

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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 / 2011 through  12 / 31 / 2011

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 Bruce D Grbach

Signature of Treasurer Dr Bruce D Grbach [Electronically Filed] Date  01 / 25 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text"/>	<input type="text" value="233377.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="283863.89"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36625.00"/>	<input type="text" value="193728.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="320488.89"/>	<input type="text" value="427105.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45408.38"/>	<input type="text" value="152024.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="275080.51"/>	<input type="text" value="275080.51"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	19625.00	74110.00
(ii) Unitemized .....	14500.00	117118.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34125.00	191228.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36625.00	193728.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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 Transfers (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))..... ▶	36625.00	193728.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36625.00	193728.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	558.38	1309.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	558.38	1309.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	16015.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	44850.00	134700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	45408.38	152024.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45408.38	152024.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	36625.00	193728.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36625.00	193728.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	558.38	1309.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	558.38	1309.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr Fred Alger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 N Hamilton Rd  
 City Gahanna State OH Zip Code 43230-2605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2011  
**Transaction ID : SA11AI.14535**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr John B Bennet Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5606 Bridgetown Rd  
 City Cincinnati State OH Zip Code 45248-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2011  
**Transaction ID : SA11AI.14574**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. David Edwin Bullard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 260 Thornton Spung Rd  
 City Kingston State OH Zip Code 45644-9522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14458**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
<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. Dr Jeffrey S Caldwell</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2011 <b>Transaction ID : SA11AI.14493</b>
Mailing Address 212 E 5th St		Amount of Each Receipt this Period 250.00
City East Liverpool	State OH	Zip Code 43920-3132
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2011 <input checked="" 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 Jeffrey Alan Campbell</b>		Date of Receipt MM / DD / YYYY 07 / 21 / 2011 <b>Transaction ID : SA11AI.14470</b>
Mailing Address 8401 Chagrin Rd Ste 11		Amount of Each Receipt this Period 250.00
City Chagrin Falls	State OH	Zip Code 44023-4708
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2011 <input checked="" 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. Dr Dan H Constable</b>		Date of Receipt MM / DD / YYYY 12 / 21 / 2011 <b>Transaction ID : SA11AI.14646</b>
Mailing Address 11440 Lippelman Rd		Amount of Each Receipt this Period 100.00
City Cincinnati	State OH	Zip Code 45246-4036
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 59
	<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. Dr Thomas G Coreno**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 S Main St

City Chagrin Falls State OH Zip Code 44022-3264

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 06 / 2011  
**Transaction ID : SA11AI.14582**

Amount of Each Receipt this Period  
250.00

**B. Dr William E Coyne**  
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Delco Park Dr

City Dayton State OH Zip Code 45420-1398

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
07 / 21 / 2011  
**Transaction ID : SA11AI.14468**

Amount of Each Receipt this Period  
250.00

**C. Dr William E Coyne**  
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Delco Park Dr

City Dayton State OH Zip Code 45420-1398

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
12 / 14 / 2011  
**Transaction ID : SA11AI.14620**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Dr Charles K Dematte Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 334 Main St  
 City Bridgeport State OH Zip Code 43912-1346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : SA11AI.14608**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr Bruce A Fraser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 463 Waterbury Ct Ste A  
 City Gahanna State OH Zip Code 43230-5311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2011  
**Transaction ID : SA11AI.14592**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Loren Frumker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4212 State Route 306 Ste 206  
 City Willoughby State OH Zip Code 44094-9248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2011  
**Transaction ID : SA11AI.14529**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 59
<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. Dr Eric J Haas</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2011 <b>Transaction ID : SA11AI.14488</b>
Mailing Address 1234 Portage Trl		Amount of Each Receipt this Period 250.00
City Cuyahoga Falls	State OH	Zip Code 44223-2104
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Dentist
Receipt For: 2011 <input checked="" 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 Roger William Haas</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2011 <b>Transaction ID : SA11AI.14527</b>
Mailing Address 3727 Darrow Rd		Amount of Each Receipt this Period 250.00
City Stow	State OH	Zip Code 44224-4011
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Dentist
Receipt For: 2011 <input checked="" 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. Dr Tara Leigh Haid</b>		Date of Receipt MM / DD / YYYY 11 / 10 / 2011 <b>Transaction ID : SA11AI.14605</b>
Mailing Address 7100 N High St Ste 100		Amount of Each Receipt this Period 250.00
City Worthington	State OH	Zip Code 43085-2316
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Dentist
Receipt For: 2011 <input checked="" 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Dale Richard Hazelbaker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 N Limestone St  
 City Springfield State OH Zip Code 45503-3615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2011  
**Transaction ID : SA11AI.14500**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Michael J Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 57 Graham Rd  
 City Cuyahoga Falls State OH Zip Code 44223-1204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : SA11AI.14596**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Hubert Joseph Jacob Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Po Box 488018  
 City Cincinnati State OH Zip Code 45248-8018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2011  
**Transaction ID : SA11AI.14516**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 59
	<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. Dr Jennifer Jean Jerome**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1865 Brown Street

City Akron	State OH	Zip Code 44301-3107
---------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2011

**Transaction ID : SA11AI.14520**

Amount of Each Receipt this Period  
250.00

**B. Dr Harold S Jeter**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 517

City South Point	State OH	Zip Code 45680-0517
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

**Transaction ID : SA11AI.14566**

Amount of Each Receipt this Period  
250.00

**C. Dr David M Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8200 Traphagen St Nw Ste B

City Massillon	State OH	Zip Code 44646-1785
-------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2011

**Transaction ID : SA11AI.14478**

Amount of Each Receipt this Period  
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Jennifer A Kale**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10135 Darrow Rd  
 City State Zip Code  
 Twinsburg OH 44087-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : SA11AI.14586**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr James R Karpac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 W Bridge St  
 City State Zip Code  
 Dublin OH 43017-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2011  
**Transaction ID : SA11AI.14601**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr Manju R Kejriwal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3227 Brinton Trl  
 City State Zip Code  
 Cincinnati OH 45241-4813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : SA11AI.14627**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr Carole Jean Kelley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4621 Leap Ct  
 City Hilliard State OH Zip Code 43026-1175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : SA11AI.14572**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr Scott S Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 W John Street  
 City Maumee State OH Zip Code 43537-2145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2011  
**Transaction ID : SA11AI.14660**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr John C Kline**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 S Arlington Rd Ste 103  
 City Akron State OH Zip Code 44312-4791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2011  
**Transaction ID : SA11AI.14519**  
 Amount of Each Receipt this Period  
 250.00

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 59
	<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. Dr Eric John Koren**  
Full Name (Last, First, Middle Initial)

Mailing Address 9215 Cincinnati Columbus Rd

City West Chester	State OH	Zip Code 45069-4178
----------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : SA11AI.14631**

Amount of Each Receipt this Period  

250.00
--------

**B. Dr James George Kotapish Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 3075 Smith Rd Ste 201

City Fairlawn	State OH	Zip Code 44333-4454
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2011

**Transaction ID : SA11AI.14606**

Amount of Each Receipt this Period  

250.00
--------

**C. Dr Matthew R Lark**  
Full Name (Last, First, Middle Initial)

Mailing Address 4315 N Holland Sylvania Rd

City Toledo	State OH	Zip Code 43623-2507
----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2011

**Transaction ID : SA11AI.14505**

Amount of Each Receipt this Period  

125.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 59  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Matthew R Lark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4315 N Holland Sylvania Rd  
 City Toledo State OH Zip Code 43623-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2011  
**Transaction ID : SA11AI.14543**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Robert John Limardi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3174 Mack Rd Ste 1  
 City Fairfield State OH Zip Code 45014-5369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2011  
**Transaction ID : SA11AI.14534**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Mark Alan Logeman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2761 Erie Ave  
 City Cincinnati State OH Zip Code 45208-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14455**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 59
	<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. Dr Paul M Loper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6321 E Livingston Ave  
 City Reynoldsburg State OH Zip Code 43068-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2011  
**Transaction ID : SA11AI.14602**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr Kyle J Lowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4104 Broadway  
 City Grove City State OH Zip Code 43123-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : SA11AI.14578**  
 Amount of Each Receipt this Period  
 150.00

**c. Dr Brittany Soden McCarthy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2344 E Main St  
 City Columbus State OH Zip Code 43209-2335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : SA11AI.14595**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 59
	<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. Dr Edwin Louis Mead**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 N Harding Rd

City Columbus	State OH	Zip Code 43209-1583
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2011

**Transaction ID : SA11AI.14573**

Amount of Each Receipt this Period  

150.00
--------

**B. Dr Stanley T Meckler**  
Full Name (Last, First, Middle Initial)

Mailing Address 5386 State Rd

City Parma	State OH	Zip Code 44134-1244
---------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : SA11AI.14635**

Amount of Each Receipt this Period  

100.00
--------

**C. Dr Joseph Thomas Mellion**  
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Roundhill Rd

City Akron	State OH	Zip Code 44333-2272
---------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2011

**Transaction ID : SA11AI.14647**

Amount of Each Receipt this Period  

500.00
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<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Dr Daniel R Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 Forest Dr Ste B  
 City New Albany State OH Zip Code 43054-8215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : SA11AI.14655**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr John T Nabors**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 157 W Cedar St  
 City Akron State OH Zip Code 44307-2564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2011  
**Transaction ID : SA11AI.14507**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Scott Nieman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 395 N West St A  
 City Westerville State OH Zip Code 43082-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2011  
**Transaction ID : SA11AI.14544**  
 Amount of Each Receipt this Period  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 59
	<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. Dr Richard Charles Nyzen</b>			Date of Receipt
Mailing Address 416 College St			<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.14607</b>
Wadsworth	OH	44281-1149	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Dentist		
Receipt For: 2011	Aggregate Year-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr Charles R Pfister</b>			Date of Receipt
Mailing Address 698 E Washington St Ste 1A			<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.14554</b>
Medina	OH	44256-3320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Dentist		
Receipt For: 2011	Aggregate Year-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr Faisal A Qureshy</b>			Date of Receipt
Mailing Address 2124 Cornell Rd CWRU Dept of Maxiofacial Surgery			<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.14599</b>
Cleveland	OH	44106-3804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	Dentist		
Receipt For: 2011	Aggregate Year-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 59
	<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. Dr Katherine I Raymond**  
Full Name (Last, First, Middle Initial)

Mailing Address 4322 Cleveland Massillon Rd

City	State	Zip Code
Barberton	OH	44203-5718

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

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2011  
**Transaction ID : SA11AI.14503**

Amount of Each Receipt this Period  
 250.00

**B. Dr Daniel Reichert**  
Full Name (Last, First, Middle Initial)

Mailing Address 924 Shroyer Rd

City	State	Zip Code
Dayton	OH	45419-3632

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

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14459**

Amount of Each Receipt this Period  
 250.00

**C. Dr John E Rhodes Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 480 Rona Pkwy

City	State	Zip Code
Brookville	OH	45309-1118

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

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011  
**Transaction ID : SA11AI.14622**

Amount of Each Receipt this Period  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 59
	<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. Dr Erik J Risolvato**  
Full Name (Last, First, Middle Initial)

Mailing Address 2115 Allentown Road

City Lima	State OH	Zip Code 45805-1705
--------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		20		2011

**Transaction ID : SA11AI.14583**

Amount of Each Receipt this Period  
500.00

**B. Dr Erik J Risolvato**  
Full Name (Last, First, Middle Initial)

Mailing Address 2115 Allentown Road

City Lima	State OH	Zip Code 45805-1705
--------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		07		2011

**Transaction ID : SA11AI.14604**

Amount of Each Receipt this Period  
500.00

**C. Dr Scott D Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 7023 Miami Ave

City Cincinnati	State OH	Zip Code 45243-2636
--------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		22		2011

**Transaction ID : SA11AI.14540**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 59
	<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. Dr Kelly Ann Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4124 Fulton Dr NW Ste 201

City Canton	State OH	Zip Code 44718-2852
----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2011  
**Transaction ID : SA11AI.14499**

Amount of Each Receipt this Period  
125.00

**B. Dr John D Ryan III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9816 Oxford Cir

City Powell	State OH	Zip Code 43065-8787
----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2011  
**Transaction ID : SA11AI.14497**

Amount of Each Receipt this Period  
1000.00

**C. Dr Thomas Neth Ryan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 N Harding Rd

City Columbus	State OH	Zip Code 43209-1583
------------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2011  
**Transaction ID : SA11AI.14656**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Larry J Sangrik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 401 South St Ste 3B-1  
 City Chardon State OH Zip Code 44024-2818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 25 / 2011  
**Transaction ID : SA11AI.14480**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Jeffrey P Santilli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 Beecher Rd Ste B  
 City Gahanna State OH Zip Code 43230-1797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14454**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr John N Santin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3503 Fortuna Dr Ste 1  
 City Akron State OH Zip Code 44312-5285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2011  
**Transaction ID : SA11AI.14624**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 59
	<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. Dr Michael T Schaeffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 Batavia Pike  
 City Cincinnati State OH Zip Code 45244-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2011  
**Transaction ID : SA11AI.14570**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr Dennis Schirripa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3637 Medina Rd Ste 145  
 City Medina State OH Zip Code 44256-8153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2011  
**Transaction ID : SA11AI.14560**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Bryan J Simone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4104 Broadway  
 City Grove City State OH Zip Code 43123-3065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2011  
**Transaction ID : SA11AI.14577**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 59
	<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. Dr Andrew E Skasko**  
Full Name (Last, First, Middle Initial)

Mailing Address 7415 Skarlocken Grn

City New Albany State OH Zip Code 43054-6011

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 08 / 2011  
**Transaction ID : SA11AI.14593**

Amount of Each Receipt this Period  
250.00

**B. Dr Samuel E Smiley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5156 Blazer Pkwy Ste 200

City Dublin State OH Zip Code 43017-7318

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2011  
**Transaction ID : SA11AI.14585**

Amount of Each Receipt this Period  
150.00

**C. Dr William P Sockman**  
Full Name (Last, First, Middle Initial)

Mailing Address 5005 State Rd

City Ashtabula State OH Zip Code 44004-6265

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2011  
**Transaction ID : SA11AI.14550**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dr Michael David Stern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34950 Chardon Rd Ste 209  
 City Willoughby Hills State OH Zip Code 44094-9162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2011  
**Transaction ID : SA11AI.14556**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr David M Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5177 N Bend Rd  
 City Cincinnati State OH Zip Code 45211-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14456**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Thomas D Theil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5509 Brandt Pike  
 City Dayton State OH Zip Code 45424-6143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14457**  
 Amount of Each Receipt this Period  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 59
	<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. Dr Jeffrey A Tilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 426 Beecher Rd  
 City Columbus State OH Zip Code 43230-1797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 26 / 2011  
**Transaction ID : SA11AI.14501**  
 Amount of Each Receipt this Period  
 125.00

**B. Dr Thomas Scott Valo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3837 N Holland Sylvania Rd  
 City Toledo State OH Zip Code 43615-1007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2011  
**Transaction ID : SA11AI.14552**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Andrew Brookins Wade**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5249 W Broad St  
 City Columbus State OH Zip Code 43228-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2011  
**Transaction ID : SA11AI.14564**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr Brian T Weibling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3870 Starrs Centre Dr  
 City Canfield State OH Zip Code 44406-8003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 05 / 2011  
**Transaction ID : SA11AI.14486**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Richard S Weiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11925 Pearl Rd Ste 206  
 City Strongsville State OH Zip Code 44136-3343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14460**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Ira Weiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3690 Orange Pl Ste 455  
 City Beachwood State OH Zip Code 44122-4438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2011  
**Transaction ID : SA11AI.14598**  
 Amount of Each Receipt this Period  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael E Whitcomb Jr</b>		Date of Receipt MM / DD / YYYY 07 / 21 / 2011 <b>Transaction ID : SA11AI.14453</b>
Mailing Address 6827 N High St Ste 115		Amount of Each Receipt this Period 250.00
City Worthington	State OH	Zip Code 43085-2517
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2011 <input checked="" 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 James C Wilson</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2011 <b>Transaction ID : SA11AI.14482</b>
Mailing Address 2 E Franklin St		Amount of Each Receipt this Period 250.00
City Centerville	State OH	Zip Code 45459-5914
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2011 <input checked="" 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. Dr James C Wilson</b>		Date of Receipt MM / DD / YYYY 12 / 14 / 2011 <b>Transaction ID : SA11AI.14617</b>
Mailing Address 2 E Franklin St		Amount of Each Receipt this Period 100.00
City Centerville	State OH	Zip Code 45459-5914
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 59
	<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. Dr Roger Dale Winland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 W Union St  
 City Athens State OH Zip Code 45701-9410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2011  
**Transaction ID : SA11AI.14462**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr William J Zucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5618 Cambridge Cir  
 City Sandusky State OH Zip Code 44870-9774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2011  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2011  
**Transaction ID : SA11AI.14494**  
 Amount of Each Receipt this Period  
 250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19625.00

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

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

FOR LINE NUMBER: PAGE 32 OF 59  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. OHIO SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7207 HOPKINS ROAD  
 City MENTOR State OH Zip Code 44060  
 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 Y Y  
 08 / 08 / 2011  
**Transaction ID : SA11C.14785**  
 Amount of Each Receipt this Period  
 2500.00  
 Contribution

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<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)

<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. Chase Bank

Mailing Address 3100 W Board St

City Columbus State OH Zip Code 43204

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2011

Transaction ID : SB21B.14787

Amount of Each Disbursement this Period

558.38
--------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

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

558.38
--------

558.38
--------

**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)

<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)

**A. A. Thompson for State Rep.**

Mailing Address Treas:Richard Hanf  
416 Strecker Ln.

City Marietta State OH Zip Code 45750

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14683**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Batchelder for Rep.**

Mailing Address Treas:Homer C. Davis  
4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14774**

Amount of Each Disbursement this Period

5000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Brenner For Ohio**

Mailing Address Treas:Thomas Vatsures  
15 W. Central Ave.

City Delaware State OH Zip Code 43015

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14681**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

6000.00

**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)

<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)

**A. Brian Hill for State Rep.**

Mailing Address Treas:Karen Vincent  
2585 Ashbury Chapel Rd.

City Zanesville State OH Zip Code 43701

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14694**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Butler for Ohio**

Mailing Address Treas:Bryan Richard  
2321 Miami Village Dr.

City Miamisburg State OH Zip Code 45342

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14717**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Citiz. For Anne Gonzales**

Mailing Address Treas: William Curlis  
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2011

**Transaction ID : SB29.14685**

Amount of Each Disbursement this Period

250.00

Category/  
Type

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

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

1750.00

**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)

<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)

**A. Citiz. For Anne Gonzales**

Mailing Address Treas: William Curlis  
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14686**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Citiz. for Josh Mandel**

Mailing Address Treas Steve Cuckler  
50 West Broad St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2011

**Transaction ID : SB29.14725**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Citiz. for Lehner**

Mailing Address Treas:Rebecca Lochner  
533 Lockerbie Ln.

City Kettering State OH Zip Code 45429

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14744**

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

**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)

<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)

**A. Citiz. for McGregor**

Mailing Address Treas: Thomas Goodfellow  
5524 Old Columbus Road

City Springfield State OH Zip Code 45502

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.14677**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Citiz. for Obhof**

Mailing Address Treas: Nicole Obhof  
5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.14675**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Citiz. For Terry Blair**

Mailing Address Treas: Karl Frydryk  
9506 Lindner Ln.

City Dayton State OH Zip Code 45458

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.14766**

Amount of Each Disbursement this Period

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

**TOTAL** 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)

<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)

**A. Citiz. for William Hayes**

Mailing Address Treasurer : Billie Fiore  
58 Corbin Dr. N.

City Granville State OH Zip Code 43023

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

Transaction ID : **SB29.14776**

Amount of Each Disbursement this Period

250.00

**B. Citiz. Grossman**

Mailing Address Treas: Larry Earman  
3955 Brown Park Dr.

City Hilliard State OH Zip Code 43206

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

Transaction ID : **SB29.14666**

Amount of Each Disbursement this Period

500.00

**C. Citiz. to Elect John P. Carney**

Mailing Address Treas: Linda L. Wiget  
357 E. Torrence Rd.

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

Transaction ID : **SB29.14723**

Amount of Each Disbursement this Period

250.00

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

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

1000.00

**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)

<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)

**A. Citiz. With Ashford**

Mailing Address Treas: Karen Poore  
2910 Collingwood Blvd.

City Toledo State OH Zip Code 43610

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14737**

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Citizens for Buchy**

Mailing Address Treas:David Wolters  
2191 Oak St.

City Maria Stein State OH Zip Code 45860

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14712**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Citizens For Duffey**

Mailing Address Treas: Eric Richter  
645 Farrington Dr.

City Worthington State OH Zip Code 43085

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14741**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

1250.00

**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)

<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)

**A. Citizens for Gardner Comm.**

Mailing Address Treas: Michael Sibbersen  
431 N. Prospect Street

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

10 / 15 / 2011

**Transaction ID : SB29.14778**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Gerberry**

Mailing Address Treas: Ronald Gerberry  
2940 Whispering Pines Dr.

City Canfield State OH Zip Code 44406

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

11 / 30 / 2011

**Transaction ID : SB29.14756**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Citizens For Hall**

Mailing Address Treas: Shirley Roberts  
31 N. Hillside Dr.

City Millersburg State OH Zip Code 44654

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

10 / 15 / 2011

**Transaction ID : SB29.14706**

Amount of Each Disbursement this Period

500.00

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

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

1250.00

**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)

<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 Hottinger</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2011
Mailing Address Treas: Larry Wise 2135 Horns Hill Rd.		<b>Transaction ID : SB29.14713</b>
City Newark	State OH	
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Citizens For Stinziano</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2011
Mailing Address Treas: Leon Kessel 550 E. Walnut St.		<b>Transaction ID : SB29.14740</b>
City Columbus	State OH	
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citiz to Elect Ron Maag</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2011
Mailing Address Treas: Mary Kubicki 2075 South St. Rt. 123		<b>Transaction ID : SB29.14758</b>
City Lebanon	State OH	
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 300.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1550.00
<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)

<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)

**A. Citz. for Mike Dovilla**

Mailing Address Treas:Heather Tenney  
62 Harnagy St.

City Berea State OH Zip Code 44017

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
10 / 15 / 2011

**Transaction ID : SB29.14739**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Citz. With Fedor Comm.**

Mailing Address Treas:Alexandra Huguelet  
2054 Belvedere

City Toledo State OH Zip Code 43614

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
11 / 30 / 2011

**Transaction ID : SB29.14780**

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Com. Elect Robert Hackett**

Mailing Address Treas: Sandra K. Ballard  
2050 Palouse Dr.

City London State OH Zip Code 43140

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
10 / 15 / 2011

**Transaction ID : SB29.14751**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

1250.00

**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)

<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)

**A. Com.to Elect Peter Stautberg**

Mailing Address Treas: Daniel Vogelpohl  
7571 Ayers Rd.

City Cincinnati State OH Zip Code 45255

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID : SB29.14748**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Comm. For Alicia Reece**

Mailing Address Treas: Donna Faulk  
2081 Seymour Ave.

City Cincinnati State OH Zip Code 45237

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14678**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Comm. for Jim Hughes**

Mailing Address Treas: Bradley Sinnott  
14 E. Gay Street - 2nd Fl.

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14719**

Amount of Each Disbursement this Period

1500.00

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

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

2050.00

**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)

<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)

**A. Comm. to Elect John Adams**

Mailing Address Treas:Tara Adams  
1509 Bon Air Circle

City State Zip Code  
Sidney OH 45365

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14720**

Amount of Each Disbursement this Period

500.00

**B. Comm.to Elect Kozlowski**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Terri Kozlowski  
5718 N. Richmond Rd.

City State Zip Code  
Pierpont OH 44082

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14696**

Amount of Each Disbursement this Period

500.00

**C. Comm. To Elect Patmon**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Willie Morrow  
867 East Boulevard

City State Zip Code  
Cleveland OH 44108

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : SB29.14689**

Amount of Each Disbursement this Period

250.00

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

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

1250.00



**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)

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<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)

**A. Comm to Elect Blessing**

Mailing Address Treas: Louis Blessing  
3153 McGill Lane

City Cincinnati State OH Zip Code 45251

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2011

Transaction ID : SB29.14669

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Comm to Elect Jeff McClain**

Mailing Address Treas: Jerry Taylor  
428 S. Sandusky

City Upper Sandusky State OH Zip Code 43351

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

Transaction ID : SB29.14715

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Comm to Elect Lynn Wachtmann**

Mailing Address Treas: Christian Peper  
550 Euclid Ave.

City Napoleon State OH Zip Code 43545

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

Transaction ID : SB29.14667

Amount of Each Disbursement this Period

500.00

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

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

1800.00

**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)

<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)

**A. Driehaus For State Rep.**

Mailing Address Treas:Kimberly Gilday-Weber  
4990 Relleum Ave.

City Cincinnati State OH Zip Code 45238

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14708**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends for Allen Landis**

Mailing Address Treas:Debby Landis  
4570 Harrold St. NW

City Dover State OH Zip Code 44622

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14680**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Armond Budish**

Mailing Address Treas: Stephen Stanisa  
23240 Chagrin Blvd. #450

City Beachwood State OH Zip Code 44122

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14687**

Amount of Each Disbursement this Period

500.00

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

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

1250.00

**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)

<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)

**A. Friends of Beck**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Mailing Address Treas:Donovan Donohoo  
7234 Abilene Trail

**Transaction ID : SB29.14746**

City Mason State OH Zip Code 45040

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Friends of Bill Coley**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2011

Mailing Address Treas:Carolyn Coley  
8265 Cherry Laurel Drive

**Transaction ID : SB29.14688**

City Middletown State OH Zip Code 45044

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Friends of Bob Hagan**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

Mailing Address Treas: Carol Morris  
562 Madera Avenue

**Transaction ID : SB29.14752**

City Youngstown State OH Zip Code 44504

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Contribution

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

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

3000.00
---------

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

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**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)

<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)

**A. Friends of Dan Ramos**

Mailing Address Treas: Joann Ramos  
1828 W. 38th St.

City Lorain State OH Zip Code 44053-2527

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14705**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends of David Daniels**

Mailing Address Treas: Karen Daniels  
P.O. Box 39

City Greenfield State OH Zip Code 45123

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2011

**Transaction ID : SB29.14703**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Debbie Phillips**

Mailing Address Treas: Pat Lang  
48 Hudson Ave.

City Athens State OH Zip Code 45701

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14707**

Amount of Each Disbursement this Period

250.00

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

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

1100.00

**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)

<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)

**A. Friends of Heard**

Mailing Address Treas: Lillian Gray  
87 S. Hampton Rd.

City Columbus State OH Zip Code 43213

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : SB29.14769**

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends of John Barnes Jr**

Mailing Address Treas: Richard Drucker  
4467 Lee Rd. Suite 303

City Cleveland State OH Zip Code 44128

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : SB29.14722**

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of Lou Gentile**

Mailing Address Treas: Brandon Reese  
500 Luray Drive

City Wintersville State OH Zip Code 43953

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : SB29.14727**

Amount of Each Disbursement this Period

250.00

Category/  
Type

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

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

750.00

# 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)

<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)

### A. Friends of Margy

Mailing Address Treas:David Bruno  
6959 Rock Springs Dr.

City State Zip Code  
Liberty Township OH 45011

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

Transaction ID : SB29.14729

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

### B. Friends of Marlene Anielski

Mailing Address Treas: Grace Drake  
17150 Alexander Rd.

City State Zip Code  
Walton Hills OH 44146

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

Transaction ID : SB29.14733

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

### C. Friends of Matt Szollosi

Mailing Address Treas: Thomas Jaffee  
3166 N. Republic

City State Zip Code  
Toledo OH 43615

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

Transaction ID : SB29.14670

Amount of Each Disbursement this Period

250.00

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

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

1250.00

**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)

<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)

**A. Friends of Mike Henne**

Mailing Address Treas: William Driver  
8447 Diamond Mill Road

City Clayton State OH Zip Code 45315

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14671**

Amount of Each Disbursement this Period

500.00

**B. Friends of Nan Baker**

Mailing Address Treas: Mark Getsay  
29761 Devonshire Oval

City Westlake State OH Zip Code 44145

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14742**

Amount of Each Disbursement this Period

250.00

**C. Friends of Nickie J. Antonio**

Mailing Address Treas: Jean Kosmac  
1305 Belle Avenue

City Lakewood State OH Zip Code 44107

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2011

**Transaction ID : SB29.14673**

Amount of Each Disbursement this Period

250.00

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

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

1000.00

**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)

<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)

**A. Friends of Ron Young**

Mailing Address Treas: Virginia Lutz  
9110 Tylor Blvd.

City Mentor State OH Zip Code 44060

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14760**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Sandra Williams**

Mailing Address Treasurer: Genola Williams  
12518 Fairhill Rd.

City Cleveland State OH Zip Code 44120

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14761**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Friends of Shannon Jones**

Mailing Address Treas: Amanda Martinson  
800 Valley View Point

City Springboro State OH Zip Code 45066

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2011

**Transaction ID : SB29.14762**

Amount of Each Disbursement this Period

300.00

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

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

1050.00

**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)

<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. Friends of Tim Derickson</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2011
Mailing Address Treas: Scott Bressler 1855 Gardner Rd.		<b>Transaction ID : SB29.14767</b>
City Hamilton	State OH	
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Winburn</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2011
Mailing Address Treas: Roger Rucker 3636 Wales Dr.		<b>Transaction ID : SB29.14755</b>
City Dayton	State OH	
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Goodwin for Rep.</b>		Date of Disbursement MM / DD / YYYY 10 / 15 / 2011
Mailing Address Treas: Marlene Goodwin 11932 Harris Rd.		<b>Transaction ID : SB29.14664</b>
City Defiance	State OH	
Purpose of Disbursement Contribution	Candidate Name	Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<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)

<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)

**A. Hagan for State Rep.**

Mailing Address Treas:Tina Hagan  
11301 Marlboro Ave.

City Alliance State OH Zip Code 44601

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14698**

Amount of Each Disbursement this Period

500.00

**B. Kathleen Clyde Comm.**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Linda Fankhauser  
730 1/2 Mae St.

City Kent State OH Zip Code 44240

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14726**

Amount of Each Disbursement this Period

250.00

**C. Mallory for State Rep.**

Full Name (Last, First, Middle Initial)

Mailing Address Treasurer: Gary Parker  
8741 Neptune Dr.

City Cincinnati State OH Zip Code 45231

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14704**

Amount of Each Disbursement this Period

250.00

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

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

1000.00

**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)

<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)

**A. Matt Huffman for State Rep.**

Mailing Address Treas: Tami Stanford  
2220 Merit Drive

City State Zip Code  
Lima OH 45805

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14735**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Newbold for Ohio**

Mailing Address Treas: Charles Leedy  
347 East St. Rt. 14

City State Zip Code  
Columbiana OH 44408

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14702**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Pelanda for State Rep.**

Mailing Address Treas: Matthew Yuskewich  
4679 Winterset Dr.

City State Zip Code  
Columbus OH 43220

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14710**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

1500.00

**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)

<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)

**A. Peterson For Good Gov.**

Mailing Address Treas Timothy Corcoran  
5564 Grassy Branch Rd.

City Sabina State OH Zip Code 45169

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

**Transaction ID : SB29.14692**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Ruhl For State Rep.**

Mailing Address Treas: Kelly Schermerhorn  
3 Swingle Ave.

City Mt. Vernon State OH Zip Code 43050

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2011

**Transaction ID : SB29.14731**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Seitz for State Comm.**

Mailing Address Treas: Steve Geiler  
4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2011

**Transaction ID : SB29.14690**

Amount of Each Disbursement this Period

300.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1300.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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)

<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)

**A. Slaby for State Rep.**

Mailing Address Treas. Kim Arnold  
682 E. Tuscarawas Ave.

City Barberton State OH Zip Code 44203

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14782**

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Sprague for State Rep.**

Mailing Address Treas:Matthew Klein  
220 W. Sandusky St.

City Findlay State OH Zip Code 45840

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2011

**Transaction ID : SB29.14754**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Sykes For Office**

Mailing Address Treas: Lousie Gissendaner  
133 Furnace Run Dr.

City Akron State OH Zip Code 44307

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2011

**Transaction ID : SB29.14770**

Amount of Each Disbursement this Period

250.00

Category/  
Type

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

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

1000.00

**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)

<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)

**A. Terry Johnson -State Rep**

Mailing Address Treas. Klara Reynolds  
74 A McDaniel Road

City McDermott State OH Zip Code 45652

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14784**

Amount of Each Disbursement this Period

500.00

**B. Troy Balderson For State Rep.**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Paul Hill  
3760 Greenbriar Dr.

City Zanesville State OH Zip Code 43701

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14772**

Amount of Each Disbursement this Period

2000.00

**C. Vote Damschroder**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: R. Damschroder  
1014 Birchard Ave.

City Fremont State OH Zip Code 43420

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2011

**Transaction ID : SB29.14749**

Amount of Each Disbursement this Period

250.00

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

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

2750.00

45100.00