

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32

(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

Full Name (Last, First, Middle Initial) A. James Joseph Kelly, Jr DO		Date of Receipt M / D / Y 05 / 13 / 2004
Mailing Address 227 Depew Ave		Transaction ID: 18364366
City Buffalo	State NY	Zip Code 14214-1621
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Ms. Dalia Sirkemman		Date of Receipt M / D / Y 05 / 13 / 2004
Mailing Address 124B Wellington Terr		Transaction ID: 18364345
City Maitland	State FL	Zip Code 32751-3448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Best Effort	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Norman C. Neab, DO		Date of Receipt M / D / Y 05 / 13 / 2004
Mailing Address 12166 Old Big Bend Rd Ste 108		Transaction ID: 18364359
City Kirkwood	State MO	Zip Code 63122-6838
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)