REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

OCT 27 1 46 PM '94

1. NAME OF COMMITTEE (in full)
Ohio Dental Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1370 Dublin Rd.

CITY, STATE and ZIP CODE
Columbus, OH 43215

2. FEC IDENTIFICATION NUMBER
CC0011544

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

4. TYPE OF REPORT

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

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

☒ Twelfth day report preceding General Election (Type of Election) election on 11-9-94 in the State of Ohio

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-1-94 through 10-19-94		
6. (a) Cash on Hand January 1, 19____		$ 52,622.45
(b) Cash on Hand at Beginning of Reporting Period	$ 55,276.66	
(c) Total Receipts (from Line 19)	$ 5,384.00	$135,038.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 60,660.66	$187,660.66
7. Total Disbursements (from Line 30)	$ 3,841.00	$130,841.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 56,819.66	$ 56,819.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Dennis Burns

Signature of Treasurer
Dennis S. Burns

Date
10/24/94

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

FEC FORM 3X
(revised 9/93)

FE4AN101

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

[revised 1/1/91]

NAME OF COMMITTEE: Ohio Dental Political Action Committee

REPORT COVERING PERIOD FROM 10-1-94 TO 10-19-94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,501.00	40,650.00	11(a)(i)
ii. Unitemized	883.00	93,388.21	11(a)(ii)
iii. Total (add i and ii) ➤	5,384.00	134,038.21	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		1,000.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	5,384.00	135,038.21	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,384.00	135,038.21	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,384.00	135,038.21	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	2,366.00	2,366.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees	475.00	39,425.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	700.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	1,000.00	88,350.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤		[illegible]	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,841.00	130,841.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,384.00	135,038.21	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,384.00	135,038.21	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2,366.00	2,366.00	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2,366.00	2,366.00	37

FE4AN101

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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 Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code BANK ONE OF COLUMBUS, NA	Contribution Disbursement for: Primary General Other (specify)	10/1/94	50.00
B. Full Name, Mailing Address and ZIP Code Ohio Dental Association 1370 Dublin Rd. Columbus, Ohio 43215	Contribution Disbursement for: Primary General Other (specify)	10/1/94	2316.00
C. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Contribution Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) 2366.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code ADPACE AMERICAN DENTAL POLITICAL ACTION COMM. ED. FUND 1111 14TH STREET, NW 1100 WASHINGTON, DC 20077	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/1/94	Amount of Each Disbursement This Period 475.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	475.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. CITIZENS FOR STINZIANO 7505 BUNKER HILL ROAD AMANDA, OH 43102 RAY ALBERT TREASURER	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/1/94	1,000.00
B.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I.	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Joseph Crowley 3476 N Bend Rd Cincinnati OH 45239	SELF EMPLOYED DENTIST	10/1/94	$105.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 255.00		
Dr. John Gerstenmaier Jr 3694 W Market St Ste 260 Akron OH 44333	SELF EMPLOYED DENTIST	10/1/94	1,000.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 1,300.00		
Dr. J Richard McFarland 9157 Montgomery Rd Cincinnati OH 45242	SELF EMPLOYED DENTIST	10/1/94	65.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 265.00		
Dr. Joseph Mellion 2650 W Market St Akron OH 44333	SELF EMPLOYED DENTIST	10/1/94	250.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 350.00		
Dr. Joseph Hampton 4851 Summit St Toledo OH 43611	SELF EMPLOYED DENTIST	10/1/94	300.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 300.00		
Dr. Louis Konstan 199 Southwood Rd Akron OH 44313	SELF EMPLOYED DENTIST	10/1/94	345.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 345.00		
Dr. Paul Vesoulis 4611 Summit Street Toledo OH 43611	SELF EMPLOYED DENTIST	10/1/94	300.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 550.00		

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Ohio Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Dale Thiele 1663 Brice Rd Reynoldsburg OH 43068	SELF EMPLOYED	10/1/94	310.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $ 310.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Terrance Wenger 6881 Mayfield 233 Cleveland OH 44124	SELF EMPLOYED	10/1/94	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $ 350.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Limardi 5236 Leatherwood Dr West Chester OH 45069	SELF EMPLOYED	10/1/94	$775
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $ 825		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Philip Burwinkel 119 S High St Hillsboro OH 45133	SELF EMPLOYED	10/1/94	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $ 275.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Wright 2028 E State Rad Arts Salem OH 44460	SELF EMPLOYED	10/1/94	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $ 300.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Thomas Zipf 38 W Rahn Rd Dayton OH 45429	SELF EMPLOYED	10/1/94	125.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $ 225.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Visconti 2187 Murray Hill Road #5 Cleveland OH 44106	SELF EMPLOYED	10/1/94	251.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DENTIST Aggregate Year-to-Date > $ 251.00		

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

TOTAL This Period (last page this line number only) . . . . . > 4,501.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10/24/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

AWC
PREPARER

10/27/94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 3 8 3 4 1 7