

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Osteopathic Information Association - Osteopathic Political Action Committee

ADDRESS (number and street) 1090 Vermont Ave., NW Suite 500 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00113803 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2014 through 03 / 31 / 2014

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

Type or Print Name of Treasurer Ronnie Martin D.O.

Signature of Treasurer Ronnie Martin D.O. [Electronically Filed] Date 04 / 18 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="390557.44"/>	<input type="text" value="390557.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="424888.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="51425.68"/>	<input type="text" value="141370.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="476314.47"/>	<input type="text" value="531928.05"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="82739.82"/>	<input type="text" value="138353.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="393574.65"/>	<input type="text" value="393574.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42439.00	109331.00
(ii) Unitemized	8968.50	31991.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	51407.50	141322.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	51407.50	141322.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 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.).....	18.18	48.61
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))..... ▶	51425.68	141370.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	51425.68	141370.61

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	839.82	1453.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	839.82	1453.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81900.00	136900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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) 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)) ..	82739.82	138353.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82739.82	138353.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	51407.50	141322.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51407.50	141322.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	839.82	1453.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	839.82	1453.40

**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 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Larry G. Armstrong DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5436 Clear Creek Blvd
 City Fayetteville State AR Zip Code 72704-9342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 07 / 2014**
Transaction ID : 36960563
 Amount of Each Receipt this Period **250.00**

B. John B. Bulger DO, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N Academy Ave
 City Danville State PA Zip Code 17822-9800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Medical Center Occupation Director, Osteopathic Medical Educatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 07 / 2014**
Transaction ID : 36961068
 Amount of Each Receipt this Period **1000.00**

c. Ronald E. Graham DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Pell St
 City Scottsboro State AL Zip Code 35769-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2014**
Transaction ID : 37009401
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
	<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

Full Name (Last, First, Middle Initial)
A. Matthew S. Brice DO

Mailing Address 17007 Arrow Head Ct

City State Zip Code
College Station TX 77845-7163

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 11 / 2014
Transaction ID : 37009426

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Charles L. Pigneri DO

Mailing Address 110 Main St

City State Zip Code
Oakland IA 51560-4181

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 11 / 2014
Transaction ID : 37009427

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. William S. Eddy DO

Mailing Address 929 Robbins Ave

City State Zip Code
Niles OH 44446-2454

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

Name of Employer Occupation
Clinic Of Osteopathic Medicine Inc Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 11 / 2014
Transaction ID : 37009428

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<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. Anthony G. Chila DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7948 Rolling Hills Dr
 City Athens State OH Zip Code 45701-3525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Professor of Family Medicinem Departm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 11 / 2014
Transaction ID : 37009429
 Amount of Each Receipt this Period
 250.00

B. Mary G. Goldman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 23298 Fox Crk
 City Farmington State MI Zip Code 48335-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Alliance Plan-Nov
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 03 / 20 / 2014
Transaction ID : 37029587
 Amount of Each Receipt this Period
 365.00

C. David J. Park DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 874 American Pacific Dr
 City Henderson State NV Zip Code 89014-8800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 03 / 20 / 2014
Transaction ID : 37029588
 Amount of Each Receipt this Period
 700.00

SUBTOTAL of Receipts This Page (optional).....▶	1315.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<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. Richard B. Tancer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Redneck Ave
 City Little Ferry State NJ Zip Code 07643-1382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Medical Group Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029593
 Amount of Each Receipt this Period
 500.00

B. William M. Silverman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1248 Wellington Terrace
 City Maitland State FL Zip Code 32751-5226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Howell Family Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029594
 Amount of Each Receipt this Period
 850.00

c. Stacia T. Kagie DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1129 E Galveston St
 City Gilbert State AZ Zip Code 85295-4819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029595
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 51
	<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. Steven K. Costalas DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Kathryn Ln
 City Broomall State PA Zip Code 19008-3226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Main Line Emergency Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : 37029596
 Amount of Each Receipt this Period **250.00**

B. Dana C. Shaffer DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Sycamore St
 City Pikeville State KY Zip Code 41501-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pikesville Kycom Occupation Senior Associate Dean of Clinical Affa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : 37029597
 Amount of Each Receipt this Period **1000.00**

c. Gregory D. Smith DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 19515 E 54th Pl
 City Denver State CO Zip Code 80249-8677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Associate Dean of Clinical Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : 37029601
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<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

Full Name (Last, First, Middle Initial)
A. Trudy J. Milner DO, RN

Mailing Address 4337 E 68th PI

City State Zip Code
Tulsa OK 74136-4637

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029602

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Sonia Rivera Martinez DO, FACOPF

Mailing Address 4 Russel Dr Apt C15

City State Zip Code
Mineola NY 11501-4754

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

Name of Employer Occupation
NYSOMS President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029604

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Jim E. Froehlich DO

Mailing Address 2105 N Center St

City State Zip Code
Bonham TX 75418-2627

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

Name of Employer Occupation
Family Care Clinic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029605

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<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

Full Name (Last, First, Middle Initial)
A. Rodney M. Wiseman DO

Mailing Address PO Box 1045

City State Zip Code
Whitehouse TX 75791-1045

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029606

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2103 Montrose Ave Ste E

City State Zip Code
Montrose CA 91020-1546

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029607

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
c. Shannon Ramsey Jimenez DO

Mailing Address 2600 US Highway 70 W

City State Zip Code
Goldsboro NC 27530-7779

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

Name of Employer Occupation
Goldsboro Family Physicians Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029608

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<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. Teshina N. Wilson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Harlan Blvd Unit 719
 City State Zip Code
 Wilmington DE 19801-5176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029613
 Amount of Each Receipt this Period
 1250.00

B. Thomas G. Zimmerman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 Merrick Rd
 City State Zip Code
 Oceanside NY 11572-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Nassau Family Medicine Director of Osteopathic Medical Educat
 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
 03 / 20 / 2014
Transaction ID : 37029615
 Amount of Each Receipt this Period
 250.00

C. Ray Quintero
 Full Name (Last, First, Middle Initial)
 Mailing Address 11090 Vermont Ave, NW
 Ste 510
 City State Zip Code
 Washington DC 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Osteopathic Association Associate Executive Director, Governm
 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
 03 / 20 / 2014
Transaction ID : 37029616
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<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. Joel M. Feder DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 6740 W 121st Street
 City Overland Park State KS Zip Code 66209-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Overland Park Family Health Partners Occupation 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
 03 / 20 / 2014
Transaction ID : 37029617
 Amount of Each Receipt this Period
 250.00

B. Robert C. DeLuca DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 W Plummer St
 City Eastland State TX Zip Code 76448-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert DeLuca DO Pa Occupation 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
 03 / 20 / 2014
Transaction ID : 37029618
 Amount of Each Receipt this Period
 250.00

C. Carman A. Ciervo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1916
 City Voorhees State NJ Zip Code 08043-9016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health System Corporate Office Occupation Senior Vice President for Clinical Int
 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
 03 / 20 / 2014
Transaction ID : 37029619
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 51
	<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. Jan D. Zieren DO, MPH, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 6965 Cumberland Gap Pkwy
 City Harrogate State TN Zip Code 37752-8245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln Memorial University Occupation President
 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
 03 / 20 / 2014
Transaction ID : 37029620
 Amount of Each Receipt this Period
 250.00

B. Steven G. Bander DO, MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 791 S Highway 78
 City Wylie State TX Zip Code 75098-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029621
 Amount of Each Receipt this Period
 250.00

C. Jerome A. Dixon DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 W Bear Track Rd
 City Campbellsville State KY Zip Code 42718-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029624
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
	<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. Tyler C. Cymet DO
Full Name (Last, First, Middle Initial)

Mailing Address 5550 Friendship Blvd
Ste 310

City Chevy Chase State MD Zip Code 20815-7231

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

Name of Employer American Assoc of Colleges of Osteo Me Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029625

Amount of Each Receipt this Period
250.00

B. Ray E. Stowers DO
Full Name (Last, First, Middle Initial)

Mailing Address 6965 Cumberland Gap Pkwy

City Harrogate State TN Zip Code 37752-8245

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

Name of Employer Lincoln Memorial University Occupation Vice President & Dean of College of Os

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029628

Amount of Each Receipt this Period
250.00

c. Ira P. Monka DO
Full Name (Last, First, Middle Initial)

Mailing Address 11 Saddle Rd

City Cedar Knolls State NJ Zip Code 07927-1901

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

Name of Employer The Medical Institute of New Jersey Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029629

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
	<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. Carol L. Henwood DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Glasgow St
 City Pottstown State PA Zip Code 19464-6557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stowe Family Practice Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029630
 Amount of Each Receipt this Period
 1250.00

B. Larry W. Anderson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Northside Dawson Dr Ste 205
 City Dawsonville State GA Zip Code 30534-7166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029631
 Amount of Each Receipt this Period
 300.00

C. Elizabeth A. Palmarozzi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 Millers Point Rd
 City Auburn State AL Zip Code 36830-7630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 37029632
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 51
	<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. Jon F. Wills
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8130
53 W. Third Ave

City Columbus State OH Zip Code 43201-0130

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

Name of Employer Ohio Osteopathic Assn Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029633

Amount of Each Receipt this Period
250.00

B. Kevin Vincent de Regnier DO
Full Name (Last, First, Middle Initial)

Mailing Address 60 E Court Ave

City Winterset State IA Zip Code 50273-1517

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

Name of Employer Madison County Medical Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029634

Amount of Each Receipt this Period
1000.00

c. Joseph C. Mazzola DO
Full Name (Last, First, Middle Initial)

Mailing Address 2201 S Sterling St

City Morganton State NC Zip Code 28655-4044

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

Name of Employer Blue Ridge Healthcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 20 / 2014
Transaction ID : 37029635

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. George Thomas DO		Date of Receipt
Mailing Address 590 Solon Rd		M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2014
City	State	Zip Code
Bentleyville	OH	44022-3300
FEC ID number of contributing federal political committee.		Transaction ID : 37029637
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. Merideth C. Norris DO		Date of Receipt
Mailing Address 16 Winter St		M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2014
City	State	Zip Code
Kennebunk	ME	04043-7043
FEC ID number of contributing federal political committee.		Transaction ID : 37032283
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) C. Ronald Klatz DO		Date of Receipt
Mailing Address 1510 W Montana St		M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2014
City	State	Zip Code
Chicago	IL	60614-2008
FEC ID number of contributing federal political committee.		Transaction ID : 37032284
C		Amount of Each Receipt this Period
		224.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	224.00	

SUBTOTAL of Receipts This Page (optional).....▶	974.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
	<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. Josh L. Prober JD
Full Name (Last, First, Middle Initial)

Mailing Address 142 E Ontario St

City Chicago	State IL	Zip Code 60611-2874
-----------------	-------------	------------------------

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

Name of Employer American Osteopathic Association	Occupation General Counsel
--	-------------------------------

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
03	/	20	/	2014

Transaction ID : 37032285

Amount of Each Receipt this Period
250.00

B. Michael P. Toney DO
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 10

City Piedmont	State MO	Zip Code 63957-0010
------------------	-------------	------------------------

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

Name of Employer Piedmont Family Clinic	Occupation 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
03	/	20	/	2014

Transaction ID : 37032286

Amount of Each Receipt this Period
250.00

c. CDR Thomas L. Goodell DO
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 513

City Bemus Point	State NY	Zip Code 14712-0513
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : 37032287

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	▶	1000.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<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. Trudy J. Milner DO, RN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4337 E 68th PI
 City Tulsa State OK Zip Code 74136-4637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 37032347
 Amount of Each Receipt this Period
150.00

B. Ethan R. Allen DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12820 Studebaker Rd Ste 101
 City Norwalk State CA Zip Code 90650-2580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Osteopathic Medical Clinic
 Occupation 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
 03 / 25 / 2014
Transaction ID : 37032349
 Amount of Each Receipt this Period
250.00

C. Kenneth T. Kircher DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Grant Ave
 City Lake Katrine State NY Zip Code 12449-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 37032350
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
	<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. Bridget A. Bellingar DO
Full Name (Last, First, Middle Initial)

Mailing Address 7101 Park St

City Seminole State FL Zip Code 33777-4632

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 37032351

Amount of Each Receipt this Period
250.00

B. Steven K. Perkins DO
Full Name (Last, First, Middle Initial)

Mailing Address 105 E Main St

City Waukon State IA Zip Code 52172-1735

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

Name of Employer Mayo Clinic Health System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 37032352

Amount of Each Receipt this Period
300.00

C. Steven S. Farber DO, BA
Full Name (Last, First, Middle Initial)

Mailing Address 3155 E Southern Ave Ste 201

City Mesa State AZ Zip Code 85204-5521

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

Name of Employer The Arizona Lung Center PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 37032353

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 51
	<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. George P. Amegin DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2005 W University Dr
 City Edinburg State TX Zip Code 78539-2831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University Eye Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 37032354
 Amount of Each Receipt this Period
 300.00

B. Jeremy W. Russell DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8000 Woodbine Ln
 City Wausau State WI Zip Code 54401-8459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 37032355
 Amount of Each Receipt this Period
 500.00

C. Elaine Welsh Joslyn DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Bellefontaine Ave
 City Kansas City State MO Zip Code 64124-1860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neighborhood Family Care Inc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 37032356
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 51
	<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. Melissa Ann Gastorf DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Eaglelake Dr
 City Durant State OK Zip Code 74701-7421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 25 / 2014
Transaction ID : 37032357
 Amount of Each Receipt this Period
 500.00

B. Jeffrey Gastorf DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Eaglelake Dr
 City Durant State OK Zip Code 74701-7421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 25 / 2014
Transaction ID : 37032358
 Amount of Each Receipt this Period
 500.00

C. Roberta J. Guibord DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 W South Boundary Street Bldg 3B
 City Perrysburg State OH Zip Code 43551-5243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roberta June Guibord Do, Inc.
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 03 / 25 / 2014
Transaction ID : 37032359
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Thomas N. Told DO

Mailing Address 580 Pershing St

City State Zip Code
Craig CO 81625-3047

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 37032360

Amount of Each Receipt this Period
1000.00

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

Mailing Address 10400 Hillside Dr

City State Zip Code
Anchorage AK 99507-6203

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041823

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Jeremy H. Selley DO

Mailing Address 204 Glenn Abby Dr

City State Zip Code
Morehead City NC 28557-2578

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041824

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Jeremy H. Selley DO

Mailing Address 204 Glenn Abby Dr

City Morehead City State NC Zip Code 28557-2578

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041825

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
B. Robert M L Johnson DO

Mailing Address 3311 Medaris Ln

City San Antonio State TX Zip Code 78258-1625

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041828

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. David L. Broder DO, FACP,

Mailing Address PO Box 8000

City Old Westbury State NY Zip Code 11568-8000

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

Name of Employer NYIT College of Osteopathic Medicine Occupation 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
 03 / 11 / 2014
Transaction ID : 37041833

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 51
	<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. Barbara E. Walker DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 E Ave
 City Kure Beach State NC Zip Code 28449-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041836
 Amount of Each Receipt this Period
1000.00

B. Kathleen Marie Naegele DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2412 Omaha Dr
 City Kingman State AZ Zip Code 86401-6527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041837
 Amount of Each Receipt this Period
1000.00

C. Stephen C. Shannon DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 5550 Friendship Blvd Ste 310
 City Chevy Chase State MD Zip Code 20815-7231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amer Assoc of Coll of Osteopathic Med
 Occupation President of the American Association
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041838
 Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 51
	<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

Full Name (Last, First, Middle Initial) A. Darryl A. Beehler DO		Date of Receipt
Mailing Address 1826 Heritage Dr		M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2014
City	State	Zip Code
Detroit Lakes	MN	56501-4625
FEC ID number of contributing federal political committee.		Transaction ID : 37041839
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. George Thomas DO		Date of Receipt
Mailing Address 590 Solon Rd		M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2014
City	State	Zip Code
Bentleyville	OH	44022-3300
FEC ID number of contributing federal political committee.		Transaction ID : 37041840
C		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) C. Jeffrey S. Grove DO		Date of Receipt
Mailing Address 12020 Seminole Blvd		M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2014
City	State	Zip Code
Largo	FL	33778-2805
FEC ID number of contributing federal political committee.		Transaction ID : 37041842
C		Amount of Each Receipt this Period
		1250.00
Name of Employer	Occupation	
Suncoast Family Medical Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 51
	<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. Monica E. Horton MPP
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E Ontario St
 City Chicago State IL Zip Code 60611-2864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association Occupation Associate Executive Director, Practic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 11 / 2014
Transaction ID : 37041844
 Amount of Each Receipt this Period
 250.00

B. William G. Anderson I DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 30690 Ivy Glen Ct
 City Franklin State MI Zip Code 48025-4622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Former President of AOA Occupation Vice President of Academic Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 11 / 2014
Transaction ID : 37041845
 Amount of Each Receipt this Period
 250.00

c. Michael K. Murphy DO, FACOPF
 Full Name (Last, First, Middle Initial)
 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 Bluefield Regional Medical Center Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 11 / 2014
Transaction ID : 37041846
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51
	<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. Joseph M. Yasso Jr DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3513 NW Primrose Lane
 City Lees Summit State MO Zip Code 64064-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041847
 Amount of Each Receipt this Period
250.00

B. Martin S. Levine DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 Avenue C
 City Bayonne State NJ Zip Code 07002-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041848
 Amount of Each Receipt this Period
250.00

C. Kris Nicholoff JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2445 Woodlake Cir
 City Okemos State MI Zip Code 48864-5941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOA
 Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041849
 Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 51
	<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. Kenny A. Heiles DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Truman Ct
 City Harrogate State TN Zip Code 37752-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association
 Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041850
 Amount of Each Receipt this Period
 1000.00

B. Stephanie Drake
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E Ontario St Fl 2
 City Chicago State IL Zip Code 60611-5402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association
 Self Employed
 Occupation Associate Executive Director, Departme
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041851
 Amount of Each Receipt this Period
 500.00

C. Kenneth J. Lossing DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Mount Shasta Ct
 City San Rafael State CA Zip Code 94903-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association
 Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37041852
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 51
<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. Thomas L. Ely DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Dunlop Ln
 City Clarksville State TN Zip Code 37040-5015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gateway Medical Center Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2014**
Transaction ID : 37041853
 Amount of Each Receipt this Period **1000.00**

B. Wayne S. Garraway DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1041 Radley Dr
 City West Chester State PA Zip Code 19382-8090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Silverside Medical Aid Unit Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **03 / 11 / 2014**
Transaction ID : 37041855
 Amount of Each Receipt this Period **400.00**

C. Anna M. Lamb DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Evans Street
 City Batavia State NY Zip Code 14020-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 11 / 2014**
Transaction ID : 37042695
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1900.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Lynette McLain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 N. McMillan
 City Oklahoma City State OK Zip Code 73127-3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Osteopathic Association Occupation Executive Director
 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
 03 / 11 / 2014
Transaction ID : 37042696
 Amount of Each Receipt this Period
 500.00

B. Frank M. Tursi DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5637 Peach Street
 City Erie State PA Zip Code 16509-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peninsula Family Health Care Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2014
Transaction ID : 37042703
 Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	42439.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Office of Tax & Revenue

Mailing Address P.O. Box 679

City Washington State DC Zip Code 20044-0679

Purpose of Disbursement
D-20 Tax payment

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 36965834

Amount of Each Disbursement this Period

D-20 Tax payment

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37067389

Amount of Each Disbursement this Period

Credit card processing fees

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 37067394

Amount of Each Disbursement this Period

Credit card processing fees

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

001

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2014

Transaction ID : 37067482

Amount of Each Disbursement this Period

464.94

Credit card processing fees

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2014

Transaction ID : 37079282

Amount of Each Disbursement this Period

41.12

Credit card processing fees

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

506.06

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

806.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : 36972081

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : 36972082

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address PO Box 10555

City State Zip Code
Peoria IL 61612

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Aaron Jon Schock

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : 36972083

Amount of Each Disbursement this Period

5000.00

Contribution

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kinzinger for Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Adam Kinzinger

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : 36972084

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement Contribution

011

Candidate Name

Rep. John M. Shimkus

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2014

Transaction ID : 36972085

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement Contribution

011

Candidate Name

Rep. John A. Yarmuth

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: KY District: 03

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005735

Amount of Each Disbursement this Period

1000.00

Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Yarmuth For Congress

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John A. Yarmuth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005738

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steny Hamilton Hoyer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005740

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Contribution

Full Name (Last, First, Middle Initial)

C. Frelinghuysen for Congress

Mailing Address 19 Cattano Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Rodney P. Frelinghuysen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005742

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Contribution

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

5	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Himes For Congress

Mailing Address 857 Post Road, #312

City State Zip Code
Fairfield CT 06824

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Jim Himes

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : 37005744

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texans for Senator John Cornyn, Inc.

Mailing Address P.O. Box 13026

City State Zip Code
Austin TX 78711

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. John Cornyn

Category/
Type

Office Sought: House
 Senate
 President
State: TX District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : 37005745

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brady for Congress

Mailing Address PO Box 8277

City State Zip Code
The Woodlands TX 77387-8277

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Brady

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : 37005767

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Amerish Bera

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005768

Amount of Each Disbursement this Period

1	4	0	0	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005822

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

C. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 14

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005823

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Contribution

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

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

2	9	0	0	0	0
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2	9	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Roberts for U.S. Senate, Inc.

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Contribution

Candidate Name

Sen. Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005824

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sean Patrick Maloney for Congress

Mailing Address PO Box 270

City State Zip Code
Newburgh NY 12550

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sean Patrick Maloney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005850

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210-0137

Purpose of Disbursement
Contribution

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005879

Amount of Each Disbursement this Period

1000.00

Contribution

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)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Frank Pallone Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005881

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Southerland for Congress

Mailing Address PO Box 1692

City State Zip Code
Lynn Haven FL 32444

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. William Steve Southerland II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005882

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mica for Congress

Mailing Address PO Box 181546

City State Zip Code
Casselberry FL 32718

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John L. Mica

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005883

Amount of Each Disbursement this Period

1000.00

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)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Amerish Bera

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : 37005884

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Grassley Committee, Inc.

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Charles E. Grassley

Category/
Type

Office Sought: House
 Senate
 President
State: IA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : 37005885

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Mitch McConnell

Category/
Type

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		24		2014

Transaction ID : 37005886

Amount of Each Disbursement this Period

2500.00

Contribution

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Susan M. Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005887

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005888

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005889

Amount of Each Disbursement this Period

500.00

Contribution

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)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Raymond E. Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005890

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Larry Bucshon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005892

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005893

Amount of Each Disbursement this Period

2500.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005894

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steven Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005895

Amount of Each Disbursement this Period

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

Contribution

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Gus Michael Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005896

Amount of Each Disbursement this Period

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

Contribution

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City State Zip Code
Bel Air MD 21014

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Andrew P. Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005897

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City State Zip Code
Bakersfield CA 93389-2667

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005898

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Contribution

Full Name (Last, First, Middle Initial)

C. Alexander for Senate 2014, Inc.

Mailing Address 228 South Washington Street
Suite 115

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	4

Transaction ID : 37005899

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Contribution

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tom Reed for Congress

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456-0391

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Thomas W. Reed II

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005901

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rep. Frederick Stephen Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005902

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005903

Amount of Each Disbursement this Period

2500.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Thomas Edmunds Price

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005904

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charles Boustany, Jr., MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Charles W. Boustany Jr.

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005906

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Larry Bucshon

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005908

Amount of Each Disbursement this Period

1000.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Raul Ruiz

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005909

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement Contribution

011

Candidate Name

Rep. George J. Kelly Jr.

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005910

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement Contribution

011

Candidate Name

Rep. David P. Joyce

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : 37005911

Amount of Each Disbursement this Period

2000.00

Contribution

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blumenauer for Congress

Mailing Address 830 NE Holladay Street
Suite 150

City Portland State OR Zip Code 97232-5104

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

/ /

Transaction ID : 37005912

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Tracy for Congress

Mailing Address PO Box 332490

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Mr. Jim Tracy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 04

Date of Disbursement

/ /

Transaction ID : 37005913

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Val Arkoosh

Mailing Address PO Box 1011

City Glenside State PA Zip Code 19038

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Ms. Valerie Ann Arkoosh

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

/ /

Transaction ID : 37005914

Amount of Each Disbursement this Period

Contribution

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

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