

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		289584.18
(b) Cash on Hand at Beginning of Reporting Period.....	428709.56	
(c) Total Receipts (from Line 19)	46548.95	421705.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	475258.51	711289.48
7. Total Disbursements (from Line 31).....	9229.06	245260.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	466029.45	466029.45
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

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).....	43525.95	302466.64
(ii) Unitemized	3023.00	119105.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	46548.95	421572.09
(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)	46548.95	421572.09
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.).....	0.00	133.21
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))..... ▶	46548.95	421705.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	46548.95	421705.30

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	4229.06	12395.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4229.06	12395.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	232864.40
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9229.06	245260.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9229.06	245260.03

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)	46548.95	421572.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46548.95	421572.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4229.06	12395.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4229.06	12395.63

**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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. John Francis Dery DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 12935 Paradise Dr
 City Dewitt State MI Zip Code 48820-7855
 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
 10 / 03 / 2012
Transaction ID : 35334587
 Amount of Each Receipt this Period
 1000.00

B. Jeffrey M. Ricketts DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 880 Bradford Holw NE
 City Grand Rapids State MI Zip Code 49525-3300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metropolitan Anesthesia Associates
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399629
 Amount of Each Receipt this Period
 250.00

C. Lynette McLain
 Full Name (Last, First, Middle Initial)
 Mailing Address 4848 N Lincoln Blvd
 City Oklahoma City State OK Zip Code 73105-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OOA
 Occupation Executive Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399630
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<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. Melissa Ann Gastorf DO
Full Name (Last, First, Middle Initial)

Mailing Address 239 Eaglelake Dr

City State Zip Code
Durant OK 74701-7421

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
10 / 16 / 2012
Transaction ID : 35399631

Amount of Each Receipt this Period
500.00

B. Nicole Sirchio DO
Full Name (Last, First, Middle Initial)

Mailing Address 7513 Oak Tree Ln

City State Zip Code
Spring Hill FL 34607-2326

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 ▼
1450.00

Date of Receipt
10 / 16 / 2012
Transaction ID : 35399632

Amount of Each Receipt this Period
100.00

C. Susan C. Sevensma DO, FAODME
Full Name (Last, First, Middle Initial)

Mailing Address 5900 Byron Center Ave., SW

City State Zip Code
Wyoming MI 49519-9606

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

Name of Employer Occupation
Metro Health Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
10 / 16 / 2012
Transaction ID : 35399633

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: (check only one)	PAGE 8 OF 47
	<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. Susan C. Sevensma DO, FAODME
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Byron Center Ave., SW
 City Wyoming State MI Zip Code 49519-9606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Metro Health Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35399634
 Amount of Each Receipt this Period **500.00**

B. Virginia M. Johnson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 17157 Palisades Cir
 City Pacific Palisades State CA Zip Code 90272-2145
 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 **10 / 16 / 2012**
Transaction ID : 35399635
 Amount of Each Receipt this Period **100.00**

c. Larry A. Wickless DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 928 Indian Beach Dr
 City Sarasota State FL Zip Code 34234-7350
 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 **1250.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35399649
 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: (check only one)	PAGE 9 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Committee

A. Rick A. Poston DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 22995 Hall Rd
 City State Zip Code
 Trenton MI 48183-1539
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399650
 Amount of Each Receipt this Period
 500.00

B. John B. Crosby JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E Ontario St
 City State Zip Code
 Chicago IL 60611-2874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Osteopathic Association Executive Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399652
 Amount of Each Receipt this Period
 700.00

c. Wayne R. English Jr DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4432 Country Hill Rd
 City State Zip Code
 Fort Worth TX 76140-8505
 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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399653
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<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. Bradford W. Landry DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1872 Topaz Point Ln SW
 City Rochester State MN Zip Code 55902-1084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association
 Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date **211.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399654
 Amount of Each Receipt this Period
100.00

B. Sydney Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1090 Vermont Ave NW
 City Washington State DC Zip Code 20005-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association
 Self Employed
 Occupation Associate Executive Director, Advocacy
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date **1757.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399655
 Amount of Each Receipt this Period
500.00

c. Lauren E. Donatelli-Seyler DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 Stone Creek Dr
 City Erie State PA Zip Code 16506-7040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association
 Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35399656
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 47
	<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. Mark M. Skeofilax DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Sunny Brook Ln
 City Dallas State PA Zip Code 18612-8904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wyoming Valley Physician Network Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35399657
 Amount of Each Receipt this Period **200.00**

B. Ray E. Stowers DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6965 Cumberland Gap Pkwy
 City Harrogate State TN Zip Code 37752-8245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lincoln Memorial University Occupation Vice President & Dean of College of Os
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4120.40**

Date of Receipt **10 / 03 / 2012**
Transaction ID : 35404673
 Amount of Each Receipt this Period **354.40**

C. Larry J. Anderson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Aberdeen Ter
 City Saint Davids State PA Zip Code 19087-3603
 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 **800.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446184
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **654.40**
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 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mark A. Baker DO		Date of Receipt 10 / 02 / 2012 Transaction ID : 35446185
Mailing Address 6317 Pamlico Rd		Amount of Each Receipt this Period 250.00
City Fort Worth	State TX	Zip Code 76116-1630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. S. G. G. Bander DO, MS		Date of Receipt 10 / 02 / 2012 Transaction ID : 35446186
Mailing Address 791 S Highway 78		Amount of Each Receipt this Period 100.00
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Steve P. Buchanan DO		Date of Receipt 10 / 02 / 2012 Transaction ID : 35446187
Mailing Address 8851 Camp Bowie West Blvd Ste 275		Amount of Each Receipt this Period 50.00
City Fort Worth	State TX	Zip Code 76116-6129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American College of Osteopathic Obstet	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 47
	<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. Diane Burkhart PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E Ontario St
 City Chicago State IL Zip Code 60611-2874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association Occupation Director, Department of Education
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446188
 Amount of Each Receipt this Period **250.00**

B. Boyd R. Buser DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Sycamore Street
 City Pikeville State KY Zip Code 41501-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Pikeville-Ky Com Occupation Vice President and Dean
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **850.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446189
 Amount of Each Receipt this Period **100.00**

C. Carman A. Ciervo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1916
 City Voorhees State NJ Zip Code 08043-9016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kennedy Health System Corporate Office Occupation Senior Vice President for Clinical Int
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446190
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **600.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Joel B. Cooperman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 10555 E Dartmouth Ave
 Ste 200
 City Aurora State CO Zip Code 80014-2673
 Name of Employer Denver Osteopathic Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446191
 Amount of Each Receipt this Period 250.00

B. Tyler C. Cymet DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5550 Friendship Blvd
 Ste 310
 City Chevy Chase State MD Zip Code 20815-7231
 Name of Employer American Assoc of Colleges of Osteo Me Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446192
 Amount of Each Receipt this Period 125.00

C. Kevin Vincent de Regnier DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 E Court Ave
 City Winterset State IA Zip Code 50273-1517
 Name of Employer Madison County Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446193
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Carol L. Henwood DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 555 Glasgow St
 City Pottstown State PA Zip Code 19464-6557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stowe Family Practice Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446197
 Amount of Each Receipt this Period 1250.00

B. Jeffry A. Lindenbaum DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 298 Sydney Rd
 City Southampton State PA Zip Code 18966-2895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446198
 Amount of Each Receipt this Period 250.00

c. Joseph C. Mazzola DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 South Sterling Street
 City Morganton State NC Zip Code 28655-4044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Blue Ridge Healthcare Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446199
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<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. 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 **3500.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446201
 Amount of Each Receipt this Period **500.00**

B. Michael K. Murphy DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 17123 Hedgerow Park Rd
 City Charlotte State NC Zip Code 28277-6661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bluefield Regional Med. Ctr. Occupation Med. Dir.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446202
 Amount of Each Receipt this Period **250.00**

C. Steven J. Parrillo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Harvard Rd
 City Plymouth Meeting State PA Zip Code 19462-7177
 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 **333.30**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446203
 Amount of Each Receipt this Period **55.55**

SUBTOTAL of Receipts This Page (optional)..... **805.55**
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 18 OF 47
(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. Steve Fredric Rubin DO, FACOFP

Mailing Address 805 Minogue Ter

City State Zip Code
 Paramus NJ 07652-3800

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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : 35446204

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. George T. Sawabini Sr DO, FAC

Mailing Address PO Box 524

City State Zip Code
 Dearborn MI 48121-0524

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

Name of Employer Occupation
 Detroit Medical Center 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
 10 / 02 / 2012

Transaction ID : 35446205

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
c. Dana C. Shaffer DO, FACOFP

Mailing Address 3200 Grand Ave

City State Zip Code
 Des Moines IA 50312-4104

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

Name of Employer Occupation
 Des Moines University Senior Associate Dean of Clinical Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : 35446206

Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<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. Fahim Shan Ahmed DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Links Dr
 City Roslyn State NY Zip Code 11576-3066
 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 **10 / 02 / 2012**
Transaction ID : 35446207
 Amount of Each Receipt this Period **250.00**

B. Laura S. Stiles DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 620 Sunset Hill Dr
 City Rockwall State TX Zip Code 75087-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rockwall Medical Assoc dba Dr Laura St Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446208
 Amount of Each Receipt this Period **100.00**

C. James E. Swartwout
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 East Ontario Street
 City Chicago State IL Zip Code 60611-2874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association Occupation Associate Executive Director, Educati
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **10 / 02 / 2012**
Transaction ID : 35446209
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Committee

A. Richard R. Thacker DO, FACOI
 Full Name (Last, First, Middle Initial)
 Mailing Address 9381 Wintercreek Ct
 City Tallahassee State FL Zip Code 32309-7299
 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 ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : 35446210
 Amount of Each Receipt this Period
 500.00

B. Amelia G. Tunanidas DO, BS
 Full Name (Last, First, Middle Initial)
 Mailing Address 12077 Gandy Blvd N Apt 383
 City Saint Petersburg State FL Zip Code 33702-1523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : 35446211
 Amount of Each Receipt this Period
 250.00

C. Barbara E. Walker DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 E Ave
 City Kure Beach State NC Zip Code 28449-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2012
Transaction ID : 35446212
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jon F. Wills
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8130
53 W. Third Ave

City Columbus State OH Zip Code 43201-0130

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

Name of Employer Ohio Osteopathic Assn Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
10 / 02 / 2012
Transaction ID : 35446213

Amount of Each Receipt this Period
125.00

B. Joseph M. Yasso Jr DO
Full Name (Last, First, Middle Initial)

Mailing Address 3513 NW Primrose Lane

City Lees Summit State MO Zip Code 64064-1885

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
10 / 02 / 2012
Transaction ID : 35446214

Amount of Each Receipt this Period
250.00

C. Scott N. Welle DO
Full Name (Last, First, Middle Initial)

Mailing Address 1845 W Orange Grove Rd
Ste 115

City Tucson State AZ Zip Code 85704-1146

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

Name of Employer Southwest General Bariatric Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
10 / 02 / 2012
Transaction ID : 35446215

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **625.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Teresa A. Hubka DO, FACOOG		Date of Receipt 10 / 02 / 2012 Transaction ID : 35446216
Mailing Address 1432 W Wolfram St		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60657-4117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Comprehensive Wellness Care	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Joel A. Kase DO, MPH		Date of Receipt 10 / 02 / 2012 Transaction ID : 35446217
Mailing Address 36 Waters Edge Dr		Amount of Each Receipt this Period 250.00
City Lewiston	State ME	Zip Code 04240-2233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Jeffrey D. Rettig DO, FACOPF		Date of Receipt 10 / 02 / 2012 Transaction ID : 35446219
Mailing Address 204 W Trinity St		Amount of Each Receipt this Period 250.00
City Groesbeck	State TX	Zip Code 76642-1324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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 23 OF 47
	<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. Valerie A. Kupferer DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 628 N 14th St
 City Murphysboro State IL Zip Code 62966-1807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Horizons Obstetrics & Gynecology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446220
 Amount of Each Receipt this Period 250.00

B. Mr. Shawn Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2722 Ordway St, NW #1
 City Washington State DC Zip Code 20008-5045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Family Physicians Occupation VP of Practice Advancement & Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 35446224
 Amount of Each Receipt this Period 500.00

C. A. Duane Selman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 15100
 City Fort Worth State TX Zip Code 76119-0100
 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 ▼ 2500.00

Date of Receipt 10 / 16 / 2012
Transaction ID : 35452903
 Amount of Each Receipt this Period 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47
	<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. Joel M. Feder DO., FACOF
 Full Name (Last, First, Middle Initial)
 Mailing Address 6740 West 121st Street
 City Overland Park State KS Zip Code 66209-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Overland Park Family Health Partners Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452906
 Amount of Each Receipt this Period **100.00**

B. Steven D. Kamajian DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2103 Montrose Ave Ste E
 City Montrose State CA Zip Code 91020-1546
 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 **2000.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452907
 Amount of Each Receipt this Period **500.00**

c. Kevin Vincent de Regnier DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 E Court Ave
 City Winterset State IA Zip Code 50273-1517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Madison County Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452908
 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: (check only one)	PAGE 25 OF 47
	<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. Teresa A. Hubka DO, FACOOG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1432 W Wolfram St
 City Chicago State IL Zip Code 60657-4117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Wellness Care Occupation Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452909
 Amount of Each Receipt this Period **500.00**

B. Kenneth Richter DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 44555 Woodward Ave Ste 302
 City Pontiac State MI Zip Code 48341-5035
 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 **10 / 16 / 2012**
Transaction ID : 35452910
 Amount of Each Receipt this Period **1000.00**

C. S. G. 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 **1000.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452911
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **1600.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47
	<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. David Coffey DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1758 Park Place
 Ste 402
 City Montgomery State AL Zip Code 36106-1135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Montgomery Family Practice PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35452912
 Amount of Each Receipt this Period
1250.00

B. Ronald R. Burns DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Old Castle Dr
 City Winter Park State FL Zip Code 32792-9421
 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 **1650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35452913
 Amount of Each Receipt this Period
500.00

C. Michael D. McNamara DO, FACN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 449
 City Derby State VT Zip Code 05829-0449
 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 **1150.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35452914
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 47
	<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. Thomas G. Zimmerman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 196 Merrick Rd
 City Oceanside State NY Zip Code 11572-1420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Nassau Family Medicine Occupation Director of Osteopathic Medical Educat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452916
 Amount of Each Receipt this Period **500.00**

B. Barbara E. Walker DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 E Ave
 City Kure Beach State NC Zip Code 28449-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452917
 Amount of Each Receipt this Period **300.00**

c. John Casey DO, MA
 Full Name (Last, First, Middle Initial)
 Mailing Address 5156 Baker Ridge Dr
 City Columbus State OH Zip Code 43228-1794
 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 **361.00**

Date of Receipt **10 / 16 / 2012**
Transaction ID : 35452918
 Amount of Each Receipt this Period **111.00**

SUBTOTAL of Receipts This Page (optional)..... **911.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Leann Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 1090 Vermont Ave, NW
 Ste 510
 City Washington State DC Zip Code 20005-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Information Assoc Occupation Director, Political Affairs and Advoca
 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
 10 / 16 / 2012
Transaction ID : 35452919
 Amount of Each Receipt this Period
250.00

B. Ernest R. Gelb DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 King St.
 City Laporte State PA Zip Code 18626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PCOM Sullivan County Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35452920
 Amount of Each Receipt this Period
500.00

c. LT Alissa P. Craft DO, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 SW Washington 402
 City Corvallis State OR Zip Code 97333-4877
 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 **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2012
Transaction ID : 35452921
 Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial) A. Martin S. Levine DO, MPH		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2012
Mailing Address 789 Avenue C		Transaction ID : 35452922
City Bayonne	State NJ	Zip Code 07002-2820
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Steinbaum/Levine LLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John W. Becher DO		Date of Receipt M M / D D / Y Y Y Y Y 10 / 16 / 2012
Mailing Address 1 Lakeshore Dr		Transaction ID : 35452923
City Newtown Square	State PA	Zip Code 19073-3938
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) c. Susan L. Volpicella-Levy DO		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2012
Mailing Address 261 Old Hook Rd		Transaction ID : 35452948
City Westwood	State NJ	Zip Code 07675-3102
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47
	<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. Konrad C. Miskowicz-Retz PhD, CAE			Date of Receipt
Mailing Address 142 E Ontario St			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 35452949
Chicago	IL	60611-2874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Osteopathic Association	Director, Department of Accreditation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="725.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Norman E. Vinn DO, MBA			Date of Receipt
Mailing Address 260 Calle Campesino			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 35452950
San Clemente	CA	92672-4553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
Self Employed	Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas L. Ely DO			Date of Receipt
Mailing Address 651 Dunlop Ln			<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 35452951
Clarksville	TN	37040-5015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Gateway Medical Center	Chief Medical Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 47
	<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. Victor D. Angel DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 839 Winding River Blvd
 City State Zip Code
 Maineville OH 45039-7751
 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 ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452953
 Amount of Each Receipt this Period
 100.00

B. Boyd R. Buser DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 Sycamore Street
 City State Zip Code
 Pikeville KY 41501-9118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Pikeville-Ky Com Vice President and Dean
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452954
 Amount of Each Receipt this Period
 100.00

C. Teshina N. Wilson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Christina Landing Dr Apt 1103
 City State Zip Code
 Wilmington DE 19801-5464
 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 ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452956
 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: (check only one)	PAGE 32 OF 47
	<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. Linda L. Mascheri
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E Ontario St
 City Chicago State IL Zip Code 60611-2874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association Occupation Director, Department of State, Affiliat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1330.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452957
 Amount of Each Receipt this Period 330.00

B. Robert C. DeLuca DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 W Plummer St
 City Eastland State TX Zip Code 76448-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert DeLuca DO Pa Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452958
 Amount of Each Receipt this Period 200.00

c. Geraldine O'Shea DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 New York Ranch Rd Ste B
 City Jackson State CA Zip Code 95642-2173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothills Women's Medical Ctr Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452959
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 630.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47
	<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. Mark E. Eastman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 New York Ranch Rd
 Suite B
 City Jackson State CA Zip Code 95642-2173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foothills Womens Med Ctr Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452960
 Amount of Each Receipt this Period
 100.00

B. Daniel Kary DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 287 Main Street
 Ste 403
 City Lewiston State ME Zip Code 04240-7056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Maine Osteo Assoc Pa Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452961
 Amount of Each Receipt this Period
 100.00

C. Ray L. Morrison DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 481
 City Crockett State TX Zip Code 75835-0481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Houston Co Surgical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452962
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**
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 34 OF 47
	<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. Jim W. Czewski DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9004 Crest Ridge Ct
 City Fort Worth State TX Zip Code 76179-4019
 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
 10 / 15 / 2012
Transaction ID : 35452963
 Amount of Each Receipt this Period
 500.00

B. Jorge D. Luna DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4144 Baton Rouge Way
 City Hollywood State FL Zip Code 33026-4970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Continulabs At Davie
 Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452964
 Amount of Each Receipt this Period
 500.00

C. Mark A. Baker DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 6317 Pamlico Rd
 City Fort Worth State TX Zip Code 76116-1630
 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452966
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 47
	<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. William M. Silverman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1248 Wellington Terrace
 City Maitland State FL Zip Code 32751-5226
 Name of Employer Lake Howell Family Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Occupation Physician
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452967
 Amount of Each Receipt this Period 500.00

B. William S. Mayo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1393
 City Oxford State MS Zip Code 38655-1393
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Occupation Physician
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452968
 Amount of Each Receipt this Period 100.00

c. Craig L. Magnatta DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 N Lapeer Rd
 City Oxford State MI Zip Code 48371-3610
 Name of Employer Meadowbrook Family Med Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Occupation Physician
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452969
 Amount of Each Receipt this Period 850.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00
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 36 OF 47
	<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. Robert S. Juhasz DO, FACOI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2570 Som Center Rd
 City Willoughby Hills State OH Zip Code 44094-9607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Willoughby Hills Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452970
 Amount of Each Receipt this Period 500.00

B. Joseph M. Yasso Jr DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3513 NW Primrose Lane
 City Lees Summit State MO Zip Code 64064-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452971
 Amount of Each Receipt this Period 500.00

C. William S. Mayo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1393
 City Oxford State MS Zip Code 38655-1393
 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 ▼ 1600.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452972
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 47
	<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"/>	<input type="checkbox"/> 17

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

A. Michael K. Murphy DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 17123 Hedgerow Park Rd
 City Charlotte State NC Zip Code 28277-6661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bluefield Regional Med. Ctr. Occupation Med. Dir.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2100.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : 35452973
 Amount of Each Receipt this Period **100.00**

B. James C. Jempsa DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2245 Springdale Ct
 City Reno State NV Zip Code 89523-3201
 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 **850.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : 35452974
 Amount of Each Receipt this Period **500.00**

C. George D. Vermeire DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 Bergan Rd
 City Oreland State PA Zip Code 19075-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aetna Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : 35452975
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1100.00**
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 38 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Committee

A. Shannon C. Scott DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 E Waltann Ln
 City Phoenix State AZ Zip Code 85032-4251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Employed
 Occupation: Clinical Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 15 / 2012
Transaction ID : 35452976
 Amount of Each Receipt this Period: 100.00

B. Scott S. Cyrus DO, FACOP
 Full Name (Last, First, Middle Initial)
 Mailing Address 8803 South 101st East Avenue Ste 200
 City Tulsa State OK Zip Code 74133-5730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Children and Adolescent Medical Svcs
 Occupation: Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt: 10 / 15 / 2012
Transaction ID : 35452977
 Amount of Each Receipt this Period: 700.00

C. Joseph A. Giaimo DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 2511 Burns Rd
 City Palm Beach Gardens State FL Zip Code 33410-5204
 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 ▼ 2950.00

Date of Receipt: 10 / 15 / 2012
Transaction ID : 35452978
 Amount of Each Receipt this Period: 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Osteopathic Information Association - Osteopathic Political Action Committee

A. Robert D. Gober DO, JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Merry Hill Ct
 City Pikesville State MD Zip Code 21208-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452982
 Amount of Each Receipt this Period
 500.00

B. Joel B. Cooperman DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 10555 E Dartmouth Ave Ste 200
 City Aurora State CO Zip Code 80014-2673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Denver Osteopathic Center
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452983
 Amount of Each Receipt this Period
 500.00

C. George Thomas DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 590 Solon Rd
 City Bentleyville State OH Zip Code 44022-3300
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35452984
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 40 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Josh L. Prober JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 142 E Ontario St
 City Chicago State IL Zip Code 60611-2874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Osteopathic Association Occupation General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452990
 Amount of Each Receipt this Period 100.00

B. Larry W. Anderson DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Dawson Commons Cir Ste 410
 City Dawsonville State GA Zip Code 30534-6269
 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 ▼ 400.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452992
 Amount of Each Receipt this Period 200.00

C. Karen J. Nichols DO, MA, FA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Oak Brook Club Dr Apt D306
 City Oak Brook State IL Zip Code 60523-8545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Dean; Professor, Internal Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 10 / 15 / 2012
Transaction ID : 35452996
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 41 OF 47
	<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 J. Burke DO, FACOFP
 Full Name (Last, First, Middle Initial)
 Mailing Address 5100 West Broad Street
 City Columbus State OH Zip Code 43228-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1650.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : 35452998
 Amount of Each Receipt this Period **500.00**

B. Jim J. Dearing DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 19841 N 27th Ave Ste 101
 City Phoenix State AZ Zip Code 85027-4004
 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 **1600.00**

Date of Receipt **10 / 15 / 2012**
Transaction ID : 35453000
 Amount of Each Receipt this Period **100.00**

C. LT Alissa P. Craft DO, MBA
 Full Name (Last, First, Middle Initial)
 Mailing Address 136 SW Washington 402
 City Corvallis State OR Zip Code 97333-4877
 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 **10 / 15 / 2012**
Transaction ID : 35453001
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 42 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Michael Michael Wieting DO, MEd		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012
Mailing Address 309 Norris Dr		Transaction ID : 35453002
City Tazewell	State TN	Zip Code 37879-4571
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John Casey DO, MA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012
Mailing Address 5156 Baker Ridge Dr		Transaction ID : 35453003
City Columbus	State OH	Zip Code 43228-1794
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Ronnie B. Martin DO, FACOFP		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012
Mailing Address 100 Waterton Dr		Transaction ID : 35453004
City Lynchburg	State VA	Zip Code 24503-2161
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Vice Dean	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 47
	<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. David E. Garza DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 450447
 City Laredo State TX Zip Code 78045-0010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35453005
 Amount of Each Receipt this Period
 500.00

B. Thomas O. Borgstedte DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 E Guadalupe St
 City La Grange State TX Zip Code 78945-1920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35453006
 Amount of Each Receipt this Period
 500.00

C. Gregory James DO, MPH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 Kings Point Dr
 City Largo State FL Zip Code 33774-1009
 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 ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2012
Transaction ID : 35453007
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 47
(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

A. Jeff Heatherington LHD
Full Name (Last, First, Middle Initial)
Mailing Address 825 NE Multnomah Street
Ste 300
City Portland State OR Zip Code 97232-2157
FEC ID number of contributing federal political committee. **C**
Name of Employer Familycare, Inc. Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 08 / 2012
Transaction ID : 35453015
Amount of Each Receipt this Period 4000.00
Inkind contribution - Raffle Prize

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

Date of Receipt
Amount of Each Receipt this Period

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL This Period (last page this line number only).....▶	43525.95

**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. 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 : 35431786

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35431789

Amount of Each Disbursement this Period

Credit card processing fees

Full Name (Last, First, Middle Initial)

C. PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35453013

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. Jeff Heatherington LHD

Mailing Address 825 NE Multnomah Street
Ste 300

City Portland State OR Zip Code 97232-2157

Purpose of Disbursement
Inkind contribution - Raffle Prize

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2012

Transaction ID : 35453018

Amount of Each Disbursement this Period

4000.00

Inkind contribution - Raffle Prize

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

4000.00

4213.89

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. Carmona For Arizona

Mailing Address PO Box 12339

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Richard Carmona

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2012

Transaction ID : 35356237

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

5000.00

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

5000.00
