

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. 12 FE4 M5 American Osteopathic Information Association - Osteopathic Political Action Committee

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00113803 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, 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 08 / 01 / 2015 through 08 / 31 / 2015

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

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

Signature of Treasurer Ronnie Martin D.O. [Electronically Filed] Date 09 / 14 / 2015

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

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="259657.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="320237.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17775.42"/>	<input type="text" value="322164.63"/>
(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="338013.41"/>	<input type="text" value="581821.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9073.54"/>	<input type="text" value="252881.83"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="328939.87"/>	<input type="text" value="328939.87"/>
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).....	15520.00	232391.00
(ii) Unitemized	2242.00	89685.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17762.00	322076.00
(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)	17762.00	322076.00
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.).....	13.42	88.63
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))..... ▶	17775.42	322164.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17775.42	322164.63

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	2573.54	7476.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2573.54	7476.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	243180.00
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	2225.00
(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	2225.00
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)) ..	9073.54	252881.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9073.54	252881.83

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17762.00	322076.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2225.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17762.00	319851.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2573.54	7476.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2573.54	7476.83

**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 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Cleanne Cass DO		Date of Receipt MM / DD / YYYY 08 / 04 / 2015 Transaction ID : 38450351
Mailing Address 513 Timberlea Trl		Amount of Each Receipt this Period 500.00
City Dayton	State OH	
Zip Code 45429-1981		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Administrative Medical Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Ronald H. Kienitz DO, BS		Date of Receipt MM / DD / YYYY 08 / 04 / 2015 Transaction ID : 38450352
Mailing Address 19 Pilipu Pl		Amount of Each Receipt this Period 250.00
City Kailua	State HI	
Zip Code 96734-2120		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Derrick J. Sorweide DO		Date of Receipt MM / DD / YYYY 08 / 04 / 2015 Transaction ID : 38450353
Mailing Address 200 Mullins Dr Comp - Northwest		Amount of Each Receipt this Period 400.00
City Lebanon	State OR	
Zip Code 97355-3983		Aggregate Year-to-Date ▼ 800.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<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. John W. Becher DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Lakeshore Dr
 City Newtown Square State PA Zip Code 19073-3938
 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 **2600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : 38450354
 Amount of Each Receipt this Period
1100.00

B. Ositadinma O. Opara DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 S Bliss Ave Opara Pa
 City Dumas State TX Zip Code 79029-3806
 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
 08 / 04 / 2015
Transaction ID : 38450355
 Amount of Each Receipt this Period
1000.00

C. Clinton Earl Adams DO, MPA, F
 Full Name (Last, First, Middle Initial)
 Mailing Address 5111 Paddock Pl
 City Alta Loma State CA Zip Code 91737-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western University of Health Sciences
 Occupation Dean, COMP
 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
 08 / 04 / 2015
Transaction ID : 38450358
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael K. Murphy DO, FACOFP

Mailing Address 17123 Hedgerow Park Rd

City State Zip Code
 Charlotte NC 28277-6661

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

Name of Employer Occupation
 Self Employed Vice President & Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 640.00

Date of Receipt
 08 / 06 / 2015
Transaction ID : 38450359

Amount of Each Receipt this Period
 140.00

Full Name (Last, First, Middle Initial)
B. Gretta A. Gross DO

Mailing Address 233 N Houston Rd Ste 140E

City State Zip Code
 Warner Robins GA 31093-3023

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

Name of Employer Occupation
 Houston Healthcare FM Residency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : 38467769

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Cathy Anne Holmes DO, MS

Mailing Address 310 Wendell Ave Ste 301
 Family Wellness Center

City State Zip Code
 Lewistown MT 59457-2267

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 08 / 07 / 2015
Transaction ID : 38467770

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00

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 24
	<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. William R. Holmes DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Wendell Ave Ste 103
 City Lewistown State MT Zip Code 59457-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Wellness Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 07 / 2015**
Transaction ID : 38467771
 Amount of Each Receipt this Period **100.00**

B. John E. Bodell DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2871 West Rd
 City Trenton State MI Zip Code 48183-2476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 17 / 2015**
Transaction ID : 38488681
 Amount of Each Receipt this Period **100.00**

c. Mark S. Cantieri DO, FAO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3555 Park Pl W Ste 200
 City Mishawaka State IN Zip Code 46545-3587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Edison Lakes Corporate Park Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 18 / 2015**
Transaction ID : 38498016
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 10 OF 24
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Claudine Mansour DO

Mailing Address 1227 S Maryland

City Springfield State MO Zip Code 65807-1572

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 18 / 2015
Transaction ID : 38504729

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Mark A. Mitchell DO

Mailing Address 225 N Columbus Dr Unit 7606

City Chicago State IL Zip Code 60601-5266

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 ▼ 440.00

Date of Receipt
08 / 17 / 2015
Transaction ID : 38508871

Amount of Each Receipt this Period
140.00

Full Name (Last, First, Middle Initial)
C. Jeffrey S. Grove DO

Mailing Address 12020 Seminole Blvd

City Largo State FL Zip Code 33778-2805

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

Name of Employer Suncoast Family Medical Associates Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
08 / 17 / 2015
Transaction ID : 38508872

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1640.00

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 24
	<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. Michael G. Parisi DO

Mailing Address 514 Kudu Trl

City Harker Heights State TX Zip Code 76548-5611

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 28 / 2015
Transaction ID : 38520869

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. John R. LeBow DO

Mailing Address 1755 Coburg Rd Ste 3
Mckenzie Family Practice

City Eugene State OR Zip Code 97401-4984

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 ▼
275.00

Date of Receipt
08 / 28 / 2015
Transaction ID : 38520878

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Terence P. Braden III DO

Mailing Address 1302 Sardinia Ct

City Champions Gate State FL Zip Code 33896-5323

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 28 / 2015
Transaction ID : 38520879

Amount of Each Receipt this Period
500.00

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 12 OF 24
	<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. Janice A. Wachtler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1863 North Fremont Street, Fl 2
 City Chicago State IL Zip Code 60614-5004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACOEP Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38520880
 Amount of Each Receipt this Period
 500.00

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 30534-7169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anderson Family Medicine Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521314
 Amount of Each Receipt this Period
 100.00

C. Steve 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521315
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Nichole Heath Bixler DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7153 Woods Bay Court
 City Land O Lakes State FL Zip Code 34637-7828
 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 ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521316
 Amount of Each Receipt this Period
 2500.00

B. David Coffey DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 355 Quail Hollow Dr
 City Dadeville State AL Zip Code 36853-6401
 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 ▼
 1950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521317
 Amount of Each Receipt this Period
 600.00

c. Michelina DeSanti DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 Deire Dr
 City Sparta State NJ Zip Code 07871-1136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521318
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	3225.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jerome A. Dixon DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 W Bear Track Rd
 City State Zip Code
 Campbellsville KY 42718-8709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CrossRoads Family Medicine 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
 08 / 28 / 2015
Transaction ID : 38521319
 Amount of Each Receipt this Period
 125.00

B. Daniel V. Freeland DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3909 Peak Lookout Dr
 City State Zip Code
 Austin TX 78738-1732
 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 ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521320
 Amount of Each Receipt this Period
 100.00

C. Gretta A. Gross DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 N Houston Rd Ste 140E
 City State Zip Code
 Warner Robins GA 31093-3023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Houston Healthcare FM Residency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521321
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 475.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joel A. Kase DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Fieldstone Dr
 City N Yarmouth State ME Zip Code 04097-6745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2015
Transaction ID : 38521322
 Amount of Each Receipt this Period 125.00

B. Thomas W. Kupferer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 628 N 14th St
 Murphysboro Family Medicine Clinic
 City Murphysboro State IL Zip Code 62966-1807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Murphysboro Family Medicine Clinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2015
Transaction ID : 38521323
 Amount of Each Receipt this Period 150.00

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 ▼ 3000.00

Date of Receipt 08 / 28 / 2015
Transaction ID : 38521324
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 775.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael K. Murphy DO, FACOFP

Mailing Address 17123 Hedgerow Park Rd

City State Zip Code
 Charlotte NC 28277-6661

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

Name of Employer Occupation
 Self Employed Vice President & Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 08 / 28 / 2015
Transaction ID : 38521325

Amount of Each Receipt this Period
 140.00

Full Name (Last, First, Middle Initial)
B. Terri A. Nickel DO

Mailing Address 8444 W 21st St N

City State Zip Code
 Wichita KS 67205-1752

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

Name of Employer Occupation
 Riverside Health System Auburn Hills P Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 28 / 2015
Transaction ID : 38521326

Amount of Each Receipt this Period
 250.00

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

Mailing Address 16 Winter St

City State Zip Code
 Kennebunk ME 04043-7043

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 08 / 28 / 2015
Transaction ID : 38521327

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 640.00

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 24
	<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. Kelsey Raye Nylander DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 N Range Rd
 City Springfield State MN Zip Code 56087-2004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521328
 Amount of Each Receipt this Period
 125.00

B. Michael Michael Ogle DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1467
 Emergency Medical Services Inc
 City Enid State OK Zip Code 73702-1467
 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 ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521329
 Amount of Each Receipt this Period
 100.00

c. Elizabeth A. Palmarozzi DO, FACOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Wire Rd Ste 205
 City Auburn State AL Zip Code 36849-5419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vcom-Auburn
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521330
 Amount of Each Receipt this Period
 100.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<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. Hetal R. Patel DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Delmore Dr
 City Kendall Park State NJ Zip Code 08824-7017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521331
 Amount of Each Receipt this Period
 125.00

B. Steven Fredric Rubin DO, FACFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Minogue Ter
 City Paramus State NJ Zip Code 07652-3800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521332
 Amount of Each Receipt this Period
 100.00

C. Kenneth J. Steier DO, MPH, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Old East Neck Rd
 City Melville State NY Zip Code 11747-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touro College of Osteopathic Medicine
 Occupation Dean, TouroCOM-Middletown
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521333
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Layne E. Subera DO

Mailing Address 3809 W 168 St N

City State Zip Code
 Skiatook OK 74070-9444

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

Name of Employer Occupation
 OOA President-Elect

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 08 / 28 / 2015
Transaction ID : 38521334

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Antonios J. Tsompanidis DO, FACOPF

Mailing Address 1 Bethany Rd Ste 79

City State Zip Code
 Hazlet NJ 07730-1668

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 28 / 2015
Transaction ID : 38521335

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. Susan L. Volpicella-Levy DO

Mailing Address 261 Old Hook Rd

City State Zip Code
 Westwood NJ 07675-3102

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

Name of Employer Occupation
 Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 08 / 28 / 2015
Transaction ID : 38521336

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joseph M. Yasso Jr DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3513 NW Primrose Ln
 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 **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521337
 Amount of Each Receipt this Period
250.00

B. Michael Chabot DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 Claymark Dr
 City Saint Louis State MO Zip Code 63131-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Spine Specialists Of St Louis Pc 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
 08 / 28 / 2015
Transaction ID : 38521339
 Amount of Each Receipt this Period
500.00

C. 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2015
Transaction ID : 38521346
 Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	15520.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit Card Processing Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38450343

Amount of Each Disbursement this Period

Credit Card Processing Fees

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 : 38549364

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 38549365

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : 38549366

Amount of Each Disbursement this Period

30.00

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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : 38550510

Amount of Each Disbursement this Period

47.85

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)..... ▶

77.85

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

2516.96

**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. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : 38429953

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Johnson For Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Bill Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : 38429954

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. 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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

Transaction ID : 38429961

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. 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
State: IN District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : 38429962

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P.O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Vernon G. Buchanan

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : 38429987

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
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)..... ▶

3500.00

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

6500.00