of Disbursement
04 / 18 / 2005

Amount of Each Disbursement this Period
5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ► **11000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Friends Of Mike Ferguson		Transaction ID: 21484881 Date of Disbursement 04 / 18 / 2005	
Mailing Address P.O. Box 225		Amount of Each Disbursement this Period 1000.00	
City Colonia	State NJ	Zip Code 07087	011 Category/ Type Contribution
Purpose of Disbursement Contribution			
Candidate Name Rep. Mike Ferguson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 7			

Full Name (Last, First, Middle Initial) B. Friends Of George Allen		Transaction ID: 21484845 Date of Disbursement 04 / 18 / 2005	
Mailing Address Post Office Box 87		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA	Zip Code 22313	011 Category/ Type Contribution
Purpose of Disbursement Contribution			
Candidate Name Sen. George Allen			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: VA District: 2			

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	34000.00