

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

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

FOR LINE NUMBER: PAGE 15 OF 93

(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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dodd, Bryan, S, Dr,

Mailing Address 3223 Beaver Vu Dr

City  
DaytonState  
OHZip Code  
45434-6371FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼  
Primary

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 16 / 2019

Transaction ID : SA11Al.18155

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Doty, Stan, , Dr,

Mailing Address 811 S Main St

City  
FindlayState  
OHZip Code  
45840-3003FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼  
Primary

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2019

Transaction ID : SA11Al.18431

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Dugan, Eugene, Vincent, Dr,

Mailing Address 1707 Allentown Rd

City  
LimaState  
OHZip Code  
45805-1844FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼  
Primary

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2019

Transaction ID : SA11Al.18496

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00