

# 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  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1370 DUBLIN ROAD  
 Check if different than previously reported. (ACC)  
COLUMBUS OH 43215

2. **FEC IDENTIFICATION NUMBER** C00011544  
**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 (12G)  
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 2006 through 09 30 2006

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 Dr. David Rummel

Signature of Treasurer Electronically Filed by Dr. David Rummel Date 10 13 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		296687.39
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	218297.80									
(c) Total Receipts (from Line 19) .....	23325.00	130170.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	241622.80	426858.10								
7. Total Disbursements (from Line 31) .....	34065.21	219300.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	207557.59	207557.59								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	7300.00	38440.71
(i) Itemized (use Schedule A) .....	13525.00	89230.00
(ii) Unitemized .....	20825.00	127670.71
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	20825.00	127670.71
12. Transfers From Affiliated/Other Party Committees .....	2500.00	2500.00
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.) .....	0.00	0.00
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)) .....	23325.00	130170.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23325.00	130170.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	244.70	826.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	244.70	826.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
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 .....	0.00	0.00
(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)) .....	0.00	0.00
29. Other Disbursements.....	33820.51	218473.86
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))..	34065.21	219300.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34065.21	219300.51

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	20825.00	127670.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20825.00	127670.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	244.70	826.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	244.70	826.65

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<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	

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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Stephen Clark		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address 8228 N Main St		Transaction ID: SA11A1.19589	
City State Zip Code Dayton OH 45415		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. James Claypool		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 151 Hollywood Avenue		Transaction ID: SA11A1.19442	
City State Zip Code Akron OH 44313-6749		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. William Coyne		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006	
Mailing Address 620 Kling Drive		Transaction ID: SA11A1.19444	
City State Zip Code Dayton OH 45419-4201		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Dentist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. S Marc DiBenedetto		Date of Receipt MM / DD / YYYY 08 / 22 / 2006
Mailing Address 3398 Dayton Xenia Road		<b>Transaction ID:</b> SA11A1.19446
City State Zip Code Beavercreek OH 45432-2747	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Douglas Grierson		Date of Receipt MM / DD / YYYY 08 / 30 / 2006
Mailing Address 3869 Indian Ripple Road		<b>Transaction ID:</b> SA11A1.19570
City State Zip Code Dayton OH 45440-3410	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Eric Haas		Date of Receipt MM / DD / YYYY 07 / 10 / 2006
Mailing Address 1234 Portage Trail		<b>Transaction ID:</b> SA11A1.19586
City State Zip Code Cuyahoga Falls OH 44223-2104	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Burton Hagler

Mailing Address 1202 N Monroe Dr

City State Zip Code  
Xenia OH 45385

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

Name of Employer Self-Employed Occupation  
Dentist

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 / 26 / 2006

Transaction ID: SA11A1.19596

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Kinser

Mailing Address 4102 Roosevelt Boulevard

City State Zip Code  
Middletown OH 45044-3601

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

Name of Employer Self-Employed Occupation  
Dentist

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 / 24 / 2006

Transaction ID: SA11A1.19471

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Kramer

Mailing Address 9 N 4th St  
PO Box 400

City State Zip Code  
Martins Ferry OH 43935

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

Name of Employer Self-Employed Occupation  
Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 11 / 2006

Transaction ID: SA11A1.19532

Amount of Each Receipt this Period  
925.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1425.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Lisa Lehky		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 55 S. Miller Road		Transaction ID: SA11A1.19579	
City State Zip Code Fairlawn OH 44333	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Self-Employed Dentist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Dr. Mark Logeman		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006	
Mailing Address 2761 Erie Ave		Transaction ID: SA11A1.19477	
City State Zip Code Cincinnati OH 45208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Self-Employed Dentist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Dr. Richard Main		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006	
Mailing Address 1634 W Church St		Transaction ID: SA11A1.19480	
City State Zip Code Newark OH 43055	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Self-Employed Dentist	Aggregate Year-to-Date ▼ 215.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Dr. Matthew Messina</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 20390 Lorain Rd		<b>Transaction ID: SA11A1.19553</b>
City State Zip Code Fairview Park OH 44126	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>B. Dr. Dennis Moody</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2006
Mailing Address 7341 Eisenhower Dr		<b>Transaction ID: SA11A1.19491</b>
City State Zip Code Youngstown OH 44512	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed Occupation Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) <b>C. Dr. Wade Najem</b>		Date of Receipt MM / DD / YYYY 07 / 21 / 2006
Mailing Address 210 Windsor Drive		<b>Transaction ID: SA11A1.19581</b>
City State Zip Code Cortland OH 44410-2703	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Dentist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Robert Nelson		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 1425 Offnere Street		Transaction ID: SA11A1.19492
City State Zip Code Portsmouth OH 45662-3505	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Scott Null		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 1339 W Main St		Transaction ID: SA11A1.19494
City State Zip Code Newark OH 43055	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Shelley Ridenour		Date of Receipt M M / D D / Y Y Y Y 07 / 10 / 2006
Mailing Address 1925 E Dublin Granville Road		Transaction ID: SA11A1.19571
City State Zip Code Columbus OH 43229-3517	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 28
	<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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. E Karl Schneider, II		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 7207 Hopkins Road		Transaction ID: SA11A1.19505	
City State Zip Code Mentor OH 44060	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Ross Shira		Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006	
Mailing Address 211 W National Road		Transaction ID: SA11A1.19548	
City State Zip Code Englewood OH 45322	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Burton Siegel		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006	
Mailing Address 24300 Chagrin Blvd		Transaction ID: SA11A1.19510	
City State Zip Code Beachwood OH 44122	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Occupation Dentist	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 28
	(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

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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Striebel

Mailing Address Miami Dental Ctr  
4031 S Dixie Dr

City Dayton State OH Zip Code 45439

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2006

Transaction ID: SA11A1.19521

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Henry Van Hala, Jr

Mailing Address 1515 Portage St. NW  
Ste I

City North Canton State OH Zip Code 44720

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2006

Transaction ID: SA11A1.19543

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David Veit

Mailing Address 4350 State Route 235

City Ada State OH Zip Code 45810

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2006

Transaction ID: SA11A1.19523

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 28	
	(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

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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. James Wensink

Mailing Address 19551 Euclid Ave

City Euclid State OH Zip Code 44117-1409

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.19524

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7300.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ohio Society of O & M Surgeons

Mailing Address 6780 Rockport Lane

City State Zip Code  
Mentor OH 44060-4585

FEC ID number of contributing federal political committee. **C** C00356295

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	6

Transaction ID: SA12.19644

Amount of Each Receipt this Period  
2500.00

TRANSFER

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

**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)

PAGE 16 / 28

<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)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** Bank One

Mailing Address 100 E. Broad

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Bank Charges  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.19645

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

244.70

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

244.70

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

244.70

# 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)

PAGE 17 / 28

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AMO Office Supplies</b>		Transaction ID: SB29.19662 Date of Disbursement																					
Mailing Address 200 E. Main Street Ste 580		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	6														
City Ft. Wayne	State IN	Zip Code 46802	Amount of Each Disbursement this Period																				
Purpose of Disbursement Letterhead - Strickland for Governor		Category/ Type	14.28																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>																				
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. Citizens for Bill Hayes</b>		Transaction ID: SB29.19628 Date of Disbursement																					
Mailing Address 5826 Beaver Run Rd.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	0		2	0	0	6														
City Pataskala	State OH	Zip Code 43062	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	250.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. Citizens for Geoffrey C. Smith</b>		Transaction ID: SB29.19613 Date of Disbursement																					
Mailing Address Treas: Bill Curlis 865 Macon Alley		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	0		2	0	0	6														
City Columbus	State OH	Zip Code 43206	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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)

PAGE 18 / 28

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Citizens for Josh Mandel</b>		<b>Transaction ID: SB29.19638</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 2119 Cottingham Dr.		Amount of Each Disbursement this Period 500.00
City Lyndhurst State OH Zip Code 44124	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Kevin Bacon</b>		<b>Transaction ID: SB29.19630</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 5325 Ponderosa Drive		Amount of Each Disbursement this Period 250.00
City Columbus State OH Zip Code 43231	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comm. to Elect John Bocchieri</b>		<b>Transaction ID: SB29.19615</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address Treas: Jerry Filisky 9830 Ginger Hill Drive		Amount of Each Disbursement this Period 1000.00
City New Middletown State OH Zip Code 44442	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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)

PAGE 20 / 28

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Committee to Elect Ray Miller</b>		<b>Transaction ID:</b> SB29.19623 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address Treas; Candace Watkins 17 South High Street		Amount of Each Disbursement this Period 1000.00
City Columbus	State OH	
Zip Code 43215	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Sue Morano For State Senator</b>		<b>Transaction ID:</b> SB29.19632 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address 409 Kansas Ave.		Amount of Each Disbursement this Period 500.00
City Lorain	State OH	
Zip Code 44052	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Comm Re-elect Shirley Smith</b>		<b>Transaction ID:</b> SB29.19616 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address Treas: Karen Evans 13901 Woodworth Avenue		Amount of Each Disbursement this Period 500.00
City Cleveland	State OH	
Zip Code 44112	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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)

PAGE 21 / 28

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Cord Camera</b>		Transaction ID: SB29.19667 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address 1132 W 5th Ave		Amount of Each Disbursement this Period 55.16	
City Columbus State OH Zip Code 43212	Purpose of Disbursement Film for Fundraiser	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Cord Camera</b>		Transaction ID: SB29.19663 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 1132 W 5th Ave		Amount of Each Disbursement this Period 95.40	
City Columbus State OH Zip Code 43212	Purpose of Disbursement Film - Strickland for Governor	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>C. Friends of Dale Miller</b>		Transaction ID: SB29.19631 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address Treas: Doug Henderson 4300 W. 143rd Street		Amount of Each Disbursement this Period 1000.00	
City Cleveland State OH Zip Code 44135	Purpose of Disbursement Contribution	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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)

PAGE 25 / 28

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Strickland for Governor</b>		<b>Transaction ID:</b> SB29.19617 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address Treas: Michael Johrendt PO Box 15055		Amount of Each Disbursement this Period 9000.00
City Columbus	State OH	
Zip Code 43215		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Strickland for Governor</b>		<b>Transaction ID:</b> SB29.19650 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address Treas: Michael Johrendt PO Box 15055		Amount of Each Disbursement this Period 483.90
City Columbus	State OH	
Zip Code 43215		Category/ Type
Purpose of Disbursement Contribution in Kind (see line 29)		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Teresa Fedor for Senate</b>		<b>Transaction ID:</b> SB29.19610 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6
Mailing Address Treas: Cliff Mallett 1817 Madison Avenue		Amount of Each Disbursement this Period 1500.00
City Toledo	State OH	
Zip Code 43624		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10983.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 26 / 28

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. The Hill's Market</b>		Transaction ID: SB29.19670 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 7860 Olentangy River Road		Amount of Each Disbursement this Period 175.00
City Columbus State OH Zip Code 43235	[MEMO ITEM]	
Purpose of Disbursement In-Kind Fund Raiser Supplies Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. UCO</b>		Transaction ID: SB29.19622 Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2006
Mailing Address Treas: Dale Vyven 11006 Reading Road		Amount of Each Disbursement this Period 500.00
City Sharonville State OH Zip Code 45241-1929	[MEMO ITEM]	
Purpose of Disbursement Contribution Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Transaction ID: SB29.19664 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2006
Mailing Address 234 W 18th		Amount of Each Disbursement this Period 13.47
City Columbus State OH Zip Code 43210	[MEMO ITEM]	
Purpose of Disbursement Stamps - Strickland for Governor Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	500.00
<b>TOTAL</b> 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

**A. World Market**

Full Name (Last, First, Middle Initial)  
Mailing Address 655 Olentangy River Road

City Columbus State OH Zip Code 43212

Purpose of Disbursement  
Decorations for Strickland for Governor

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.19661

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

**B. Zurz Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 3773 Muirfield Drive  
Treas: Sandra Kalenterides

City Uniontown State OH Zip Code 44685

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB29.19624

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**Image# 26950548209**

Form/Schedule: **SB29** In-Kind Contribution See Memo Items

Transaction ID: **SB29.19666**

Form/Schedule: **SB29** In-Kind Contribution See Memo Items

Transaction ID: **SB29.19650**

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