

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

ADDRESS (number and street) 1090 Vermont Ave., NW
Suite 510
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 07 31 2010

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 Electronically Filed by Ronnie Martin, D.O. Date 08 19 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		100788.73
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	182274.29									
(c) Total Receipts (from Line 19)	117795.72	336251.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	300070.01	437039.88								
7. Total Disbursements (from Line 31)	17686.40	154656.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	282383.61	282383.61								
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 Comm-
ittee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	74373.65	225753.65
(ii) Unitemized	43404.00	110377.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	117777.65	336130.65
(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)	117777.65	336130.65
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	18.07	120.50
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	117795.72	336251.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	117795.72	336251.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	298.21	29724.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	298.21	29724.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16086.19	123586.19
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1302.00	1302.00
(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))	1302.00	1302.00
29. Other Disbursements.....	0.00	43.52
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))..	17686.40	154656.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17686.40	154656.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	117777.65	336130.65
34. Total Contribution Refunds (from Line 28(d))	1302.00	1302.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	116475.65	334828.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	298.21	29724.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	298.21	29724.56

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

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

FOR LINE NUMBER: PAGE 6 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Tamer M. Gozleveli, DO

Mailing Address 222 South Flamingo Road

City State Zip Code
Pembroke Pines FL 33027-1721

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

Name of Employer Occupation
Tamer Gozleveli DO PA Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2010

Transaction ID: 31965704

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Tamer M. Gozleveli, DO

Mailing Address 222 South Flamingo Road

City State Zip Code
Pembroke Pines FL 33027-1721

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

Name of Employer Occupation
Tamer Gozleveli DO PA Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2010

Transaction ID: 31965705

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kathryn A. Ryan Weiland, DO

Mailing Address 207 Stirling Dr

City State Zip Code
Butler PA 16001-6717

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

Name of Employer Occupation
Butler Medical Assoc Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2010

Transaction ID: 31971959

Amount of Each Receipt this Period
250.00

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: PAGE 7 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Kathleen Marie Naegele, DO

Mailing Address 11337 S Mather Ave

City State Zip Code
Alsip IL 60803-4416

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: 31971961

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Constance Cashen, DO

Mailing Address 4646 Nantucket Dr

City State Zip Code
Toledo OH 43623-3194

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

Name of Employer Occupation
Toledo Surgical Associates Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: 31971964

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Susan Friedman

Mailing Address 1090 Vermont Ave. NW
Ste. 510

City State Zip Code
Washington DC 20005-4905

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

Name of Employer Occupation
American Osteopathic Association Deputy Director - Gov't Relation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2010

Transaction ID: 31971965

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael B. Clearfield, DO
Mailing Address 1310 Johnson Ln
City Vallejo State CA Zip Code 94592-1159
FEC ID number of contributing federal political committee. **C**
Name of Employer TUCOM-CA Occupation Dean
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
07 / 08 / 2010
Transaction ID: 31971966
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Laura M. Rosch, DO
Mailing Address 3854 N Bell Ave
City Chicago State IL Zip Code 60618-3812
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 MM / DD / YYYY
07 / 08 / 2010
Transaction ID: 31993323
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ed A. Loniewski, DO
Mailing Address 46618 Arboretum Cir
City Plymouth State MI Zip Code 48170-3460
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 MM / DD / YYYY
07 / 08 / 2010
Transaction ID: 31993327
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 9 / 73
	<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 Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
George Thomas, DO

Mailing Address 590 Solon Rd

City State Zip Code
Bentleyville OH 44022-3300

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2010

Transaction ID: 31993328

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Paul Grayson Smith, Jr DO

Mailing Address 2121 N Ocoee St Ste 101
Ocoee Premier Park

City State Zip Code
Cleveland TN 37311-3953

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

Name of Employer Self Employed Occupation
Self Employed 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
07 / 12 / 2010

Transaction ID: 32069807

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Paul Grayson Smith, III DO

Mailing Address 2121 N Ocoee St Ste 101

City State Zip Code
Cleveland TN 37311-3953

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

Name of Employer Self Employed Occupation
Self Employed 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
07 / 12 / 2010

Transaction ID: 32069808

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Merideth C. Norris, DO
Mailing Address 16 Winter St
City Kennebunk State ME Zip Code 04043-7043
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 ▼ 530.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 32069822
Amount of Each Receipt this Period 330.00

B. Full Name (Last, First, Middle Initial)
Gail D. Feinberg, DO
Mailing Address 409 Bluebird Dr
City Russell State KY Zip Code 41169-1571
FEC ID number of contributing federal political committee. **C**
Name of Employer Ironton Family Medical Ce-
nter Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 32069827
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Howard Feinberg, DO
Mailing Address 1901 Winchester Ave Ste 103
City Ashland State KY Zip Code 41101-7758
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 07 / 21 / 2010
Transaction ID: 32069828
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1330.00
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 11 / 73
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Laura M. Rosch, DO

Mailing Address 3854 N Bell Ave

City Chicago State IL Zip Code 60618-3812

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 07 / 21 / 2010

Transaction ID: 32069832

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Teresa A. Hubka, DO, FACOOG

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 Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 21 / 2010

Transaction ID: 32069833

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Kathleen Marie Naegele, DO

Mailing Address 11337 S Mather Ave

City Alsip State IL Zip Code 60803-4416

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 07 / 21 / 2010

Transaction ID: 32069835

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 73
(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
							17

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

A.

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

Mailing Address 304 Shorter Avenue, NW
Ste 201

City State Zip Code
Rome GA 30165-4256

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

Name of Employer
Floyd Family Med Res Prog-
ram

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069836

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Anthony J. Silvagni, DO, PharmD

Mailing Address 3200 South University Drive

City State Zip Code
Davie FL 33328-2018

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

Name of Employer
NSUCOM

Occupation
Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069839

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Anthony N. Ottaviani, DO, MPH, F

Mailing Address 13644 Walsingham Rd

City State Zip Code
Largo FL 33774-3532

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

Name of Employer
Sun Coast Hospital

Occupation
President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069840

Amount of Each Receipt this Period
500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James W. Fetchero, DO
Mailing Address 2734 Flynn Cove Rd
City Jacksonville State FL Zip Code 32223-1800
FEC ID number of contributing federal political committee. **C**
Name of Employer Family Medical Centers Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 32069841
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Walter B. Flesner, III DO
Mailing Address 4038 Cherrybrook Loop
City Fort Myers State FL Zip Code 33966-7003
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 07 / 21 / 2010
Transaction ID: 32069853
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
Michelle R. Mendez, DO
Mailing Address 12737 Michaels Landing Cir N
City Jacksonville State FL Zip Code 32224-7989
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 07 / 21 / 2010
Transaction ID: 32069854
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Anna Zelencic Hayden, DO	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 3056 NE 15th Ter	Transaction ID: 32069855
	City State Zip Code Fort Lauderdale FL 33334-4412	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Specialty Care Clinic North Broward Ho	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) Thomas N. Told, DO	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 580 Pershing St	Transaction ID: 32069857
	City State Zip Code Craig CO 81625-3047	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

C.	Full Name (Last, First, Middle Initial) Donald J. Krpan, DO, FACOFP	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 19032 Lamplight Ln	Transaction ID: 32069858
	City State Zip Code Yorba Linda CA 92886-2701	Amount of Each Receipt this Period 2630.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2630.00	

SUBTOTAL of Receipts This Page (optional)	2830.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Norman E. Vinn, DO		Date of Receipt
	Mailing Address 260 Calle Campesino		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2010
	City	State	Zip Code
	San Clemente	CA	92672-4553
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32069859
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 1050.00	

B.	Full Name (Last, First, Middle Initial) Kenny A. Heiles, DO		Date of Receipt
	Mailing Address 203 S Jefferson St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2010
	City	State	Zip Code
	Star City	AR	71667-5101
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32069864
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 1150.00	

C.	Full Name (Last, First, Middle Initial) Donald H. Polk, DO		Date of Receipt
	Mailing Address PO Box 778 The Waynesboro Clinic PC		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 21 / 2010
	City	State	Zip Code
	Waynesboro	TN	38485-0778
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: 32069870
Name of Employer The Waynesboro Clinic Pc		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
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 16 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William J. Kuprevich, Jr DO		Date of Receipt
	Mailing Address 375 Riverview Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2010
	City	State	Zip Code
	Bloomsburg	PA	17815-8218
	FEC ID number of contributing federal political committee. C		Transaction ID: 32069871
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00	150.00

B.	Full Name (Last, First, Middle Initial) Anita E. Kozlowski, DO		Date of Receipt
	Mailing Address 18 Pump House Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2010
	City	State	Zip Code
	Ringtown	PA	17967-9787
	FEC ID number of contributing federal political committee. C		Transaction ID: 32069879
Name of Employer Geisinger Medical Group		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	300.00

C.	Full Name (Last, First, Middle Initial) Justin Sparkes, DO		Date of Receipt
	Mailing Address 8300 Cardinal Ridge Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 21 / 2010
	City	State	Zip Code
	Edmond	OK	73034-9485
	FEC ID number of contributing federal political committee. C		Transaction ID: 32069889
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	150.00

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: PAGE 17 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Duane G. Koehler, DO, FACOFF

Mailing Address 30 B Street, SW

City State Zip Code
Miami OK 74354-6808

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

Name of Employer Occupation
Miami Physicians Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069892

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
John F. Rice, DO

Mailing Address 116 SW 2nd Street

City State Zip Code
Checotah OK 74426-3602

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069893

Amount of Each Receipt this Period
650.00

C.

Full Name (Last, First, Middle Initial)
David F. Hitzeman, DO

Mailing Address 2012 W Rockport St

City State Zip Code
Broken Arrow OK 74012-0444

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069894

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 73
	<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Larry A. Wickless, DO		Date of Receipt	
	Mailing Address 142 East Ontario Street		M M / D D / Y Y Y Y Y 07 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 32069895
	Chicago	IL	60611-2874	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150.00	
Name of Employer American Osteopathic Association		Occupation Past President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1150.00		

B.	Full Name (Last, First, Middle Initial) John E. Bodell, DO		Date of Receipt	
	Mailing Address 2871 West Rd		M M / D D / Y Y Y Y Y 07 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 32069907
	Trenton	MI	48183-2476	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		350.00	
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 ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) John H. Morrison, Jr DO		Date of Receipt	
	Mailing Address 10641 Castlewood St		M M / D D / Y Y Y Y Y 07 / 21 / 2010	
	City	State	Zip Code	Transaction ID: 32069908
	White Lake	MI	48386-3724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		150.00	
Name of Employer John H Morrison Jr DO Pc		Occupation Physician		
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)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 19 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kurt C. Anderson, DO
Mailing Address 217 W Wright Ave
City Shepherd State MI Zip Code 48883-2502
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 32069910
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Gary L. Willyerd, DO
Mailing Address 3719 Peabody Dr
City Bloomfield Hills State MI Zip Code 48301-2036
FEC ID number of contributing federal political committee. **C**
Name of Employer MSUCOM Occupation Associate Dean
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 32069914
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
George T. Sawabini, Sr DO
Mailing Address PO Box 524
City Dearborn State MI Zip Code 48121-0524
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 07 / 21 / 2010
Transaction ID: 32069915
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00
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 / 73
	<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Susan C. Sevensma, DO, FAODME	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 5900 Byron Center Ave, SW	Transaction ID: 32069916
	City State Zip Code Grand Rapids MI 49519-9606	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Metro Health Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

B.	Full Name (Last, First, Middle Initial) Carol L. Monson, DO, MSCMH	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 6348 Timber View Dr	Transaction ID: 32069917
	City State Zip Code East Lansing MI 48823-9320	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MSUCOM	Occupation Professor & Acting Chairperson, Dept of	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Frank Bedford, CPA	Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 142 E Ontario St	Transaction ID: 32069920
	City State Zip Code Chicago IL 60611-2818	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Osteopathic Association	Occupation Dept. Director- Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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:	PAGE 21 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Sydney Olson		Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 1090 Vermont Ave NW		Transaction ID: 32069921
	City Washington	State DC	Zip Code 20005-4905
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer American Osteopathic Association	Occupation Director of Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Lynette McLain		Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 4848 N Lincoln Blvd		Transaction ID: 32069922
	City Oklahoma City	State OK	Zip Code 73105-3335
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Oklahoma Osteopathic Assn	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Lynette McLain		Date of Receipt MM / DD / YYYY 07 / 21 / 2010
	Mailing Address 4848 N Lincoln Blvd		Transaction ID: 32069924
	City Oklahoma City	State OK	Zip Code 73105-3335
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Oklahoma Osteopathic Assn	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

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: PAGE 22 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Ned A. Magen, DO

Mailing Address 969 Keystone Dr

City State Zip Code
Soldotna AK 99669-8064

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 32069933

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

William D. Stampel, DO

Mailing Address 111 Windy Rush Ln

City State Zip Code
Dewitt MI 48820-9599

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

Name of Employer Occupation
Michigan State University, College of Dean

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 32069934

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Susan C. Sevensma, DO, FAODME

Mailing Address 5900 Byron Center Ave, SW

City State Zip Code
Grand Rapids MI 49519-9606

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

Name of Employer Occupation
Metro Health Hospital Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2010

Transaction ID: 32069937

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John E. Bodell, DO

Mailing Address 2871 West Rd

City State Zip Code
Trenton MI 48183-2476

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

Name of Employer
Self Employed

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069938

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 5900 Byron Center Ave, SW

City State Zip Code
Grand Rapids MI 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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069939

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Michael Popoff, DO

Mailing Address 5200 Ponvalley Rd

City State Zip Code
Bloomfield Hills MI 48302-2834

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

Name of Employer
Self Employed

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069961

Amount of Each Receipt this Period
150.00

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 24 / 73
	<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.

Full Name (Last, First, Middle Initial)
Lauren E. Donatelli-Seyler, DO

Mailing Address 9145 Echelon Point Dr Unit 1034

City State Zip Code
Las Vegas NV 89149-3240

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2010

Transaction ID: 32069964

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Andrew D. Adair, DO

Mailing Address 30795 23 Mile Rd Ste 205

City State Zip Code
Chesterfield MI 48047-5721

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

Name of Employer North Macomb Family Practice PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 21 / 2010

Transaction ID: 32069965

Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Robert L. Hunter, DO

Mailing Address 2605 Greenbrier Ct

City State Zip Code
Dayton OH 45431-8564

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 07 / 21 / 2010

Transaction ID: 32069970

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial)
Gordon J. Katz, DO, MS

Mailing Address 8371 Yankee St

City State Zip Code
Dayton OH 45458-1810

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

Name of Employer Occupation
Devore ENT Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069972

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Brian A. Kessler, DO

Mailing Address 6163 Nicholson Dr

City State Zip Code
Hudson OH 44236-4305

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
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069973

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Edward W. Schreck, DO

Mailing Address Grosvenor Hall Rm 335

City State Zip Code
Athens OH 45701-2979

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

Name of Employer Occupation
OU-SOM Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069975

Amount of Each Receipt this Period
150.00

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: PAGE 26 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David C. Ashcraft, DO

Mailing Address 201 Belle Meadow Dr

City State Zip Code
Marietta OH 45750-9233

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

Name of Employer Ashcraft Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010

Transaction ID: 32069978

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
John H. Windsor, DO

Mailing Address 310 N 10th St
St Alexius Heart and Lung Clinic

City State Zip Code
Bismarck ND 58501-4516

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

Name of Employer Morgan and Associates dba Heart and Lu Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010

Transaction ID: 32069982

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Lee A. Van Houten-Sauter, DO

Mailing Address 1224 Tulip Ave

City State Zip Code
Williamstown NJ 08094-9517

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

Name of Employer Pine Street Family Practi- ce PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010

Transaction ID: 32069983

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **2950.00**

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 27 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth E. Jones, DO

Mailing Address 1016 Linwood Rd

City State Zip Code
Clinton MO 64735-9020

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
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069989

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Gary L. Moorman, DO

Mailing Address 6245 Inkster Rd

City State Zip Code
Garden City MI 48135-4001

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

Name of Employer Garden City Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069993

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Barry S. Wagner, DO

Mailing Address 7814 Dunwoody Dr

City State Zip Code
Chattanooga TN 37421-1877

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
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: 32069997

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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 28 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Al E. Faigin, DO
Mailing Address 5703 Westcreek Dr
City State Zip Code
Fort Worth TX 76133-3301
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Wedgewood Family Health Physician
Assoc
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 270.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010
Transaction ID: 32069998
Amount of Each Receipt this Period
162.00

B. Full Name (Last, First, Middle Initial)
Margaret A Orcutt Tuddenham, DO
Mailing Address 8600 Willow Run Ct
City State Zip Code
Cincinnati OH 45243-3448
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
74 Med Group Wright Patte- Physician
rson Afb
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010
Transaction ID: 32070413
Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Victor D. Angel, DO, MPH
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2010
Transaction ID: 32075803
Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 662.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elisa E. H. Vinyard, DO
Mailing Address 1007 S Polk St
City Maysville State MO Zip Code 64469-4030
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 32075819
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Khawaja Haroun Ikram, DO
Mailing Address PO Box 4058
City Jackson State MI Zip Code 49204-4058
FEC ID number of contributing federal political committee. **C**
Name of Employer Jackson Orthopaedic Care & Surgery, PC Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 07 / 21 / 2010
Transaction ID: 32075837
Amount of Each Receipt this Period 5000.00

C. Full Name (Last, First, Middle Initial)
David Coffey, DO
Mailing Address 105 St Simons Way
City Deatsville State AL Zip Code 36022-5520
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 07 / 22 / 2010
Transaction ID: 32077697
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 5650.00
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 30 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Jim J. Deanino, DO

Mailing Address 750 E Thunderbird Rd Ste 1

City State Zip Code
Phoenix AZ 85022-5306

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077698

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey W. Morgana, DO

Mailing Address 5757 West Thunderbird Road
Ste W310

City State Zip Code
Glendale AZ 85306-4644

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

Name of Employer Occupation
Desert Harbor Internal Me-
dicine PLLC Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077703

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Karen J. Nichols, DO, MA

Mailing Address 3 Oak Brook Club Dr Apt D306

City State Zip Code
Oak Brook IL 60523-8545

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

Name of Employer Occupation
AOA President

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077704

Amount of Each Receipt this Period

150.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jan D. Zieren, DO, MPH

Mailing Address 720 East Thunderbird Road
Suite 3

City State Zip Code
Phoenix AZ 85022-5396

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

Name of Employer Occupation
Thunderbird Medical Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077707

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Michael J. Feinstein, DO

Mailing Address 6280 Jackson Dr Ste 8

City State Zip Code
San Diego CA 92119-3436

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

Name of Employer Occupation
Encompass Medical Group 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
07 / 22 / 2010

Transaction ID: 32077710

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Virginia M. Johnson, DO

Mailing Address 1448 15th St Ste 207

City State Zip Code
Santa Monica CA 90404-2756

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 ▼
775.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077711

Amount of Each Receipt this Period
150.00

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: PAGE 32 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steven D. Kamajian, DO
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 ▼ 500.00
Date of Receipt 07 / 22 / 2010
Transaction ID: 32077712
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
M. Jay Jay Porcelli, DO, MHPE
Mailing Address 336 Ervilla St
City Pomona State CA Zip Code 91767-3016
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 07 / 22 / 2010
Transaction ID: 32077715
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dan E. Miulli, DO, DME, F
Mailing Address 400 N Pepper Ave
Div of Neuro ARMC
City Colton State CA Zip Code 92324-1801
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 07 / 22 / 2010
Transaction ID: 32077717
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 33 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark D. Schneider, DO

Mailing Address 10800 Paramount Blvd Ste 402

City State Zip Code
Downey CA 90241-3334

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
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 32077719

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
David A. Connett, DO, FACOFP

Mailing Address 960 S Rim Crest Dr

City State Zip Code
Anaheim CA 92807-4537

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

Name of Employer Western Univ Health Sciences College o Occupation
Assistant Dean & Assoc Prof of Family

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 32077723

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Geraldine T. O'Shea, DO

Mailing Address 235 New York Ranch Rd Ste B

City State Zip Code
Jackson CA 95642-2173

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 ▼ 1050.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 32077724

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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 34 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Hal Wayne Armistead, DO		Date of Receipt
	Mailing Address 4273 Sailview Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 22 / 2010
	City	State	Zip Code
	Denver	NC	28037-7017
	FEC ID number of contributing federal political committee.		Transaction ID: 32077727
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Philip L. Shettle, DO		Date of Receipt
	Mailing Address 1670 Fox Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 22 / 2010
	City	State	Zip Code
	Clearwater	FL	33764-6433
	FEC ID number of contributing federal political committee.		Transaction ID: 32077731
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 1150.00	

C.	Full Name (Last, First, Middle Initial) Richard R. Thacker, DO		Date of Receipt
	Mailing Address 9381 Wintercreek Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 22 / 2010
	City	State	Zip Code
	Tallahassee	FL	32309-7299
	FEC ID number of contributing federal political committee.		Transaction ID: 32077732
Name of Employer Medical Group Of North Fl- orida		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 350.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
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 35 / 73
	<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Marcilino Oliva, DO	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address PO Box 1234	Transaction ID: 32077733
	City State Zip Code Dade City FL 33526-1234	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Samuel C. Martino, DO, BS	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 2929 W Wallcraft Ave	Transaction ID: 32077734
	City State Zip Code Tampa FL 33611-1650	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Joseph S. DeGaetano, DO	Date of Receipt MM / DD / YYYY 07 / 22 / 2010
	Mailing Address 2546 Jardin Ln	Transaction ID: 32077735
	City State Zip Code Weston FL 33327-1511	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NSU-COM	Occupation Assistant Professor, Family Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 73
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
James W. Fetchero, DO

Mailing Address 2734 Flynn Cove Rd

City State Zip Code
Jacksonville FL 32223-1800

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

Name of Employer Family Medical Centers 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
07 / 22 / 2010

Transaction ID: 32077736

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Andrew M. Guidry, DO

Mailing Address 19 Bald Eagle Dr Ste B

City State Zip Code
Marco Island FL 34145-3580

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 ▼
1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077738

Amount of Each Receipt this Period
1050.00

C. Full Name (Last, First, Middle Initial)
Hal S. Pineless, DO

Mailing Address 1890 State Rd 436 Ste 255
Neurocare Institute of Central Flo

City State Zip Code
Winter Park FL 32792-2285

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

Name of Employer Neurocare Institute of Ce-
ntral Florida Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077739

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 / 73		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Valarie A. Kupferer, DO			Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 628 N 14th St			Transaction ID: 32077743		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Murphysboro	IL	62966-1807	500.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer New Horizons Obstetrics & Gynecology		Occupation Physician	Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		500.00				

B.	Full Name (Last, First, Middle Initial) Thomas W. Kupferer, DO			Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 628 North 14th Street			Transaction ID: 32077744		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Murphysboro	IL	62966-1807	500.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Murphysboro Family Medicine Clinic		Occupation Physician	Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		500.00				

C.	Full Name (Last, First, Middle Initial) Adrian L. Woolley, DO			Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 400 E Trowbridge St			Transaction ID: 32077755		
	City	State	Zip Code	Amount of Each Receipt this Period		
	Des Moines	IA	50315-3668	150.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer East Des Moines Clinic Pc		Occupation Physician	Aggregate Year-to-Date ▼		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		300.00				

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 73
(check only one)

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

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

A.

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

Mailing Address 3200 Grand Ave
Des Moines University

City Des Moines State IA Zip Code 50312-4104

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

Name of Employer DMU-COM Occupation Senior Associate Dean of Clinical Affa

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077756

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Kenneth H. Johnson, DO

Mailing Address 30 Fengler Dr

City Scarborough State ME Zip Code 04074-8490

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077762

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Boyd R. Buser, DO

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 Pikeville College Occupation Vice President and Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077763

Amount of Each Receipt this Period
150.00

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: PAGE 39 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Dan Kary, DO

Mailing Address 287 Main Street
Ste 403

City State Zip Code
Lewiston ME 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077764

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mar Jo Jo Voelpel, DO

Mailing Address 3175 Wynns Mill Ct

City State Zip Code
Metamora MI 48455-8956

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 / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077768

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Draion M. Burch, DO

Mailing Address PO Box 44470

City State Zip Code
Detroit MI 48244-0470

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 ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077769

Amount of Each Receipt this Period

150.00

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 40 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Emily K. Hurst, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 1739 Sylvan Gln		Transaction ID: 32077771		
	City Keego Harbor	State MI	Zip Code 48320-1118	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Joseph P. McNerney, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 12000 E 12 Mile Rd		Transaction ID: 32077772		
	City Warren	State MI	Zip Code 48093-3570	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Macomb-Oakland	Occupation Director of the Osteopathic Division o	Aggregate Year-to-Date 650.00		

C.	Full Name (Last, First, Middle Initial) Donna R. Moyer, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 4011 Hahn Dr		Transaction ID: 32077774		
	City Perrinton	State MI	Zip Code 48871-9786	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kellam & Associates, PC	Occupation Physician	Aggregate Year-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional)	1650.00
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 41 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Eugene A. Oliveri, DO

Mailing Address 844 Old Milford Farms

City State Zip Code
Milford MI 48381-3363

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077780

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Peter B. Ajluni, DO

Mailing Address 1080 Dowling Rd

City State Zip Code
Bloomfield Hills MI 48304-2526

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077781

Amount of Each Receipt this Period
850.00

C.

Full Name (Last, First, Middle Initial)
Victoria A. Damba, DO

Mailing Address 1212 Weber Rd

City State Zip Code
Farmington MO 63640-3325

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

Name of Employer Mineral Area Regional Medical Center Occupation
Mineral Area Regional Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077783

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 73
	<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.

Full Name (Last, First, Middle Initial)
Bruce B. Cunningham, DO

Mailing Address 8325 City Centre Dr Ste 150

City State Zip Code
Woodbury MN 55125-5310

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

Name of Employer Occupation
Minnhealth PA Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 32077786

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
William Ashley Hood, DO

Mailing Address 1020 River Oaks Drive Ste 430

City State Zip Code
Flowood MS 39232-9500

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

Name of Employer Occupation
W Ashley Hood DO PLLC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 32077787

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 498 Tuscan Ave # 207

City State Zip Code
Hattiesburg MS 39401-5461

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

Name of Employer Occupation
OSU-COM Vice President & Dean

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 604.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2010

Transaction ID: 32077788

Amount of Each Receipt this Period
104.00

SUBTOTAL of Receipts This Page (optional) ▶ **904.00**

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 43 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Andrea Kuchinski		Date of Receipt MM / DD / YYYY 07 / 22 / 2010	
	Mailing Address 284 Morris Ave		Transaction ID: 32077789	
	City	State	Zip Code	Amount of Each Receipt this Period
	Mountain Lakes	NJ	07046-1605	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker		Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Otto F. Sabando, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010	
	Mailing Address 68 Terrace Ave		Transaction ID: 32077791	
	City	State	Zip Code	Amount of Each Receipt this Period
	West Orange	NJ	07052-3662	1000.00
	FEC ID number of contributing federal political committee. C			
Name of Employer NY United Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Otto F. Sabando, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010	
	Mailing Address 68 Terrace Ave		Transaction ID: 32077796	
	City	State	Zip Code	Amount of Each Receipt this Period
	West Orange	NJ	07052-3662	150.00
	FEC ID number of contributing federal political committee. C			
Name of Employer NY United Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1150.00		

SUBTOTAL of Receipts This Page (optional)	▶	2150.00
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 44 / 73
	<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.	Full Name (Last, First, Middle Initial) Richard R. Terry, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 40 Arch Street		Transaction ID: 32077806		
	City Johnson City	State NY	Zip Code 13790-2102	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wilson Family Practice	Occupation Director, Osteopathic Medical Education			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) William J. Burke, DO, FACOFP		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 2030 Stringtown Rd Fl 3 Doctors Hospital Family Practice		Transaction ID: 32077823		
	City Grove City	State OH	Zip Code 43123-3993	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Harold Thomas, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 26151 Euclid Avenue Ste 201		Transaction ID: 32077826		
	City Euclid	State OH	Zip Code 44132-3300	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Harold Thomas DO Inc	Occupation Physician			
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)	▶	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 45 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) George Thomas, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 590 Solon Rd		Transaction ID: 32077827		
	City Bentleyville	State OH	Zip Code 44022-3300	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00			

B.	Full Name (Last, First, Middle Initial) M. Terrance Simon, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 2300 Wales Ave NW		Transaction ID: 32077829		
	City Massillon	State OH	Zip Code 44646-2323	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Family Practice Associates Inc	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Albert M. Salomon, DO		Date of Receipt MM / DD / YYYY 07 / 22 / 2010		
	Mailing Address 765 N Hamilton Rd Ste 210		Transaction ID: 32077832		
	City Gahanna	State OH	Zip Code 43230-8703	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

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: PAGE 46 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Paul A. Martin, DO, MS

Mailing Address 100 Forest Park Dr
Forest Park Family Care Center

City Dayton State OH Zip Code 45405-5000

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

Name of Employer Forest Park Family Care Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077833

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Charles D. Hamlaw, DO

Mailing Address 155 E Mill St

City Springboro State OH Zip Code 45066-1425

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

Name of Employer C D Hanshaw DO Inc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2010

Transaction ID: 32077834

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Stanley E. Grogg, DO

Mailing Address 4520 S Birmingham Pl

City Tulsa State OK Zip Code 74105-5126

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

Name of Employer OSU-COM Occupation Prof of Pediatrics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077842

Amount of Each Receipt this Period
150.00

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 47 / 73
	<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.	Full Name (Last, First, Middle Initial) Michael K. Cooper, DO		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address 3100 Medical Pkwy Ste 100		Transaction ID: 32077844		
	City Claremore	State OK	Zip Code 74017-1088	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Omni Medical Group Claremore	Occupation Physician	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Kayse M Donnelly Shrum, DO		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address 18 Spring Creek Rd		Transaction ID: 32077845		
	City Muskogee	State OK	Zip Code 74401-1567	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Scott S. Cyrus, DO		Date of Receipt MM / DD / YYYY 07 / 26 / 2010		
	Mailing Address 8803 South 101st East Aveue Ste 200		Transaction ID: 32077846		
	City Tulsa	State OK	Zip Code 74133-5730	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Children & Adolescent Medical Svcs	Occupation Physician	Aggregate Year-to-Date 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 73
(check only one)

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

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

A.

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

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 ▼ 650.00

Date of Receipt 07 / 26 / 2010
Transaction ID: 32077848
Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
Rob L. Richardson, DO

Mailing Address 2810 SE Steele St

City Portland State OR Zip Code 97202-4525

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 07 / 26 / 2010
Transaction ID: 32077850
Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
Jeff Heatherington, LHD

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 ▼ 2000.00

Date of Receipt 07 / 26 / 2010
Transaction ID: 32077853
Amount of Each Receipt this Period 1000.00

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:	PAGE 49 / 73
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Carlo J. DiMarco, DO		Date of Receipt
	Mailing Address 4000 Sterrettania Rd Sterrettania Medical Center		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 26 / 2010
	City	State	Zip Code
	Erie	PA	16506-4125
	FEC ID number of contributing federal political committee. C		Transaction ID: 32077874
Name of Employer LECOM		Occupation Professor and Regional Dean	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

B.	Full Name (Last, First, Middle Initial) Robert Lee Peters, DO		Date of Receipt
	Mailing Address 405 Old West Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 26 / 2010
	City	State	Zip Code
	Round Rock	TX	78681-7452
	FEC ID number of contributing federal political committee. C		Transaction ID: 32077877
Name of Employer Round Rock Medical Clinic		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2220.00	1220.00

C.	Full Name (Last, First, Middle Initial) Laura S. Stiles, DO		Date of Receipt
	Mailing Address 620 Sunset Hill Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 26 / 2010
	City	State	Zip Code
	Rockwall	TX	75087-3219
	FEC ID number of contributing federal political committee. C		Transaction ID: 32077879
Name of Employer Rockwall Medical Assoc dba Dr Laura St		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	1000.00

SUBTOTAL of Receipts This Page (optional)	2720.00
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 50 / 73
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Jack McCarty, DO

Mailing Address 5109 82nd St Unit 7

City Lubbock State TX Zip Code 79424-3000

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2010

Transaction ID: 32077884

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
John C. McDonald, DO

Mailing Address 815 S Washington Ave Ste 100

City Marshall State TX Zip Code 75670-5316

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

Name of Employer Marshall Medical Practice Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2010

Transaction ID: 32077885

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Robert C. Deluca, DO

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 07 / 26 / 2010

Transaction ID: 32077887

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 51 / 73
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John C. McDonald, DO

Mailing Address 815 S Washington Ave Ste 100

City Marshall State TX Zip Code 75670-5316

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

Name of Employer: Marshall Medical Practice Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 26 / 2010

Transaction ID: 32077890

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Monte E. Troutman, DO, FACOI

Mailing Address 855 Montgomery St
Chief, Division of Gastroenterology

City Fort Worth State TX Zip Code 76107-2553

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

Name of Employer: Unt Health Science Center Of Texas/ft Occupation: Associate Professor of Medicine

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 26 / 2010

Transaction ID: 32077891

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Daniel W. Saylar, DO

Mailing Address 841 N Rosemary Dr

City Bryan State TX Zip Code 77802-4310

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: 07 / 26 / 2010

Transaction ID: 32077892

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: PAGE 52 / 73
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Full Name (Last, First, Middle Initial)
Rick A. Greco, DO

Mailing Address 2000 Eoff Street
HMP of Ohio Co.

City State Zip Code
Wheeling WV 26003-3823

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

Name of Employer Greco Osteopathic Medical Assoc
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: 32077896

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jack Douglas Lennox, DO

Mailing Address 28100 Grand River Avenue
Ste 209

City State Zip Code
Farmington Hills MI 48336-5969

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

Name of Employer Tricounty Orthopedic
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: 32077900

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Timothy J. Kowalski, DO

Mailing Address 112 Aiken Hunt Cir

City State Zip Code
Columbia SC 29223-8403

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
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: 32077911

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 73
	<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 Comm- ittee

A.

Full Name (Last, First, Middle Initial)
John W. Becher, DO

Mailing Address 1 Lakeshore Dr

City State Zip Code
Newtown Square PA 19073-3938

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2025.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077912

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Bartley G. Yee, DO

Mailing Address 2041 S Augusta Ct

City State Zip Code
La Habra CA 90631-2013

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

Name of Employer Western Univ Medical Cent- er Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077948

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dan Kary, DO

Mailing Address 287 Main Street Ste 403

City State Zip Code
Lewiston ME 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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077951

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **825.00**

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 54 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Tamer M. Gozleveli, DO

Mailing Address 222 South Flamingo Road

City State Zip Code
Pembroke Pines FL 33027-1721

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

Name of Employer Occupation
Tamer Gozleveli DO PA Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.66

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077964

Amount of Each Receipt this Period

666.66

B.

Full Name (Last, First, Middle Initial)

Robert A. Norman, DO

Mailing Address 8002 Gunn Hwy

City State Zip Code
Tampa FL 33626-1603

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 ▼ 808.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077965

Amount of Each Receipt this Period

808.33

C.

Full Name (Last, First, Middle Initial)

Albert A. Talone, DO

Mailing Address 911 Sunset Rd

City State Zip Code
Burlington NJ 08016-2250

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

Name of Employer Occupation
Sunset Medical Associates Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077966

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2224.99

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 55 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Ira P. Monka, DO

Mailing Address 11 Saddle Rd

City State Zip Code
Cedar Knolls NJ 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 ▼

833.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077967

Amount of Each Receipt this Period

833.33

B.

Full Name (Last, First, Middle Initial)

Alan D. Carr, DO

Mailing Address 929 Francine Dr

City State Zip Code
Cherry Hill NJ 08003-2809

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 ▼

833.33

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077968

Amount of Each Receipt this Period

833.33

C.

Full Name (Last, First, Middle Initial)

James Huang, DO

Mailing Address 340 W Central Ave Ste 119

City State Zip Code
Brea CA 92821-3006

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 / D D / Y Y Y Y
07 / 26 / 2010

Transaction ID: 32077969

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2416.66

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 56 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brooke Anne Morrison, DO

Mailing Address 3330 Peach Street
Ste 106

City Erie State PA Zip Code 16508-2771

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

Name of Employer Sterling Square Primary Care Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2010

Transaction ID: 32077973

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Bhaba Misra, DO

Mailing Address 800 Progress St NE

City Blacksburg State VA Zip Code 24060-3439

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 ▼ 222.00

Date of Receipt 07 / 31 / 2010

Transaction ID: 32081346

Amount of Each Receipt this Period 111.00

C.

Full Name (Last, First, Middle Initial)
Laura S. Stiles, DO

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 ▼ 1100.00

Date of Receipt 07 / 30 / 2010

Transaction ID: 32087853

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **711.00**

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 57 / 73
	<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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Thomas G. Zimmerman, DO		Date of Receipt
	Mailing Address 196 Merrick Rd South Nassau Family Medicine		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010
	City	State	Zip Code
	Oceanside	NY	11572-1420
	FEC ID number of contributing federal political committee. C		Transaction ID: 32087857
Name of Employer Nassau Family Medicine		Occupation Director of Osteopathic Medical Educat	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) William G. Anderson, I DO		Date of Receipt
	Mailing Address 30690 Ivy Glen Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010
	City	State	Zip Code
	Franklin	MI	48025-4622
	FEC ID number of contributing federal political committee. C		Transaction ID: 32087858
Name of Employer Saini-Grace Hospital		Occupation Vice President of Academic Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00	<input type="text"/> 1250.00

C.	Full Name (Last, First, Middle Initial) Victor D. Angel, DO, MPH		Date of Receipt
	Mailing Address 839 Winding River Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 30 / 2010
	City	State	Zip Code
	Maineville	OH	45039-7751
	FEC ID number of contributing federal political committee. C		Transaction ID: 32087859
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
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: PAGE 58 / 73

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.

Full Name (Last, First, Middle Initial)

Steven G. Bander, DO, MS

Mailing Address 791 S Highway 78

City State Zip Code
Wylie TX 75098-4004

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087860

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tyler C. Cymet, DO

Mailing Address 4915 Deer Park Rd

City State Zip Code
Owings Mills MD 21117-4713

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

Name of Employer Occupation
AACOM Associate Vice President for Medical E

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087861

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kevin Vincent de Regnier, DO

Mailing Address 60 E Court Ave

City State Zip Code
Winterset IA 50273-1517

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087862

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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 59 / 73
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Stanley E. Grogg, DO

Mailing Address 4520 S Birmingham Pl

City State Zip Code
Tulsa OK 74105-5126

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

Name of Employer OSU-COM Occupation Prof of Pediatrics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087863

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 12020 Seminole Blvd

City State Zip Code
Largo FL 33778-2805

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

Name of Employer Suncoast Family Medical Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087864

Amount of Each Receipt this Period
1250.00

C.

Full Name (Last, First, Middle Initial)
Virginia M. Johnson, DO

Mailing Address 1448 15th St Ste 207

City State Zip Code
Santa Monica CA 90404-2756

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 ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087865

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **1625.00**

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 60 / 73
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joel A. Kase, DO, MPH	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 36 Waters Edge Dr	Transaction ID: 32087866
	City State Zip Code Lewiston ME 04240-2233	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Martin S. Levine, DO, MPH	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 789 Ave C Steinbaum/Levine LLC	Transaction ID: 32087867
	City State Zip Code Bayonne NJ 07002-2820	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Linda Mascheri	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 142 E Ontario St	Transaction ID: 32087868
	City State Zip Code Chicago IL 60611-2818	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Osteopathic Association	Occupation Assoc Director - State Gov Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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: PAGE 61 / 73
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Joseph P. McNerney, DO

Mailing Address 12000 E 12 Mile Rd

City Warren State MI Zip Code 48093-3570

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

Name of Employer Macomb-Oakland Occupation Director of the Osteopathic Division o

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 30 / 2010

Transaction ID: 32087869

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 498 Tuscan Ave # 207

City Hattiesburg State MS Zip Code 39401-5461

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

Name of Employer OSU-COM Occupation Vice President & Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 854.00

Date of Receipt 07 / 30 / 2010

Transaction ID: 32087870

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey D. Rettig, DO, FACOFP

Mailing Address 204 W Trinity St

City Groesbeck State TX Zip Code 76642-1324

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 07 / 30 / 2010

Transaction ID: 32087871

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 73
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Joel B. Rose, DO

Mailing Address 6101 Webb Rd Ste 207

City Tampa State FL Zip Code 33615-2865

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 07 / 30 / 2010

Transaction ID: 32087872

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Anthony J. Silvagni, DO, PharmD

Mailing Address 3200 South University Drive

City Davie State FL Zip Code 33328-2018

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

Name of Employer NSUCOM Occupation Dean

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 30 / 2010

Transaction ID: 32087873

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
William M. Silverman, DO

Mailing Address 590 Ruby Court

City Maitland State FL Zip Code 32751-5226

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

Name of Employer Lake Howell Family Medical Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 30 / 2010

Transaction ID: 32087874

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 73
	<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 Comm-
ittee

A.

Full Name (Last, First, Middle Initial)
H. Sprague Taveau, IV DO, MBA

Mailing Address 110 W Deer Horn Pass

City State Zip Code
Harker Heights TX 76548-2468

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

Name of Employer Self Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087875

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Alesia G. Wagner-Largent, DO, BS

Mailing Address 12077 Gandy Blvd N Apt 383

City State Zip Code
Saint Petersburg FL 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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087876

Amount of Each Receipt this Period
125.00

C.

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

Mailing Address PO Box 8130
53 W. Third Ave

City State Zip Code
Columbus OH 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
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: 32087877

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 64 / 73
	<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.

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

Mailing Address 3513 NW Primrose Lane

City State Zip Code
Lees Summit MO 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
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: 32087878

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Andrea Sue Wenner, OMS IV

Mailing Address 161 Cardova Drive

City State Zip Code
Max Meadows VA 24360-3651

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

Name of Employer Student Occupation OMS IV

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 52.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2010

Transaction ID: 32174059

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$52.00 This changes the YTD Total to \$52.00

C.

Full Name (Last, First, Middle Initial)
Tamer M. Gozleveli, DO

Mailing Address 222 South Flamingo Road

City State Zip Code
Pembroke Pines FL 33027-1721

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

Name of Employer Tamer Gozleveli DO PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.66

Date of Receipt
MM / DD / YYYY
07 / 26 / 2010

Transaction ID: 32174060

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1666.66

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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 65 / 73	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Joel B. Rose, DO		Date of Receipt
	Mailing Address 6101 Webb Rd Ste 207		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Tampa	FL	33615-2865
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Physician	Transaction ID: 32174061
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="750.00"/>	<input type="text" value="0.00"/>
			[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$75- 0.00

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="74373.65"/>

**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 Comm-
ittee

A. Full Name (Last, First, Middle Initial) Fleming For Congress <hr/> Mailing Address P.O. Box 1236 <hr/> City Minden State LA Zip Code 71058 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. John Calvin Fleming, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32074118 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Citizens for Altmire <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32074557 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Contribution
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Scott Murphy For Congress <hr/> Mailing Address 5 South Side Dr. #224 <hr/> City Clifton Park State NY Zip Code 12065 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Scott Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32075499 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Contribution
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 Comm-
ittee

A.	Full Name (Last, First, Middle Initial) John Sullivan for Congress, Inc.	Transaction ID: 32075503
	Mailing Address P.O. Box 470840	Date of Disbursement 07 / 27 / 2010
	City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Rep. John Sullivan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution
B.	Full Name (Last, First, Middle Initial) Bera For Congress	Transaction ID: 32075513
	Mailing Address Post Office Box 582496	Date of Disbursement 07 / 27 / 2010
	City Elk Grove State CA Zip Code 95758	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Amerish Bera Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution
C.	Full Name (Last, First, Middle Initial) Chad Causey For Congress	Transaction ID: 32075522
	Mailing Address PO Box 16966	Date of Disbursement 07 / 27 / 2010
	City Jonesboro State AR Zip Code 72403	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Mr. Chad Causey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A. Full Name (Last, First, Middle Initial) Chad Causey For Congress Mailing Address PO Box 16966 City Jonesboro State AR Zip Code 72403 Purpose of Disbursement Contribution Candidate Name Mr. Chad Causey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32075523 Date of Disbursement 07 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00 Contribution
B. Full Name (Last, First, Middle Initial) Nunnelee For Congress Mailing Address 438 East Main St PO Box 7092 City Tupelo State MS Zip Code 38802 Purpose of Disbursement Contribution Candidate Name Mr. Patrick Alan Nunnelee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32075525 Date of Disbursement 07 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00 Contribution
C. Full Name (Last, First, Middle Initial) Nunnelee For Congress Mailing Address 438 East Main St PO Box 7092 City Tupelo State MS Zip Code 38802 Purpose of Disbursement Contribution Candidate Name Mr. Patrick Alan Nunnelee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32075574 Date of Disbursement 07 / 27 / 2010
	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)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Comm-
ittee

A.	Full Name (Last, First, Middle Initial) Stivers For Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement Contribution Candidate Name Steve Stivers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32075584 Date of Disbursement 07 / 27 / 2010	Amount of Each Disbursement this Period 1000.00 Contribution
B.	Full Name (Last, First, Middle Initial) Stivers For Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement Contribution Candidate Name Steve Stivers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32075594 Date of Disbursement 07 / 27 / 2010	Amount of Each Disbursement this Period 1000.00 Contribution
C.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement Contribution Candidate Name Rep. Michael Avery Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32075597 Date of Disbursement 07 / 27 / 2010	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)

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

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name Rep. Henry A. Waxman

Office Sought: House Senate President
State: CA District: 29

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32075600

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mehman Vogel Castagnetti

Mailing Address 1341 G Street, NW Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement Inkind Contribution - Chad Causey for Congress

011
Category/
Type

Candidate Name Mr. Chad Causey

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32076350

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

86.19

Inkind Contribution - Chad Causey for Congress

SUBTOTAL of Disbursements This Page (optional)

1086.19

TOTAL This Period (last page this line number only)

16086.19

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 Comm-
ittee

<p>A. Full Name (Last, First, Middle Initial) Heartland Card Services</p> <p>Mailing Address P.O. Box 1587</p> <p>City Jeffersonville State IN Zip Code 47131-1587</p> <p>Purpose of Disbursement Credit card processing fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32153498 Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 162.06</p> <p>001 Category/ Type</p> <p>Credit card processing fees</p>
<p>B. Full Name (Last, First, Middle Initial) PayPal, Inc.</p> <p>Mailing Address 4100 Solutions Center</p> <p>City Chicago State IL Zip Code 60677-4001</p> <p>Purpose of Disbursement Credit card processing fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32153505 Date of Disbursement 07 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>001 Category/ Type</p> <p>Credit card processing fees</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Credit card processing fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32153506 Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/ Type</p> <p>Credit card processing fees</p>

SUBTOTAL of Disbursements This Page (optional) ▶

197.01

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<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

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 32153541

Date of Disbursement

07 / 28 / 2010

Amount of Each Disbursement this Period

81.92

Credit card processing fees

B.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 4100 Solutions Center

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 32153767

Date of Disbursement

07 / 06 / 2010

Amount of Each Disbursement this Period

1.81

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)

83.73

TOTAL This Period (last page this line number only)

280.74

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)

Joel B. Rose, DO

Mailing Address 6101 Webb Rd Ste 207

City Tampa State FL Zip Code 33615-2865

Purpose of Disbursement Refund of contribution

Candidate Name

010
Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 32158946

Date of Disbursement

07 / 12 / 2010

Amount of Each Disbursement this Period

250.00

Refund of contribution

B.

Full Name (Last, First, Middle Initial)

Tamer M. Gozleveli, DO

Mailing Address 222 South Flamingo Road

City Pembroke Pines State FL Zip Code 33027-1721

Purpose of Disbursement Refund of contribution

Candidate Name

010
Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 32158947

Date of Disbursement

07 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

Refund of contribution

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

1250.00