

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17

(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 Joseph Kelly, Jr DO Mailing Address 227 Depew Ave City Buffalo State NY Zip Code 14214-1621 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 M M / D D / Y Y Y Y 11 / 26 / 2003 Transaction ID: 17432631 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Trudy J. Mihner, DO, RN Mailing Address 4337 E 68th Pl City Tulsa State OK Zip Code 74136-4637 FEC ID number of contributing federal political committee. C Name of Employer Omni Medical Group Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2003 Transaction ID: 17432636 Amount of Each Receipt this Period 175.00
C. Full Name (Last, First, Middle Initial) Raul J. Garcia, DO Mailing Address 2802 150th St City Flushing State NY Zip Code 11354-1412 FEC ID number of contributing federal political committee. C Name of Employer Quarry Road Emergency Physi- cians Inc 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 11 / 26 / 2003 Transaction ID: 17432629 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ►

525.00

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