

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

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

FOR LINE NUMBER: PAGE 26 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. Stocker, Jon, C, Dr,**

Mailing Address 244 Golden Ln

City  
Lima

State  
OH

Zip Code  
45807-2279

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.20246

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Su, Erwin, T, Dr,**

Mailing Address 6655 Frank Ave NW

City

North Canton

State

OH

Zip Code

44720-7259

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 / 26 / 2020

Transaction ID : SA11AI.20139

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Subramanian, Kumar, , Dr,**

Mailing Address 161 Clint Dr Ste 300

City

Pickerington

State

OH

Zip Code

43147-7794

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2020

Transaction ID : SA11AI.20088

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1000.00