REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00011544 082796 P 264
DR DENNIS A BURNS
OHIO DENTAL POLITICAL ACTION C
OMMITTEE
1370 DUBLIN ROAD
COLUMBUS OH 43215

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
JAN 27 1 29 PM '97

2. FEC IDENTIFICATION NUMBER
C00001544

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 _____ (Type of Election) election on _____ in the State of _____

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-96 through 9-30-96		
6. (a) Cash on Hand January 1, 19 6		$36,435.14
(b) Cash on Hand at Beginning of Reporting Period	$29,526.64	
(c) Total Receipts (from Line 19)	$14,082.00	$94,293.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$43,608.64	$130,728.64
7. Total Disbursements (from Line 30)	$30,630.00	$117,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$12,978.64	$12,978.64
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 A. Burns DDS

Date
10/14/96

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)

FE8AN069

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 7-1-96 TO: 9-30-96

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)	10,495.00	20,485.00
ii. Unitemized	3,587.00	73,808.50
iii. Total (add i and ii) ➤	14,082.00	94,293.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	14,082.00	94,293.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,082.00	94,293.50
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,082.00	94,293.50
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees	4,725.00	35,800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	2,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	23,405.00	79,450.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	30,630.00	117,750.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	30,630.00	117,750.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0

FE9AN099

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William Allen Jr 1600 Olentangy River Rd Columbus OH 43214	SELF EMPLOYED DENTIST	7/07/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ricky Chapman 886 High St Worthington OH 43085	SELF EMPLOYED DENTIST	7/29/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gary DeWood PO Box 629 Pemberville OH 43450	SELF EMPLOYED DENTIST	9/25/96	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Jane Godson 88 Center Rd 8830 Bedford OH 44146	SELF EMPLOYED DENTIST	9/26/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Thomas Fulton 400 E Dayton Yellow Sprin Fairborn OH 45324	SELF EMPLOYED DENTIST	8/28/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Richard Caldwell 826 High Street Worthington OH 43085	SELF EMPLOYED DENTIST	12/31/91	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Donald Denkee PO Box 77 Wooster OH 44691-0077	SELF EMPLOYED DENTIST	9/12/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200		

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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. Henry Fields 195 W 12th Ave Columbus OH 43210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 250	7/10/96	250.00
Dr. Sanford Franklin 6284 Ridge Ave Cincinnati OH 45213 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 340.00	9/25/96	140.00
Dr. Cheryl Dellood PO Box 629 Pemberville OH 43450 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 500	8/11/96	500.00
Dr. John Green 888 Shroyer Rd Dayton OH 45419 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 900	7/16/96	250.00
Dr. Robert Haring 100 N High St D Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 600	7/08/96	600.00
Dr. William Hushey 113 W Ohio #319 Sidney OH 45365 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 800	7/03/96	200.00
Dr. James Murrin 1576 Fishinger Rd Columbus OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 800	7/23/96	200.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a.i.

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Thomas Pavey 50 North Main St Centerville OH 45459 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $200	7/24/96	200.00
B. Dr. Carl Shaffer 611 W Market St Akron OH 44303 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $300	7/08/96	200.00
C. Dr. Theodore Pope 16 W Monger Rd Englewood OH 45322 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200	7/8/96	200.00
D. Dr. Samuel Smiley 6138 Blazer Parkway Dublin OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 500	7/10/96	500.00
E. Dr. William Seckman P O Box 376 Ashtabula OH 44004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200	7/08/96	200.00
F. Dr. Robert Stevenson III 3666 Olentangy RR #D-3 Columbus OH 43214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 300	7/08/96	300.00
G. Dr. Phillip Geisenberger PO Box 193 Bluffton OH 45817 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200	8/28/96	200.00

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. John Havotny 1323 Cherry Hay Drive Suite 300 Gahanna OH 43230	SELF EMPLOYED DENTIST	9/13/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200		
B. Dr. Michael Palma 2990 Johnson Road Steubenville, Ohio 43952	SELF EMPLOYED DENTIST	9/25/96	1,350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,350.00		
C. Dr. Robert Hinkle 188 E State St Columbus OH 43215	SELF EMPLOYED DENTIST	9/25/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 350		
D. Dr. James Hale 55 Granville St Gahanna OH 43230	SELF EMPLOYED DENTIST	7/08/96	950.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 950		
E. Dr. Robert Helson 1425 Offnere St Portsmouth OH 45662	SELF EMPLOYED DENTIST	9/25/96	400.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 400		
F. Dr. Timothy Hoebaum 1140 Western Avenue Chillicothe OH 45601	SELF EMPLOYED DENTIST	7/17/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200		
G. Dr. Jerry Patriarca 128 Hunter Ave Painesville OH 44077	SELF EMPLOYED DENTIST	8/26/96	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200		

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

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 15

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

Ohio Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dr. Lewis Winston 1620 Portage Trail Cuyahoga Falls OH 44223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 850	7/16/96	250.00
B. Dr. Denley Schlegel 2 Fairy Falls Dr Coshocton OH 43812 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200	8/28/96	200.00
C. Dr. Daniel Taylor 146 N High St #200 Columbus OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200	7/22/96	200.00
D. Dr. Ralph Snelson 3843 E Market St Warren OH 44484 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 690.00	9/25/96	380.00
E. Dr. Ronald Stanich 2164 Locust St Canal Fulton OH 44614 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 340.00	9/25/96	90.00
F. Dr. David Waldman 1350 Fifth Ave Youngstown OH 44504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $ 200	7/01/96	200.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SELF EMPLOYED DENTIST Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) . . . . . > 10,495.00

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. ADPAC 1111 14th St NW #1100 Washington, D.C. 20077-1641	CONTRIBUTION	7/15/96	4725.00
B.	CONTRIBUTION		
C.	CONTRIBUTION		
D.	CONTRIBUTION		
E.	CONTRIBUTION		
F.	CONTRIBUTION		
G.	CONTRIBUTION		
H.	CONTRIBUTION		
I.	CONTRIBUTION		

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

TOTAL This Period (last page this line number only) 4,725.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER: 23

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NAME OF COMMITTEE (in Full)

OHIO DENTAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
WOINOVICH FOR SENATE COMMITTEE BOX 404, 30799 PINETREE PEPPER PIKE, OH 44124 TREA: VINCE PANICHI	CONTRIBUTION	7/15/96	2,000.00
ELECT KUCINICH TO CONGRESS COM 10674 LORAIN AVENUE CLEVELAND, OH 44111 TREAS: GERALD BOLDT	CONTRIBUTION	8/28/96	500.00

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

TOTAL This Period (last page this line number only) 2,500.00

FEBAN069

CHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4

FOR LINE NUMBER 20

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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. BATCHELDER FOR REPRESENTATIVE 105 WEST LIBERTY MEDINA, OHIO 44256 TREAS: CHERYL BLOCK	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/15/96	500.00
B. JIM BUCHY FOR STATE REP. 758 GARDENWOOD GREENVILLE, OH 45331 TREAS: JAKE WILLIAMSON	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/31/96	300.00
C. CARNES FOR SENATE COMMITTEE TREAS: CYNTHIA FREGIATO 67022 SOUTH ALMAR LANE ST CLAIRSVILLE, OH 43950	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/22/96	300.00
D. FRIENDS OF GARY W. CATES TREAS: JILL CATES 6542 SEMINOLE DRIVE WEST CHESTER, OH 45069	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/15/96	150.00
E. CITIZENS FOR JACK CERA COMMIT 63899 VIOLET LANE BELLAIRE, OHIO 43906 JAMES FERRELL, TREASURER	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/26/96	300.00
F. FRIENDS OF KEVIN COUGHLIN TREAS: DAVID STOFKA 605 SACKETT AVENUE CUYAHOGA FALLS, OH 44221	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/15/96	125.00
G. CUPP FOR SENATE COMMITTEE DANIEL FUHRMAN TREASURER 2021 ALLENTOWN RD. STE 3 LIMA, OHIO 45805	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/28/96	270.00
H. VOTE DAVSCHRODER COMMITTEE TREAS: SHERRY HOUDSHELL 906 W. STATE STREET FREMONT, OH 43420	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/15/96	100.00
I. DAVIDSON FOR ST REP COMMITTEE 866 MACOB ALLEY COLUMBUS, OH 43206 TREAS: WILLIAM CURLIS	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/15/96	500.00

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

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

CHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

OHIO DENTAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMM. FOR A DEMOCRATIC MAJOR. P.O. BOX 16923 COLUMBUS, OH 43216-5923 TREAS: BONNIE BRIZENDINE	CONTRIBUTION Disbursement for: Primary General Other (specify)	8/22/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CITIZENS FOR G. DEGORATO COMM. 615 N. WATER STREET UNIONTOWN, OH 44683 TREAS: LINDA WARNER	CONTRIBUTION Disbursement for: Primary General Other (specify)	9/15/96	150.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DOTY CAMPAIGN COMMITTEE TREAS: RICHARD FEDOROVICH 411 WOLF LEDGES, STE 400 AKRON, OH 44311	CONTRIBUTION Disbursement for: Primary General Other (specify)	9/22/96	150.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
COMM. TO RE-ELCT GRACE DRAKE TREAS: SHIRLEY MILLER 5954 BRIARDALE LN SOLON OH 44139	CONTRIBUTION Disbursement for: Primary General Other (specify)	9/25/96	1,300.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
THE CITIZENS FOR FOX COMMITTEE 1251 MILLER ROAD FAIRFIELD, OH 45014 TREAS: MADGE BURTON	CONTRIBUTION Disbursement for: Primary General Other (specify)	8/31/96	300.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CITIZEN'S FOR GARDNER COMM. 431 NORTH PROSPECT STREET BOWLING GREEN, OH 43402 TREAS: MIKE SIBBERSON	CONTRIBUTION Disbursement for: Primary General Other (specify)	8/26/96	400.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
GOP GOLF TREAS: DALE VANVYREN 11006 READING ROAD CINCINNATI, OH 45241	CONTRIBUTION Disbursement for: Primary General Other (specify)	8/15/96	160.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CONCERNED CITIZENS FOR HARTLEY TREAS: JAMES A. MITCHELL 2117 ELMWOOD PLACE SPRINGFIELD, OH 45505	CONTRIBUTION Disbursement for: Primary General Other (specify)	7/31/96	200.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SENATOR LEIGH HERINGTON COMM. TREAS: DOROTHY METTLE 1496 LAKE MARTIN DRIVE KENT, OH 44240	CONTRIBUTION Disbursement for: Primary General Other (specify)	8/22/96	250.00

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

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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. COMMITTEE TO ELECT METZGER TREAS: C. WILLAIM WEDER 1912 TREMONT STREET DOVER, OH 44622	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/15/96	1,000.00
B. OHIO HOUSE DEMOCRATIC COMM 37 W. BROAD ST STE 430 COLUMBUS, OH 43215 TREAS: JIM FLANNERY	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/15/96	2,000.00
C. OHIO HOUSE REP CAMPAIGN COMM 35 E. GAY STREET, STE 404 COLUMBUS, OHIO 43215 TREAS: J.M. YUSKEWICH	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/15/96	5,000.00
D. PERZ FOR EFFECTIVE GOVERNMENT TREAS: HARLEY DUNBAR 3245 RIVER ROAD TOLEDO, OH 43614	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/31/96	100.00
E. REPUBLICAN SENATE CAMPAIGN COM P.O. BOX 15623 COLUMBUS, OH 43215 TREAS: JAMES N. MCGUIRE	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/15/96	5,000.00
F. CITIZENS FOR SALERNO TREAS: WILLIAM CURTES 865 MACON ALLEY COLUMBUS, OH 43206	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/13/96	400.00
G. SHOEMAKER FOR REP. COMMITTEE 600 ISLAND ROAD CIRCLEVILLE, OH 43113 TREAS: DWIGHT RADCLIFF	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/25/96	200.00
H. TAFT FOR OHIO 16 E. BROAD STREET COLUMBUS, OH 43215 TREAS: MARK B. LAPLACE	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/15/96	1,000.00
I. CITIZENS FOR TAYLOR GLENN HAMMERSMITH, TREAS 257 BENEDICT AVENUE NORWALK, OHIO 44857	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/28/96	1,000.00

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

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

CHEDULE B

ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

OHIO DENTAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. VANVYVEN FOR STATE REP COM 6025 SOVEREIGN DRIVE CINCINNATI OH 45241 TREAS: J.J. STECKLER	CONTRIBUTION	8/15/96	1,000.00
B. ELECT MICHAEL WISE TREAS: JOHN VERES 5628 AINTREE PARK DR 201 MAYFIELD VILL., OH 44143	CONTRIBUTION	8/28/96	250.00
C.	CONTRIBUTION		
D.	CONTRIBUTION		
E.	CONTRIBUTION		
F.	CONTRIBUTION		
G.	CONTRIBUTION		
H.	CONTRIBUTION		
I.	CONTRIBUTION		

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

TOTAL This Period (last page this line number only) 23,405.00

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
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☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
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PREPARER

1-27-97

DATE PREPARED

FEC FORM 70-2 (12/92)