

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Osteopathic Information Association - Osteopathic Political Action Committee

ADDRESS (number and street)

1080 Vermont Ave., NW

Suite 510

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00113803

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

X

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

01

2005

through

08

30

2005

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

Type or Print Name of Treasurer

Robert George, D.O.

Signature of Treasurer

Electronically Filed by Robert George, D.O.

Date

07

20

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Report Covering the Period: From: ^M06 ^D01 ^Y2005 To: ^M06 ^D30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		37643.17
(b) Cash on Hand at Beginning of Reporting Period	109536.40	
(c) Total Receipts (from Line 19)	26294.18	196676.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	135830.58	234319.47
<hr/>		
7. Total Disbursements (from Line 31)	23989.02	122477.91
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111841.56	111841.56
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Report Covering the Period: From: ^M06 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23525.00	179979.00
(ii) Unitemized	2725.00	16486.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	26250.00	196465.00
(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)	26250.00	196465.00
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.)	44.18	211.30
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	26294.18	196676.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26294.18	196676.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1515.84	17504.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1515.84	17504.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22473.18	104973.18
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23969.02	122477.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	23969.02	122477.91

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)	26250.00	196465.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26250.00	196465.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1515.84	17504.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1515.84	17504.73

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

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

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Joseph M. Yasso, Jr DO		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 143B Minter Way Grain Valley Family Medical Care		Transaction ID: 22194821
City Grain Valley	State MO	Zip Code 64029-9649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Uhs Family Care Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Branda R. Forunata, DO		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 2462 E Hill Rd # 1		Transaction ID: 22194818
City Grand Blanc	State MI	Zip Code 48439-5064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Genesys Integrated Group Practice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael Chebot, DO		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 1022 Claymark Dr		Transaction ID: 22194817
City Saint Louis	State MO	Zip Code 63131-1125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Spine Specialists Of St Louis Pc	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Victoria Hunter Chobot, DO		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 1022 Claymark Dr		Transaction ID: 22194816
City Saint Louis	State MO	Zip Code 63131-1125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Radiologic Physicians Ltd	Occupation Physician	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William A. Rhodes, DO		Date of Receipt M / D / Y 06 / 02 / 2005
Mailing Address 155 Griffiths Pond Rd		Transaction ID: 22194819
City Brewster	State MA	Zip Code 02631-1761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brewster Medical Associat- es PC	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John E. Bodall, D.O.		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 2871 West Rd		Transaction ID: 22216788
City Trenton	State MI	Zip Code 48183-2478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Full Name (Last, First, Middle Initial) A. Daniel J. Calan, D.O., MPH		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 147 Sycamore St PC SOM		Transaction ID: 22216792
City Pikeville	State KY	Zip Code 41501-9118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer U.S. Air Force	Occupation Force Surgeon	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James J. Perez, DO		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 100 W 3rd Ave		Transaction ID: 22216793
City Columbus	State OH	Zip Code 43201-3256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Surgery & Gynecology Dr James J Perez	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Gordon Blackburn, D.O.		Date of Receipt M / D / Y 06 / 08 / 2005
Mailing Address 10494 Northcliffe Blvd		Transaction ID: 22216794
City Spring Hill	State FL	Zip Code 34608-3658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) A. Trudy J. Miner, D.O.		Date of Receipt M / D / Y 06 / 08 / 2005	
Mailing Address 4337 E 88th Pl		Transaction ID: 22216787	
City	State	Zip Code	Amount of Each Receipt this Period
Tulsa	OK	74136-4637	350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Omni Medical Group	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	350.00		

Full Name (Last, First, Middle Initial) B. David L. Gica, DO		Date of Receipt M / D / Y 06 / 08 / 2005	
Mailing Address 3155 S Carrier Pkwy		Transaction ID: 22216788	
City	State	Zip Code	Amount of Each Receipt this Period
Grand Prairie	TX	75052-6050	500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Grand Prairie Dermatology	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	500.00		

Full Name (Last, First, Middle Initial) C. Mr. Shawn Martin		Date of Receipt M / D / Y 06 / 08 / 2005	
Mailing Address 494B Sentinel Drive Apt 202		Transaction ID: 22216784	
City	State	Zip Code	Amount of Each Receipt this Period
Bethesda	MD	20814-3555	200.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Osteopathic Association	Occupation Director of Congressional Affairs	Aggregate Year-to-Date ▼	
Receipt For: Primary General Other (specify) ▼	400.00		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) A. Hollis H. King, D.O. PhD		Date of Receipt M / D / Y 06 / 09 / 2005
Mailing Address 3500 Camp Bowie Blvd The Osteopathic Research Center		Transaction ID: 22216712
City Fort Worth	State TX	Zip Code 76107-2644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Anthony N. Otvariani, D.O. MPH		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 13644 Walsingham Rd (68B)		Transaction ID: 22259398
City Largo	State FL	Zip Code 33774
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Elaine Welsh Joelyn, D.O.		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 301 Bellefontaine Ave		Transaction ID: 22260578
City Kansas City	State MO	Zip Code 64124-3137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Neighborhood Family Care Inc	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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FOR LINE NUMBER: PAGE 11 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. John B. Bulger, DO		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 3 Lindsey Avenue		Transaction ID: 22234004
City	State	Zip Code
Danville	PA	17821-8480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gelsinger Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Bill Warren Smith, DO		Date of Receipt M / D / Y 06 / 15 / 2005
Mailing Address 344 Cheney Hwy		Transaction ID: 22241399
City	State	Zip Code
Titusville	FL	32780-3230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robert S. Salpe, D.O.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address 7833 Johnnimm Ct		Transaction ID: 22299880
City	State	Zip Code
Dublin	OH	43017-3427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

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FOR LINE NUMBER: PAGE 12 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Philip L. Shettle, D.O.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address 167D Fox Rd		Transaction ID: 22905431
City Clearwater	State FL	Zip Code 33764-6433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Physician	Contribution 1150.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. Thomas R. Pickard, D.O.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address 2345 Southwest Blvd		Transaction ID: 22299878
City Tulsa	State OK	Zip Code 74107-2705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Physician	Contribution 350.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Mark E. Eastman, D.O.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address Foothills Womens Med Ctr 235 N Y Ranch Rd B		Transaction ID: 22299875
City Jackson	State CA	Zip Code 95642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Foothills Women's Medical Center	Occupation Physician	Contribution 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

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FOR LINE NUMBER: PAGE 13 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Geraldine T. O'Shea, D.O.		Date of Receipt M / D / Y 06 / 16 / 2005
Mailing Address 235 New York Ranch Rd Ste B Foothills Womens Medical Center		Transaction ID: 22299977
City Jackson	State CA	Zip Code 95642-2147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Foothills Women's Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Leann Fox		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1090 Vermont Ave, NW Ste 510		Transaction ID: 22302496
City Washington	State DC	Zip Code 20005-4805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Osteopathic Association	Occupation Director of Federal Advocacy	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hector Lopez, DO		Date of Receipt M / D / Y 06 / 23 / 2005
Mailing Address 9955 Dyer St Community Medical Clinic		Transaction ID: 22312779
City El Paso	State TX	Zip Code 79924-4709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) A. Joanna R. Pease, DO		Date of Receipt M / D / Y 06 / 23 / 2006
Mailing Address 13355 E 10 Mile Rd Apt 229		Transaction ID: 22312776
City Warren	State MI	Zip Code 48089-2049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bicounty Internists Pc	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph J. Kuchinski, Jr., D.O.		Date of Receipt M / D / Y 06 / 23 / 2006
Mailing Address 284 Morris Ave		Transaction ID: 22314297
City Mountain Lakes	State NJ	Zip Code 07046-1605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Director, Medical Education	Aggregate Year-to-Date ▼ 1650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Ellis Sanders, DO, Pharm		Date of Receipt M / D / Y 06 / 23 / 2006
Mailing Address PO Box 23773		Transaction ID: 22312788
City Barling	State AR	Zip Code 72523-0773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Frank Bedford, CPA		Date of Receipt M / D / Y 06 / 23 / 2005
Mailing Address 142 E Ontario St		Transaction ID: 22312778
City Chicago	State IL	Zip Code 60611-2818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Osteopathic Association	Occupation Finance Director	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Erika Stewart		Date of Receipt M / D / Y 06 / 23 / 2005
Mailing Address 1090 Vermont Ave NW NW Ste 51D		Transaction ID: 22314303
City Washington	State DC	Zip Code 20005-4805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Osteopathic Association	Occupation Lobbyist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Amy Andryszak		Date of Receipt M / D / Y 06 / 23 / 2005
Mailing Address 1842 California Street NW #13-B		Transaction ID: 22312778
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer American Osteopathic Association	Occupation Government Affairs Manager	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Lawrence J. Abramson, D.O.		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 455B Wabeek Forest Dr		Transaction ID: 22314867
City Bloomfield Hills	State MI	Zip Code 48302-1781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Physician	Contribution 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. James M. Lilly, D.O.		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 5451 Walnut Ave		Transaction ID: 22317597
City Chino	State CA	Zip Code 91710-2609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Chino Valley Medical Center	Occupation President & Chief Medical Officer	Contribution 5000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Juan F. Acosta, D.O.		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 483B 45th St		Transaction ID: 22314345
City Woodside	State NY	Zip Code 11377-7038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Barnabas Hospital	Occupation Physician	Contribution 1500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	5850.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Morton Morris, D.O.		Date of Receipt M / D / Y Y Y Y 06 / 27 / 2005
Mailing Address 512 Palm Drive		Transaction ID: 22317892
City Hallandale Beach	State FL	Zip Code 33009-6534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1150.00
Name of Employer AOAO	Occupation Executive Director	Aggregate Year-to-Date ▼ 2150.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Monte E. Troulman, D.D.		Date of Receipt M / D / Y Y Y Y 06 / 27 / 2005
Mailing Address 3500 Camp Bowie Blvd		Transaction ID: 22317894
City Fort Worth	State TX	Zip Code 76107-2644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Unt Health Science Center Of TexasA&M	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Michael Gallagher, DO		Date of Receipt M / D / Y Y Y Y 06 / 27 / 2005
Mailing Address 1 Medical Center Dr Academic Center, Ste 305		Transaction ID: 22317847
City Stratford	State NJ	Zip Code 08084-1500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UMDNJ-SOM	Occupation Dean	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Steve P. Buchanan, D.O.		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 1400 Wallis Road		Transaction ID: 22317848
City Aledo	State TX	Zip Code 76008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer ACCOG	Occupation Executive Director	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Raul J. Garcia, D.O.		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 2802 150th St		Transaction ID: 22317848
City Flushing	State NY	Zip Code 11354-1412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 625.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Steven G. Bander, D.O., M8		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 791 S Highway 78		Transaction ID: 22317844
City Wylie	State TX	Zip Code 75098-4004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	325.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Paul H. Beyer, DO		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 184 Sheridan Ave		Transaction ID: 22317845
City Ho Ho Kus	State NJ	Zip Code 07423-1136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert J. George, D.O.		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 5000 Lakewood Ranch Blvd LECOM-Bradenton		Transaction ID: 22321063
City Bradenton	State FL	Zip Code 34211-4809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LECOM-Bradenton	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stanley E. Grogg, D.O.		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 4520 S Birmingham Pl		Transaction ID: 22321064
City Tulsa	State OK	Zip Code 74105-5128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Jack McCarty, D.O.		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 3715 20th St		Transaction ID: 22321067
City Lubbock	State TX	Zip Code 79410-1207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Health Plus Medical Group	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert J. Stone, DO		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 28080 Grand River Ave Ste 300W		Transaction ID: 22321071
City Farmington Hills	State MI	Zip Code 48336-5866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David B. Levine, D.O.		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 1111 W Broward Blvd Specialty Care Center		Transaction ID: 22321068
City Ft Lauderdale	State FL	Zip Code 33312-1638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 32

(check only one)

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

Full Name (Last, First, Middle Initial) A. Joseph P. McNemey, D.O.		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 7733 E Jefferson Ave		Transaction ID: 22321070
City Detroit	State MI	Zip Code 48214-3707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Touro University COM	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John W. Graneto, DO		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address 2825 W Ardmore Ave		Transaction ID: 22334596
City Chicago	State IL	Zip Code 60659-4911
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	23525.00

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

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

FOR LINE NUMBER: PAGE 22 / 32

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Citibank FSB		Date of Receipt M / D / Y 06 / 30 / 2005
Mailing Address PD Box 19748		Transaction ID: 22451897
City	State	Zip Code
Washington	DC	20036-0748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.18
Name of Employer	Occupation	Bank Interest
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.30	

SUBTOTAL of Receipts This Page (optional)	▶	44.18
TOTAL This Period (last page this line number only)	▶	44.18

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Heartland Card Services		Transaction ID: 22454172 Date of Disbursement 06 / 02 / 2005	
Mailing Address PO Box 1587		Amount of Each Disbursement this Period 300.55	
City Jeffersonville State IN Zip Code 47131-1587	Purpose of Disbursement Credit Card Processing Fees Candidate Name	Disbursement For: Primary General Other (specify) ▼	001 Category/ Type
Office Sought: House Senate President State: District	Credit Card Processing Fees		

Full Name (Last, First, Middle Initial) B. Mr. Shawn Martin		Transaction ID: 22310760 Date of Disbursement 06 / 22 / 2005	
Mailing Address 4948 Sentinel Drive Apt 202		Amount of Each Disbursement this Period 902.81	
City Bethesda State MD Zip Code 20816-3555	Purpose of Disbursement Reimbursement for travel expense Candidate Name	Disbursement For: Primary General Other (specify) ▼	002 Category/ Type
Office Sought: House Senate President State: District	Reimbursement for travel expense		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 22454174 Date of Disbursement 06 / 24 / 2005	
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 4.50	
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement Credit Card Processing Fees Candidate Name	Disbursement For: Primary General Other (specify) ▼	001 Category/ Type
Office Sought: House Senate President State: District	Credit Card Processing Fees		

SUBTOTAL of Disbursements This Page (optional) ► **1207.86**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Transaction ID: 22454175
Date of Disbursement

Mailing Address PO Box 53852

06 / 28 / 2005

City State Zip Code
Phoenix AZ 85072-3852

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Processing Fees

91.38

Candidate Name

001
Category/
Type

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

Credit Card Processing Fees

State: District

SUBTOTAL of Disbursements This Page (optional) ▶

91.38

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

1299.24

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

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

FOR LINE NUMBER:
(check only one)

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

Full Name (Last, First, Middle Initial) A. Ensign For Senate		Transaction ID: 22197461 Date of Disbursement 06 / 06 / 2005	
Mailing Address PO Box 26568		Amount of Each Disbursement this Period 2000.00	
City Las Vegas State NV Zip Code 89126	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name John Ensign	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate President State: NV District D			

Full Name (Last, First, Middle Initial) B. Friends Of Mark Foley For Congress		Transaction ID: 22197463 Date of Disbursement 06 / 06 / 2005	
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 1000.00	
City Lake Worth State FL Zip Code 33461	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Mark Foley	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District 16			

Full Name (Last, First, Middle Initial) C. Friends Of Dave Weldon		Transaction ID: 22197469 Date of Disbursement 06 / 06 / 2005	
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1000.00	
City Melbourne State FL Zip Code 32902	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Dave Weldon	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District 15			

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)

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

Full Name (Last, First, Middle Initial) A. Boyd For Congress		Transaction ID: 22197465 Date of Disbursement 06 / 06 / 2005
Mailing Address 236 Massachusetts Avenue, NE Suite 50B		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: FL District 2		

Full Name (Last, First, Middle Initial) B. Schwarz For Congress		Transaction ID: 22197467 Date of Disbursement 06 / 06 / 2005
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City Battle Creek	State MI Zip Code 49016	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Mr. John Schwarz		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: MI District 7		

Full Name (Last, First, Middle Initial) C. Congressman Bill Young Campaign Committee		Transaction ID: 22197471 Date of Disbursement 06 / 06 / 2005
Mailing Address P. O. Box 47025		Amount of Each Disbursement this Period 1000.00
City St. Petersburg	State FL Zip Code 33743	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. C.W. Young		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: FL District 10		

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)

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

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

Full Name (Last, First, Middle Initial) A. Chocola For Congress Inc			Transaction ID: 22197477 Date of Disbursement 06 / 06 / 2005		
Mailing Address PO Box 6728			Amount of Each Disbursement this Period 1000.00		
City South Bend	State IN	Zip Code 46600	011 Category/ Type		
Purpose of Disbursement Contribution			Contribution		
Candidate Name Rep. Christopher Chocola			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IN District: 2				

Full Name (Last, First, Middle Initial) B. People for English			Transaction ID: 22216872 Date of Disbursement 06 / 09 / 2005		
Mailing Address P.O. Box 1040			Amount of Each Disbursement this Period 2000.00		
City Eric	State PA	Zip Code 16507	011 Category/ Type		
Purpose of Disbursement Contribution			Contribution		
Candidate Name Phil English			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 21				

Full Name (Last, First, Middle Initial) C. Committee to Re-elect Bobby Jindal			Transaction ID: 22216871 Date of Disbursement 06 / 09 / 2005		
Mailing Address P.O. Box 8628			Amount of Each Disbursement this Period 1000.00		
City Metairie	State LA	Zip Code 70011	011 Category/ Type		
Purpose of Disbursement Contribution			Contribution		
Candidate Name Mr. Bobby Jindal			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: LA District: 1				

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)

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

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Transaction ID: 22374533 Date of Disbursement 06 / 14 / 2005
Mailing Address 300 First St., SE		Amount of Each Disbursement this Period 308.09
City Washington	State DC Zip Code 20003	
Purpose of Disbursement In-Kind Contribution - Phil English		011 Category/ Type
Candidate Name Phil English		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	In-Kind Contribution - Ph- il English
State: PA District 21		

Full Name (Last, First, Middle Initial) B. Snowe for Senate		Transaction ID: 22283867 Date of Disbursement 06 / 16 / 2005
Mailing Address P.O. Box 2006		Amount of Each Disbursement this Period 1000.00
City Portland	State ME Zip Code 04104	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Olympia J. Snowe		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: ME District 1		

Full Name (Last, First, Middle Initial) C. Upton For All of Us		Transaction ID: 22284149 Date of Disbursement 06 / 16 / 2005
Mailing Address P.O. Box 480		Amount of Each Disbursement this Period 1000.00
City St. Joseph	State MI Zip Code 49085	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Fred Upton		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Contribution
State: MI District 6		

SUBTOTAL of Disbursements This Page (optional) ► **2308.09**

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

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

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

FOR LINE NUMBER: (check only one)

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21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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

Full Name (Last, First, Middle Initial) A. John Sullivan For Congress		Transaction ID: 22264155 Date of Disbursement 06 / 16 / 2005	
Mailing Address P.O. Box 470840		Amount of Each Disbursement this Period 1000.00	
City Tulsa	State OK	Zip Code 74147	011 Category/ Type Contribution
Purpose of Disbursement Contribution			
Candidate Name Mr. John Sullivan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OK District: 1			

Full Name (Last, First, Middle Initial) B. Rogers For Congress		Transaction ID: 22264159 Date of Disbursement 06 / 16 / 2005	
Mailing Address P.O. Box 581		Amount of Each Disbursement this Period 1000.00	
City Brighton	State MI	Zip Code 48116	011 Category/ Type Contribution
Purpose of Disbursement Contribution			
Candidate Name Rep. Michael Rogers			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: B			

Full Name (Last, First, Middle Initial) C. Price For Congress		Transaction ID: 22263989 Date of Disbursement 06 / 16 / 2005	
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00	
City Roswell	State GA	Zip Code 30077	011 Category/ Type Contribution
Purpose of Disbursement Contribution			
Candidate Name Thomas Price			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: B			

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)

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

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

Full Name (Last, First, Middle Initial) A. Firehook Bakery		Transaction ID: 22374535 Date of Disbursement 06 / 16 / 2005	
Mailing Address 215 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 165.09	
City Washington State DC Zip Code 20004	Purpose of Disbursement Inkind Contribution - Bobby Jindal	011 Category/ Type	Inkind Contribution - Bob- by Jindal
Candidate Name Mr. Bobby Jindal	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District 1			

Full Name (Last, First, Middle Initial) B. Boren For Congress 2006		Transaction ID: 22283861 Date of Disbursement 06 / 16 / 2005	
Mailing Address P.O. Box 1024		Amount of Each Disbursement this Period 1000.00	
City Muskogee State OK Zip Code 74401	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Mr. David Dan Boren	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District 2			

Full Name (Last, First, Middle Initial) C. Charles Boustany Jr For Congress		Transaction ID: 22282842 Date of Disbursement 06 / 16 / 2005	
Mailing Address P.O. Box 80128		Amount of Each Disbursement this Period 1000.00	
City Lafayette State LA Zip Code 70508	Purpose of Disbursement Contribution	011 Category/ Type	Contribution
Candidate Name Mr. Charles Boustany	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District 7			

SUBTOTAL of Disbursements This Page (optional)	2165.09
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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 Comm-
ittee

Full Name (Last, First, Middle Initial) A. Hulshof For Congress		Transaction ID: 22306862 Date of Disbursement 06 / 21 / 2005	
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 1000.00	
City Columbia	State MO	Zip Code 65205	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Kenny Hulshof		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution		
State: MO District: 9			

Full Name (Last, First, Middle Initial) B. Pryce For Congress		Transaction ID: 22306874 Date of Disbursement 06 / 21 / 2005	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 2000.00	
City Columbus	State OH	Zip Code 43215	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Deborah Pryce		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution		
State: OH District: 15			

Full Name (Last, First, Middle Initial) C. Friends Of Clay Shaw		Transaction ID: 22321619 Date of Disbursement 06 / 28 / 2005	
Mailing Address P.O. Box 2188 2600 Ne 14th. Street Causeway		Amount of Each Disbursement this Period 1000.00	
City Fort Lauderdale	State FL	Zip Code 33303	011 Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Rep. E. Shaw, Jr.		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Contribution		
State: FL District: 22			

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)

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

Full Name (Last, First, Middle Initial)
A. Debbie Wasserman-Schultz for Congress

Mailing Address 4479 Foxglove Lane

City Weston State FL Zip Code 33331

Purpose of Disbursement
Contribution

Candidate Name
Rep. Debbie Wasserman-Schultz

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
Other (specify) ▼

State: FL District: 20

011
Category/
Type

Transaction ID: 22321798
Date of Disbursement

06 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Friends Of George Allen

Mailing Address Post Office Box 87

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
Void - Friends Of George Allen

Candidate Name
Sen. George Allen

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
Other (specify) ▼

State: VA District: 2

011
Category/
Type

Transaction ID: 22353358
Date of Disbursement

06 / 30 / 2005

Amount of Each Disbursement this Period

-1000.00

Void - Friends Of George
Allen

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

22473.18