REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00011544 D3D494 P 224
DR DENNIS A BURNS
OHIO DENTAL POLITICAL ACTION C
OMMITTEE
1370 DUBLIN ROAD
COLUMBUS OH 43215

ported

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION
APR 19 11 50 AM '94

2. FEC IDENTIFICATION NUMBER
C00011544

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [X] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? [ ] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1-1-94 through 3-31-94		
6. (a) Cash on Hand January 1, 1994		$52622.45
(b) Cash on Hand at Beginning of Reporting Period	$52,622.45	
(c) Total Receipts (from Line 19)	$85,329.69	$85,329.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$137,952.14	$137,952.14
7. Total Disbursements (from Line 30)	$57,125.00	$57,125.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$80,827.14	$80,827.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Dennis A. Burns DDS

Signature of Treasurer
Dennis A. Burns DDS

Date 4/14/94

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

FEC FORM 3X
(revised 9/93)

2 4 0 3 8 9 4 2 0 4 3

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM 1-1-94 TO: 3-31-94	
Ohio Dental Political Action Committee	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	14,919.00	14,919.00
ii. Unitemized	69,410.69	69,410.69
iii. Total (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)	1,000.00	1,000.00
d. Total Contributions (add a iii, b and c) ➤	85,329.69	85,329.69
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	85,329.69	85,329.69
20. Total Federal Receipts (subtract line 18 from line 19) ➤	85,329.69	85,329.69
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees	31,550.00	31,550.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	25,575.00	25,575.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	57,125.00	57,125.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	57,125.00	57,125.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	85,329.69	85,329.69
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	85,329.69	85,329.69
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

9 4 0 3 8 9 4 2 0 4 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Richard Ansted 3131 Tremainsville Toledo OH 43613 Receipt For: Primary / General / Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 500.00	2-14-94	500.00
B. Dr. Michael Bernard 1021 Schneider Rd S E N Canton OH 44720 Receipt For: Primary / General / Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200.00	3-7-94	200.00
C. Dr. Joseph Chester 1851 E Market St Warren OH 44483 Receipt For: Primary / General / Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200.00	3-4-94	200.00
D. Dr. George Cochran 1086 Chelsea Ave Napoleon OH 43545 Receipt For: Primary / General / Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200.00	1-4-94	200.00
E. Dr. Andrew Dine 1251 Nilles Rd 16 Fairfield OH 45014 Receipt For: Primary / General / Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 250.00	1-4-94	250.00
F. Dr. Mark DeBenova 4590 Youngstown Poland Rd Youngstown OH 44514 Receipt For: Primary / General / Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 550.00	3-16-94	550.00
G. Dr. Philip Dixon 124 Ray Avenue NW New Philadelphia OH 44663 Receipt For: Primary / General / Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 600.00	1-31-94	600.00

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8

FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Mark Domo 6830 Mayfield Rd #1 Mayfield Hts OH 44124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	2-21-94	200.00
B. Dr. James Fanno 4811 Munson St NW Canton OH 44718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	1-12-94	200.00
C. Dr. James Felix 484 S Miller Rd Akron OH 44333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $ 400.00	2-11-94	400.00
D. Dr. Joseph Fonagy 7175 Wildwood Drive Brookfield OH 44403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $ 200.00	1-6-94	200.00
E. Dr. Thomas Gabriel 25 N Canfield Niles Rd Youngstown OH 44515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $ 500.00	3-16-94	500.00
F. Dr. Robert Gardner 595 Copeland Mill Rd #2E Westerville OH 43081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $ 200.00	2-2-94	200.00
G. Dr. Gregory Garey 3296 W Market St Akron OH 44333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $ 200.00	1-4-94	200.00

SUBTOTAL of Receipts This Page (optional) >

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

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CHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. John Gerstenmaier Jr 3094 W Market St Ste 268 Akron OH 44333 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $300.00	2-2-94	300.00
B. Dr. Larry Gessner 5669 Mahoning Avenu Youngstown OH 44515 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $250.00	3-16-94	250.00
C. Dr. Edward Heese 3748 Rosgate Court Hamilton OH 45013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	2-2-94	200.00
D. Dr. Joe Inman 5660 W Alexis Sylvania OH 43560 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $619.00	3-7-94	619.00
E. Dr. Lowell Johnson 107 Bogart Rd Huron OH 44839 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	2-11-94	200.00
F. Dr. Thomas Johnson 131 S Lincoln Ave Salem OH 44460 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $250.00	3-30-94	250.00
G. Dr. Irvin Kaplan 19426 Black Olive Lane Boca Raton FL 33498 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	1-6-94	200.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. James Karlowicz 428 Reeves Ave A Dover OH 44622 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	1-19-94	200.00
B. Dr. John Lenox 424 Roy Norrish Dr Cincinnati OH 45245 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	2-23-94	200.00
C. Dr. James Mercer 7 W Bowery St #806 Akron OH 44308 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	1-4-94	200.00
D. Dr. Charles Latham 1843 W Alexis Rd #4 Toledo OH 43613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	1-12-94	200.00
E. Dr. Robert Lazarow 2868 S Arlington Rd Akron OH 44312 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	2-2-94	200.00
F. Dr. Ronald Lipin PO Box 70 Madison OH 44057 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	1-18-94	200.00
G. Dr. John Mayo 750 Boardman Poland Rd Youngstown OH 44512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SELF EMPLOYED Occupation: DENTIST Aggregate Year-to-Date > $200.00	3-30-94	200.00

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

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CHEDULE A

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Patrick Metro 23422 Wingedfoot Westlake OH 44145	SELF EMPLOYED DENTIST	2-21-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Leonard Nodugno 943 E Cherry St P O Box 346 Canal Fulton OH 44614	SELF EMPLOYED DENTIST	1-31-94	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Dennis Moody 7341 Eisenhower Dr Youngstown OH 44512	SELF EMPLOYED DENTIST	3-17-94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 700.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Thomas Pavey 60 North main St Centerville OH 45459	SELF EMPLOYED DENTIST	1-12-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Scott Nightingale 5200 Monroe St Bldg D Sylvania OH 43560	SELF EMPLOYED DENTIST	1-4-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. George Ralph 5878 Mahoning Ave Warren OH 44483	SELF EMPLOYED DENTIST	3-16-94	350.00
Receipt For ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Melvin Rittner 2825 S Union Ave Alliance OH 44601	SELF EMPLOYED DENTIST	1-19-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		

SUBTOTAL of Receipts This Page (optional) >

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

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CHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Carl Shaffer 611 W Market St Akron OH 44303	SELF EMPLOYED	1-4-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $200.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Larry Schmakel 316 Bell Bldg Toledo OH 43624	SELF EMPLOYED	2-11-94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Laurance Schneider 9380 Kenwood Rd Cincinnati OH 45242	SELF EMPLOYED	3-7-94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $300.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. L. Don Shumaker 1881 E 12th St #222 Cleveland OH 44114-3501	SELF EMPLOYED	3-16-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $200.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ralph Snelson 3843 E Market St Warren OH 44484	SELF EMPLOYED	1-7-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $200.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ronald Stanich 2384 Locust St Canal Fulton OH 44614	SELF EMPLOYED	1-4-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $200.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Stephens 7100 Spring Meadows W #A Holland OH 43528	SELF EMPLOYED	1-4-94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $300.00		

SUBTOTAL of Receipts This Page (optional) >

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

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CHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 13

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Stevenson III 3600 Olentangy RR #D-3 Columbus OH 43214	SELF EMPLOYED DENTIST	2-18-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $200.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. James Frapp 351 Youngstown-Kingsville Vienna OH 44473	SELF EMPLOYED DENTIST	3-16-94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $250.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. James Weaver 130 S Main St #218 Bowling Green OH 43402	SELF EMPLOYED DENTIST	1-4-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. David Wells 4747 Holland Sylvania R Sylvania OH 43560-2146	SELF EMPLOYED DENTIST	1-4-94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $250.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. George Williams 4774 Munson Ave NW Canton OH 44718	SELF EMPLOYED DENTIST	1-31-94	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $200.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Lewis Winston 1520 Portage Trail Cuyahoga Falls OH 44223	SELF EMPLOYED DENTIST	2-4-94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $250.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Mark Perko 675 E Wilbeth Rd Akron OH 44306	SELF EMPLOYED DENTIST	2-2-94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300.00		

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

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

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CHEDULE A ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Wright 2020 E State Rad Arts Salem OH 44460	SELF EMPLOYED DENTIST	3-16-94	200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Charles Yourstowsky 5600 Market Street #5 Youngstown OH 44512	SELF EMPLOYED DENTIST	3-16-94	250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Bertsch 661 Loveland-Madeira Rd Loveland OH 45140	SELF EMPLOYED DENTIST	2-15-94	200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 200.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ana Chester 1851 E Market St Warren OH 44483-6615	SELF EMPLOYED DENTIST	3-4-94	250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Steven Fox 4447 Talmadge Rd #A Toledo OH 43623-3617	SELF EMPLOYED DENTIST	1-12-94	250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Michael Skufca 244 Mill St Conneaut OH 44030	SELF EMPLOYED DENTIST	1-18-94	200.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Paul Vasoulis 4611 Summit Street Toledo OH 43611	SELF EMPLOYED DENTIST	1-19-94	250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 250.00		

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

TOTAL This Period (last page this line number only) 14,919.00

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11-C

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code ORAL SURGEONS POLITICAL ACTION COMMITTEE 9000 Mentor Ave. MENTOR, OHIO 44060	Name of Employer	Date (month, day, year) 2/24/94	Amount of Each Receipt this Period $1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > 1000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) . . . . . > 1,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)
Ohio Dental Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code ADPAC 1111 14th St NW #1100 Washington, D.C. 20077-1641	TRANSFER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/94	31550.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 31,550.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Aronoff Committee Treasurer Diane Martin 425 Walnut Street Cincinnati, Ohio 45202	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	5000.00
B. BATEMAN FOR STATE REP COMMITT 5632 BAINES HOLDING MILFORD, OHIO 45150 SANDY BATEMAN-TREASURER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/15/94	150.00
C. COMM. TO ELECT OTTO BEATTY, JR 233 SOUTH HIGH STREET COLUMBUS, OH 43215 TREAS: MATTHEW ELDRIDGE	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/15/94	400.00
D. FRIENDS OF BARBARA BOYD 3623 CUMMINGS ROAD CLEVELAND HTS. OH 44118 ATTN: CHERYL HORONITZ	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	100.00
E. FRIENDS OF MADELINE CAIN TREAS: JAMES R. VINE 14600 DETROIT AVE #1450 LAKEWOOD, OH 44107	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	300.00
F. COMMITTEE TO ELECT JUDY CARR TREAS: JOHN BENINCASA 2306 RIDGEWOOD ALLIANCE, OH 44601	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/15/94	200.00
G. COMM TO RE-ELECT ROBERT CURRIN 135 SHADYBROOK DRIVE DAYTON, OH 45459 TREAS: RON THOMPSON	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/94	200.00
H. CITIZENS FOR NANCY CHILES DIX 10 W. LOCUST STREET NEWARK, OH 43055 ATTN: JOHN TORRENS	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	300.00
I. DOTY CAMPAIGN COMMITTEE TREAS: RICHARD FEDOROVICH 411 WOLF LEDGES, STE 400 AKRON, OH 44311	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/94	250.00

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 6

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Ohio Dental Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code BEN ESPY FOR SENATE KEN WIGHTMAN, TREASURER 43 HAMILTON PARK COLUMBUS, OH 43203	Contribution Disbursement for: Primary General Other (specify)	01/15/94	200.00
B. Full Name, Mailing Address and ZIP Code CITIZENS FOR FOX 1251 MILLES ROAD FAIRFIELD, OH 45014 NANCY HYLES-TREASURER	Contribution Disbursement for: Primary General Other (specify)	02/28/94	300.00
C. Full Name, Mailing Address and ZIP Code FURNEY COMMITTEE 545 SPITZER BUILDING TOLEDO, OH 43604 TREAS: CARLA DAVIS	Contribution Disbursement for: Primary General Other (specify)	03/15/94	100.00
D. Full Name, Mailing Address and ZIP Code CITIZEN'S FOR GARDNER COMM. 431 NORTH PROSPECT STREET BOWLING GREEN, OH 43402 TREAS: MIKE SIBBERSON	Contribution Disbursement for: Primary General Other (specify)	03/15/94	350.00
E. Full Name, Mailing Address and ZIP Code CITIZENS FOR GREENWOOD COMM. CHARLES MIRA - TREASURER 1847 ENWICK DRIVE TOLEDO, OHIO 43606	Contribution Disbursement for: Primary General Other (specify)	03/15/94	200.00
F. Full Name, Mailing Address and ZIP Code CITIZENS FOR MARC GUTHRIE 925 WELSH VLEN DRIVE NEWARK, OHIO 43055 VIRGINIA BALLARD-TREAS.	Contribution Disbursement for: Primary General Other (specify)	01/01/94	300.00
G. Full Name, Mailing Address and ZIP Code JACOBSON FOR STATE REP. COMM. 220 BROOKWOOD DRIVE ENGLEWOOD, OH 45322 ATTN: ELWOOD SIMON	Contribution Disbursement for: Primary General Other (specify)	02/28/94	100.00
H. Full Name, Mailing Address and ZIP Code CITIZENS FOR STATE REP W JONES TREAS: TOM BEGLEY 2380 Hightpoint Rd. Cuyahoga Falls,Oh 44223	Contribution Disbursement for: Primary General Other (specify)	01/15/94	300.00
I. Full Name, Mailing Address and ZIP Code KASPUTIS COMMITTEE TREAS: LEE FERGUSON 24545 NOBOTTON ROAD OLMSTED TWP, OH 44138	Contribution Disbursement for: Primary General Other (specify)	02/28/94	100.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 6

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. THE KEARNS COMMITTEE P.O. BOX 1774 SPRINGFIELD, OH 45501 GLENDA GREENWOOD-TREASUE	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/15/94	500.00
B. FRIENDS OF SEAN LOGAN TREAS: DIANNA CAIN 140 MONROE STREET LISBON, OH 44432	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/15/94	150.00
C. JAN M. LONG STATE SENATE COMM 522 GLENMONT DRIVE CIRCLEVILLE, OHIO 43113 ROGER H. MAY-TREASURER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/94	200.00
D. LUEBBERS FOR REP. COMMITTEE CHARLES FEHR, TREASURER 5460 DENGAIL DRIVE CINCINNATI, OHIO 45238	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/94	300.00
E. MAIER FOR STATE REPRESENTATIVE 1147 STRATFORD AVE NE MASSILLON, OH 44646 TREAS: ED ELUM	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	300.00
F. MASON FOR STATE REP. 50 W. BROAD ST. #2500 COLUMBUS, OH 43215 TREAS: PATRICK GORDON	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/15/94	100.00
G. RON MOTTL BOOSTERS TONY KALILICH, TREASURER 8683 PARKDALE DR. NORTH ROYALTON, OH 44133	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	125.00
H. MOTTLEY CAMPAIGN COMM. 1641 LONGBOW LANE W. CARROLLTON, OH 45449 ATTN: PHILLIP HUBBARD	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/94	500.00
I. FRIENDS OF S. NEIN STATE REP. P.O. BOX 414 MIDDLETOWN, OH 45697 TREAS: MICHAEL D. MILLER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	100.00

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

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PEOPLE FOR METZLEY & FAIR TXS 213 GRANT STREET COVINGTON, OH 45318 TREAS: MM. C. ALEKENDAR	Contribution Disbursement for: Primary General Other (specify)	03/15/94	200.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
OHIO HOUSE DEMOCRATIC COMM 37 W. BROAD ST. STE 490 COLUMBUS, OH 43215 TREASURER - VERN RIFFE	Contribution Disbursement for: Primary General Other (specify)	01/15/94	5000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
OHIO HOUSE REP CAMPAIGN COMM P.O. BOX 15775 COLUMBUS, OHIO 43215 TREAS: MATTHEW YUSKEVICH	Contribution Disbursement for: Primary General Other (specify)	01/15/94	2500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
OPPER FOR STATE REP. COMM. TREAS: LINDA KROEGER 8285 W. BIER ROAD OAK HARBOR, OH 43449	Contribution Disbursement for: Primary General Other (specify)	03/15/94	100.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PERZ FOR EFFECTIVE GOVERNMENT TREAS: BARRY SAVAGE 3205 RIVER ROAD TOLEDO, OH 43614	Contribution Disbursement for: Primary General Other (specify)	01/15/94	100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF C.J. PRENTISS TREAS: MILDRED BREWER 813 E. BOULEVARD CLEVELAND, OH 44108	Contribution Disbursement for: Primary General Other (specify)	01/31/94	200.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SENATOR RAY RE-ELECTION COMM. 474 MALVERN ROAD AKRON, OHIO 44303 TREAS: POLLY DOBKIN	Contribution Disbursement for: Primary General Other (specify)	02/15/94	1000.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
MARILYN REID FOR REP COMM. TREAS: TREVOR CRAWFORD 287 N. FAIRFIELD ROAD BEAVERCREEK, OH 45430	Contribution Disbursement for: Primary General Other (specify)	02/28/94	100.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CITIZENS FOR SCHAFRATH 375 PRES VANNES DR. DALTON, OH 44618 TREAS: MILDRED WORKMAN	Contribution Disbursement for: Primary General Other (specify)	03/15/94	800.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 6

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Citizens For William Schuck M. MILLER & M. LIVINGSTON 4890 SHACKELFORD CT COLUMBUS, OH 43220	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/94	100.00
B. TOM SEESE CAMPAIGN FUND PAMELA SEESE TREASURER 3580 MONG AVENUE AKRON, OHIO 44319	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/15/94	300.00
C. SENATE DEMOCRATIC VICTORY FUND P.O. BOX 2817 COLUMBUS, OH 43216 TREAS: BONNIE BRIZENDINE	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	1000.00
D. THE SHEERER COMMITTEE 17116 LOMOND BOULEVARD SHAKER HEIGHTS, OH 44120 BEN SHEERER, TREASURER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/15/94	500.00
E. SHOEMAKER FOR REPRESENTATIVE TREAS: DWIGHT RADCLIFF 121 W. FRANKLIN STREET CIRCLEVILLE, OH 43113	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/94	100.00
F. COMM. TO ELECT RAY SINES DON THOMPSON, TREASURER 30 EAST MAIN ST MADISON, OH 44057	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/94	200.00
G. CITIZENS FOR SWEENEY 1422 EUCLID AVENUE CLEVELAND, OHIO 44115 JIM FLANNERY TREASURER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/94	500.00
H. SYKES FOR OFFICE 615 DIAGONAL ROAD AKRON, OHIO 44320-3011 TREAS:LOUISE GISSENDANER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/94	150.00
I. TAVARES FOR STATE REP. 66 STILLMAN AVENUE COLUMBUS, OH 43206 TREAS: KATHY RAMSIER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/28/94	150.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 6

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. THOMPSON FOR STATE REP 2525 WENDELL AVENUE LIMA, OHIO 45805 E. HUMPHREYS-TREASURER	Contribution	02/15/94	200.00
B. TOM JOHNSON FOR STATE REP COMM SR 550 BOX 78 BARLOW, OH 45712 JAN SEAMAN, TREASURER	Contribution	01/01/94	250.00
C. MICHAEL VERICH CAMPAIGN FUND 1460 CENTRAL PKWY, SE WARREN, OHIO 44484 TREAS: ALEX VERICH	Contribution	01/15/94	300.00
D. COMM. TO RE-ELECT K. H. WALSH 51709 BECKER ROAD WAKEMAN, OH 44889 JAMES ZINSER-TREASURER	Contribution	03/15/94	250.00
E. COMMITTEE TO ELECT WESTON TREAS: JIM TEMPLE 5074 MARSEILLES GALION RD MARION, OH 43302	Contribution	02/28/94	150.00
F. DOUG WHITE FOR GOOD GOVERNMENT P.O. BOX 237 WINCHESTER, OH 45697 WENDELL RICKEY-TREASURER	Contribution	02/28/94	100.00
G. FRIENDS OF NEAL ZIMMERS 1600 ONE FIRST NAT PLAZA DAYTON, OHIO 45402 MARILYN MYRE-TREASURER	Contribution	03/15/94	200.00
H.	Contribution		
I.	Contribution		

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

TOTAL This Period (last page this line number only) 25,575.00

94038742060

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4/15/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S.
PREPARER

4/19/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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