

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ 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 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2012 through 09 / 30 / 2012

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 10 / 16 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Osteopathic Information Association - Osteopathic Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text"/>	<input type="text" value="289584.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="485176.03"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2076.97"/>	<input type="text" value="375156.35"/>
(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="487253.00"/>	<input type="text" value="664740.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58543.44"/>	<input type="text" value="236030.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="428709.56"/>	<input type="text" value="428709.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

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).....	800.00	258940.69
(ii) Unitemized .....	1259.00	116082.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2059.00	375023.14
(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) .....	2059.00	375023.14
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.).....	17.97	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))..... ▶	2076.97	375156.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2076.97	375156.35

**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 .....	543.44	8166.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	543.44	8166.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58000.00	227864.40
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)) ..	58543.44	236030.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58543.44	236030.97

**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) .....	2059.00	375023.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2059.00	375023.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	543.44	8166.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	543.44	8166.57

**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 17
	<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	<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**

**A. Kelly D. Ludema DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5417 5 Mile Rd NE

City Belmont State MI Zip Code 49306-9010

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 ▼ 350.00

Date of Receipt 09 / 05 / 2012  
**Transaction ID : 35203443**

Amount of Each Receipt this Period 50.00

**B. William D. DiCindio DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Erica Ct

City Swedesboro State NJ Zip Code 08085-1823

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 09 / 07 / 2012  
**Transaction ID : 35207302**

Amount of Each Receipt this Period 500.00

**C. Les T. Sandknop DO**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1029

City Rockwall State TX Zip Code 75087-1029

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 09 / 18 / 2012  
**Transaction ID : 35302194**

Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	800.00

**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. 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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 35320851**

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 35320855**

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 35320864**

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. American Express**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

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  
09 / 24 / 2012

**Transaction ID : 35320866**

Amount of Each Disbursement this Period

7.95

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  
09 / 21 / 2012

**Transaction ID : 35333114**

Amount of Each Disbursement this Period

32.83

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)..... ▶

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

40.78

515.27



**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. Levin for Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Sander M. Levin**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2012

**Transaction ID : 35223095**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Blaine For Congress 2012**

Mailing Address PO Box 125

City Holts Summit State MO Zip Code 65043

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Blaine W. Luetkemeyer**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303086**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Pallone For Congress**

Mailing Address P.O. Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Frank Pallone Jr.**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303116**

Amount of Each Disbursement this Period

2500.00

Contribution

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Gary Delong**

Mailing Address 30151 Tomas

City Rnchostamargarita State CA Zip Code 92688

Purpose of Disbursement Contribution

011

Candidate Name

**Mr. Gary Delong**

Category/Type

Office Sought:  House  Senate  President  
State: CA District: 47

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

Transaction ID : 35303129

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Scott Brown For U.S. Senate Committee, Inc.**

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement Contribution

011

Candidate Name

**Sen. Scott P. Brown**

Category/Type

Office Sought:  House  Senate  President  
State: MA District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

Transaction ID : 35303136

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bob Corker For Senate 2012**

Mailing Address 1910 21st Avenue South

City Nashville State TN Zip Code 37212

Purpose of Disbursement Contribution

011

Candidate Name

**Sen. Robert P. Corker Jr.**

Category/Type

Office Sought:  House  Senate  President  
State: TN District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

Transaction ID : 35303149

Amount of Each Disbursement this Period

2500.00

Contribution

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carper For Senate**

Mailing Address P.O. Box 2882

City State Zip Code  
Wilmington DE 19805

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Thomas R. Carper**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303155**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Chris Murphy**

Mailing Address PO Box 127

City State Zip Code  
Cheshire CT 06410

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Christopher Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303156**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Larson For Congress**

Mailing Address P.O. Box 479

City State Zip Code  
Glastonbury CT 06033

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John B. Larson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303159**

Amount of Each Disbursement this Period

1000.00

Contribution

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Bridenstine, Inc.**

Mailing Address PMB 230  
8086 South Yale

City Tulsa State OK Zip Code 74136

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. James Bridenstine**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OK District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303162**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael C. Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303166**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Brian Bilbray For Congress**

Mailing Address 970 Seacoast Drive  
#7

City Imperial Beach State CA Zip Code 91932

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Brian P. Bilbray**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303177**

Amount of Each Disbursement this Period

2000.00

Contribution

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

**Transaction ID : 35303180**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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Contribution

Full Name (Last, First, Middle Initial)

**B. Plummer For Congress**

Mailing Address PO Box 1272

City O'Fallon State IL Zip Code 62269

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mr. Jason Plummer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

**Transaction ID : 35303182**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Scalise For Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	2

**Transaction ID : 35303186**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**

Mailing Address 205 5th Avenue, South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303188**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Becerra For Congress**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303192**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Pete Stark Re-Election Committee**

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Fortney Pete Stark**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303199**

Amount of Each Disbursement this Period

1000.00

Contribution

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**National Republican Congressional Committee**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303200**

Amount of Each Disbursement this Period

10000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Olson For Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Pete G. Olson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303201**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Diane Black For Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Diane Black**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303205**

Amount of Each Disbursement this Period

1000.00

Contribution

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

12000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wicker For Senate**

Mailing Address P.O. Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement Contribution

011

Candidate Name

**Sen. Roger F. Wicker**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MS District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303206**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. John A. Boehner**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303208**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Van Hollen For Congress**

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Chris Van Hollen**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MD District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2012

**Transaction ID : 35303209**

Amount of Each Disbursement this Period

1500.00

Contribution

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

9000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Osteopathic Information Association - Osteopathic Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hatch Election Committee, Inc.**

Mailing Address P.O. Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sen. Orrin G. Hatch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

**Transaction ID : 35303210**

Amount of Each Disbursement this Period

2500.00
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Contribution

**B.**

Full Name (Last, First, Middle Initial)

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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**C.**

Full Name (Last, First, Middle Initial)

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)..... ▶

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

2500.00
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58000.00
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