

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

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

FOR LINE NUMBER: PAGE 17 OF 34

(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. Lanik, Craig, C, Dr,

Mailing Address PO Box 823

City
Uniontown

State
OH

Zip Code
44685-0823

FEC 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
02 / 06 / 2020

Transaction ID : SA11AI.20123

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Lazarow, Robert, M, Dr,

Mailing Address 2858 S Arlington Rd Ste 200

City
Akron

State
OH

Zip Code
44312-4746

FEC 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
02 / 06 / 2020

Transaction ID : SA11AI.20111

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Lehky, Lisa, A, Dr,

Mailing Address 55 S Miller Rd Ste 101

City
Fairlawn

State
OH

Zip Code
44333-4167

FEC 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
02 / 11 / 2020

Transaction ID : SA11AI.20132

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