

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

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

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Osteopathic Information Association - Osteopathic Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wickless, Larry, A., , DO

Mailing Address 928 Indian Beach Dr

City
SarasotaState
FLZip Code
34234-7350FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 Y
02 / 20 / 2020

Transaction ID : 44613187

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilczynski, Michael, A., , DO

Mailing Address 800 N Michigan Ave Apt 3702

City
ChicagoState
ILZip Code
60611-2229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Radiology Imaging Consultants

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2020

Transaction ID : 44613188

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Giaimo, Joseph, A., , DO, FACOI,

Mailing Address 1011 Singer Dr

City
Riviera BeachState
FLZip Code
33404-2764FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 Y
02 / 27 / 2020

Transaction ID : 44613190

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

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