

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

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	12890.00	19790.00	110
ii. Unitemized	15961.97	85278.00	110
iii. Total (add i and ii) >	28851.97	105068.00	110
b. Political Party Committees	.00	.00	110
c. Other Political Committees (such as PACs)	.00	.00	110
d. Total Contributions (add a ii, b and c) >	28851.97	105068.00	110
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) >	28851.97	105068.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	28851.97	105068.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21
ii. Non-Federal Share	.00	.00	21
b. Other Federal Operating Expenditures	.00	.00	21
c. Total Operating Expenditures (add a i, a ii, and b) >	4000.00	35450.00	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	30.00	30.00	28
b. Political Party Committees			28
c. Other Political Committees (such as PACs)			28
d. Total Contribution Refunds (add a, b and c) >	19870.00	62520.00	29
28. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	23900.00	98000.00	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	23900.00	98000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	28851.97	105068.00	32
33. Total Contribution Refunds (from line 28d)	.00	.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	28851.97	105068.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	.00	.00	35
36. Offsets to Operating Expenditures (from line 15)	.00	.00	36
37. Net Operating Expenditures (subtract line 34 from 35) >	.00	.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William Regalla 7381 California Avenue Youngstown OH 44512	SELF EMPLOYED	10-01-97	230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 230.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Donald Bowers Jr 385 W 12th Ave Columbus OH 43218	SELF EMPLOYED	9-18-97	155.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 355.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Richard Buchanan 281 N Broadway Spencerville OH 45887	SELF EMPLOYED	9-22-97	450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 450.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Buchholz 8988 West Chester Rd West Chester OH 45869	SELF EMPLOYED	8-05-97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. George Cochran 1888 Chelsea Ave Madison OH 43548	SELF EMPLOYED	11-24-97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gene DUGAN 1787 Allentown Road Lima OH 45885	SELF EMPLOYED	9-22-97	755.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 755.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Joseph Crowley 3475 N Bend Rd Cincinnati OH 45239	SELF EMPLOYED	9-22-97	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 275.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 6
FOR LINE NUMBER 1141

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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. John Gerstenmaier Jr 3094 W Market St #260 Akron OH 44333	SELF EMPLOYED	11-24-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ronald Brycko 9450 Plainfield Road Blue Ash OH 45236	SELF EMPLOYED	9-24-97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gary Handricks 4181 Center Road Brunswick OH 44212	SELF EMPLOYED	12-08-97	610.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 610.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Richard Huetter 1201 38th St N W Canton OH 44705-2959	SELF EMPLOYED	7-17-97	220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 220.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William Huskey 113 N Ohio #310 Sidney OH 45366	SELF EMPLOYED	11-24-97	425.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 425.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. James Karlowicz 426 Reeves Ave N Dever OH 44622	SELF EMPLOYED	11-24-97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Lawrence Kaye 227 W Bowery St Akron OH 44308	SELF EMPLOYED	7-30-97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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. John Kramer 9 N 4th St PO Box 498 Martins Ferry OH 43935	SELF EMPLOYED	9-20-97	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Richard Krantz 25701 Lakeland Blvd 404 Euclid OH 44132	SELF EMPLOYED	9-20-97	700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 700.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Kevin Leing 521 S Shannon St Van Wert OH 45891	SELF EMPLOYED	11-24-97	480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 480.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Lazerow 2858 S Arlington Road #28 Akron OH 44312-4746	SELF EMPLOYED	12-22-97	410.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 410.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Dewitt May 933 Military Rd Zanesville OH 43701	SELF EMPLOYED	11-24-97	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. James Mercer 7 M Bowery St #806 Akron OH 44308	SELF EMPLOYED	9-22-97	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
Dr. Alan Mikosell 694 N Dixie Hwy Wapakoneta OH 45895	SELF EMPLOYED	9-22-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 500.00	

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

PAGE 4 OF 6
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. Dennis Moody 7341 Eisenhower Dr Youngstown OH 44512	SELF EMPLOYED	9-22-97	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 700 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Jeanne Nicolette 799 Eastwind Dr Westerville OH 43081	SELF EMPLOYED	9-22-97	50 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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. Laura Pall 406 W. Herrick Ave Wellington OH 44090	SELF EMPLOYED	9-22-97	210 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 210 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Theodore Pope 15 W Menger Rd Englewood OH 43322	SELF EMPLOYED	9-18-97	90 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 290 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. James Riestenberg 207 N Columbus Rd Athens OH 45781	SELF EMPLOYED	11-24-97	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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. Carl Shaffer 611 W Market St Akron OH 44303	SELF EMPLOYED	8-21-97	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ralph Snelson 3043 E Market St Warren OH 44484	SELF EMPLOYED	9-18-97	360 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 560 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 16
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. Ronald Stanich 6738 Wales Ave NW Massillon OH 44646	SELF EMPLOYED	9-22-97	390.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 890.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Harold Voss 3791 N High St Columbus OH 43214	SELF EMPLOYED	9-19-97	385.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 385.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Phillip Weisenbarger PO Box 193 122 Thurman St Bluffton OH 45817	SELF EMPLOYED	12-11-97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Philip Dixon 124 Ray Ave NW New Philadelphia OH 44663	SELF EMPLOYED	12-03-97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gregory Garey 3296 W Market St Akron OH 44333	SELF EMPLOYED	11-24-97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Husine Fick 3015 Navarre Ave #B Oregon OH 43616	SELF EMPLOYED	9-18-97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Woodrow Lehr 4774 Munson Ave NW Canton OH 44632	SELF EMPLOYED	12-03-97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page into line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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. Leonard Rodugno 943 E Cherry St PO Box 345 Canal Fulton OH 44614	SELF EMPLOYED	12-03-97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Jack Savage 197 Madison SE Port Clinton OH 43462	SELF EMPLOYED	12-11-97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Daniel Strickland 2467 Woodville Rd Oregon OH 43616	SELF EMPLOYED	9-18-97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Edward White 128 Mentor Ave Painesville OH 44677	SELF EMPLOYED	9-18-97	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 270.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. George Williams 4774 Munson Ave NW Canton OH 44718	SELF EMPLOYED	9-23-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only) 12,990.00

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN DENTAL POLITICAL ACTION COMMITTEE ADPAC 1111 14th St NW #1100 Washington, D.C. 20077-1641	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	4000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

4000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28a

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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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
DR. DAVID G. RUMMEL 3600 OLENTANGY RIVER ROAD COLUMBUS, OH 43214	REFUND OF CONTRIBUTION	9-30-97	30 ⁰⁰
B. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		
C. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		
D. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		
E. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		
F. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		
G. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		
H. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		
I. Full Name, Mailing Address and ZIP Code	CONTRIBUTION		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) 30⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 5
FOR LINE NUMBER 79

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NAME OF COMMITTEE (in Full)

OHIO DENIAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR AMSTUTZ TREAS: DALE LORG P.O. BOX 22 ORVILLE OH 44667	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	150 ⁰⁰
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BATCHELDER FOR REPRESENTATIVE 105 WEST LIBERTY MEDIHA, OHIO 44255 TREAS: CHERYL BLOCK	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	1000 ⁰⁰
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR BRUCE JOHNSON TREAS: RON O'BRIEN 57 E. GAY STREET 2ND FLR COLUMBUS, OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	500 ⁰⁰
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM BUCHY FOR STATE REP. 758 GARDENWOOD GREENVILLE, OH 45331 TREAS: JANE WILLIAMSON	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	500 ⁰⁰
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR CALLENDER TREA: JOHN PAXSON 35475 VINE ST. #200 EASTLAKE, OH 44095	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	125 ⁰⁰
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR CAREY TREAS: DONALD WALTON 196 OAK RIDGE ADDITION WELLSVILLE, OH 45692	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	150 ⁰⁰
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF GARY H. CATES TREAS: JILL CATES 6542 SEMINOLE DRIVE WEST CHESTER, OH 45069	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	50 ⁰⁰
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ELECT CLANCY COMMITTEE TREAS: PETER SCIAMANNA 4474 WOODTRIAL LANE CINCINNATI, OH 45251	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	50 ⁰⁰
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COM TO RE-ELECT ROBERT CORBIN 243 SANDERSON DRIVE DAYTON, OH 45459 TREAS: BOB MILLER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	300 ⁰⁰

SUBTOTAL of Disbursements This Page (optional)

1,150

TOTAL This Period (last page only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **2** OF **5**
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
FRIENDS OF KEVIN COOBLIN TREAS: DAVID STOFKA 605 SACKETT AVENUE CUYAHOGA FALLS, OH 44221	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	150.00
DAVIDSON FOR ST REP COMMITTEE 865 MACON ALLEY COLUMBUS, OH 43206 TREAS: WILLIAM CURTIS	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	1000.00
CITIZENS FOR G. DIDONATO CONN 615 W. WATER STREET INDIANAPOLIS, OH 44683 TREAS: LINDA WARNER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	100.00
CITIZENS FOR HANCOCK CHILES DIX 10 W. LOCUST STREET NEWARK, OH 43055 ATN: JOHN TORRENS	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	150.00
FRIENDS OF SEN. G. DRAKE CONN TREAS: SHIRLEY MILLER 5954 BAIARDALE LN SOLON OH 44139	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	200.00
BEN ESPY FOR SENATE KEN WHITEMAN, TREASURER 43 HAMILTON PARK COLUMBUS, OH 43203	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	500.00
FRIENDS OF FISHER COMMITTEE TREAS: S. DEUTCH 629 EUCLID AVENUE CLEVELAND, OH 44114	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-13-97	2500.00
CITIZEN'S FOR GARDNER CONN. 433 NORTH PROSPECT STREET BOWLING GREEN, OH 43402 TREAS: MIKE SIBBERSON	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	1000.00
THE COMM. TO ELECT BILL HARRIS 1230 TOWNSHIP RD 1506 ASHLAND, OH 44805 TREAS: JIM HESS	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-06-97	175.00

SUBTOTAL of Disbursements This Page (optional)

4,325

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

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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
CONCERNED CITIZENS FOR HARTLEY TREAS: JAMES A. MITCHELL 2117 ELWOOD PLACE SPRINGFIELD, OH 45505	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	150.00
CITIZENS FOR HOTTINGER 310 MC MILLER DRIVE NEWARK, OH 43055 TREAS: CHARLINE PFAHLER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	150.00
HOUSE DEMOCRATIC CAUCUS FUND P.O. BOX 2982 COLUMBUS, OH 43216-2982 TREAS: WM. L. MALLORY	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	1500.00
ELECT HOUSEHOLDER COMMITTEE TREAS: FRED C. HAHNE 642 WYANDOTTE AVENUE LOGAN, OH 43138	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	150.00
Committee to Elect Gene Krebs Treasurers: Jeff MacDonald 9 Robin Court Oxford, OH 45056	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	100.00
LAWRENCE FOR STATE REP. 4596 RED BANK ROAD GALENA, OH 43021 TREAS: ROBERT E. ABELL	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	200.00
WATER FOR STATE REP. COMMITTEE 1147 STRATFORD AVE NE MASSILLON, OH 44646 TREAS: MARGARET ELUM	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	300.00
COM TO ELECT KERRY METZGER TREAS: DOUG SOPHER 1366 4TH STREET SE NEW PHIL., OH 44663	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	175.00
RUNALD W. HOTEL BOOSTERS BOROBY BUDAN, TREASURER 10637 STONEHEDGE CIRCLE CLEVELAND, OH 44133	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	150.00

SUBTOTAL of Disbursements This Page (optional)

2250

TOTAL This Page (next page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 79

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NAME OF COMMITTEE (in Full)

OHIO DENIAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
OGG ELECTION COMMITTEE TREAS: WILLIAM K. OGG 17 S. ZEIGLER LANE STOUT, OH 45684	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	320.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF C.J. PRENTISS TREAS: CHARLIE JOHNSON 1711 SAGAMORE DRIVE EUCLED, OH 44117	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	200.00
C. Full Name, Mailing Address and ZIP Code COMM TO REELECT BOSS BOGGS JR 4779 ROUTE 7 NORTH ANDOVER, OH 44003 TREAS: ELEANOR BOGGS	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	600.00
D. Full Name, Mailing Address and ZIP Code CITIZENS FOR SENATOR SCHIAFRATH TREAS: JOHN SLAYBOUGH 12 E. MAIN STREET LEXINGTON, OH 44904	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	300.00
E. Full Name, Mailing Address and ZIP Code SCHULER FOR STATE REP. TREAS: R. DOUGLAS MILLER 3648 JEFFREY CT. CINCINNATI, OH 45236	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	300.00
F. Full Name, Mailing Address and ZIP Code BETTY SUTTON COMMITTEE TREAS: MARY LOU SUTTON 49 LINDBERGH STREET BARBERTON OH 44203	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	100.00
G. Full Name, Mailing Address and ZIP Code CITIZENS FOR SWEENEY 1422 EUCLED AVENUE CLEVELAND, OHIO 44115 JIM FLANNERY TREASURER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	1000.00
H. Full Name, Mailing Address and ZIP Code TAFT FOR OHIO 16 E. BROAD STREET COLUMBUS, OH 43215 TREAS: MARK B. LAPLACE	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	1500.00
I. Full Name, Mailing Address and ZIP Code CITIZENS FOR TAYLOR TREAS: ABBY TAYLOR 100 EASTWOOD DRIVE BORNALK, OH 44857	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	150.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Page (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
VERMILIGER FOR STATE REP COMM TREAS: JIM DAVIS P.O. BOX 807 LEBANON, OH 45036	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	150.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE COMMITTEE FOR E.J. THOMAS 865 MACON ALLEY COLUMBUS OH 43206 WILLIAM CURLI (S-TREASURER)	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Tiberi Treas: M. L. Curli 865 Macon Alley Columbus, OH 43206	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	1500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TOM JOHNSON FOR STATE REP COMM SR 550 P.O. BOX 78 BARLOW, OH 45712 JAN SEAMAN, TREASURER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	1500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHARLIE WILSON FOR HOUSE COMM ATTN: JASON WILSON 227 NORTH LINCOLN AVENUE BRIDGEPORT, OH 43912	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-30-97	100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF MIKE WISE TREAS: JIMM VERES 63 E. SUMMIT CHAGRIN FALLS, OH 44022	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-97	150.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT RON YOUNG TREAS: BILL KESTER 6893 MILODN DRIVE PATNESVILLE, OH 77077	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-20-97	275.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

924

TOTAL This Period (last page this line number only)

19870.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-29-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
MVD	2-5-98
PREPARER	DATE PREPARED