

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 061898 P 270

DR DAVID RUMMEL
OHIO DENTAL POLITICAL ACTION C
OMMITTEE
1370 DUBLIN ROAD
COLUMBUS OH 43215

2. FEC IDENTIFICATION NUMBER
C00011544

3. This committee has qualified as a multiple candidate committee. (see FEC FORM 1M)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 22 12 23 PM '98

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 GENERAL ELECTION
(Type of Election)
election on 11-03-98 in the State of OHIO

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	10-01-98 through 10-14-98		
6. (a) Cash on Hand January 1, 19 98			\$ 36,373.64
(b) Cash on Hand at Beginning of Reporting Period		\$ 17,938.64	
(c) Total Receipts (from Line 19)		\$ 4,822.00	\$ 91,262.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 22,760.64	\$ 127,635.64
7. Total Disbursements (from Line 20)		\$ 16,026.88	\$ 120,901.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 6,733.76	\$ 6,733.76
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule O)		\$ 0.00	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3426
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	

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
David Rummel, DDS

Signature of Treasurer: *David Rummel* Date: 10-19-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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 10-01-98 TO 10-14-98	
Receipts		COLUMN A Total This Period	COLUMN B Calendar
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		4,680.00	18,606.00
ii. Unitemized		142.00	72,656.00
iii. Total	(add i and ii) >	4,822.00	91,262.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) >	4,822.00	91,262.00
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) >	4,822.00	91,262.00
20. Total Federal Receipts	(subtract line 16 from line 19) >	4,822.00	91,262.00
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		0.00	33,425.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	200.00
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. Individual/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		16,026.88	87,276.88
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,026.88	120,901.88
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	16,026.88	120,901.88
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		4,822.00	91,262.00
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		4,822.00	91,262.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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. Vicki Barnhouse-Kraft 5025 Arlington Ctr Blvd # Columbus OH 43220	SELF EMPLOYED	10-05-98	\$ 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. William Britton 7 Medical Dr PO Box 6155 Chillicothe OH 45601	SELF EMPLOYED	10-12-98	\$ 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST		
	Aggregate Year-to-Date > \$ 225.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. George Cochran 1086 Chelsea Ave Napoleon OH 43545	SELF EMPLOYED	10-12-98	\$ 310.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST		
	Aggregate Year-to-Date > \$ 410.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Devere Grappy Jr 21 Pittsburgh St Columbiana OH 44408	SELF EMPLOYED	10-12-98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST		
	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Gene Henderson 1704 State Rd RR 1 Rt 60 Vermilion OH 44089	SELF EMPLOYED	10-12-98	\$ 220.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST		
	Aggregate Year-to-Date > \$ 420.00		
F. 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 400 Martins Ferry OH 43935	SELF EMPLOYED	10-12-98	\$ 270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST		
	Aggregate Year-to-Date > \$ 370.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Woodrow Lahr 4774 Munson Ave NW Canton OH 44632	SELF EMPLOYED	10-12-98	\$ 525.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST		
	Aggregate Year-to-Date > \$ 725.00		

SUBTOTAL of Receipts This Page (optional) \$ 1,750.00

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 2 OF 3
FOR LINE NUMBER 11a(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. Kevin Laing 521 S Shannon St Van Wert OH 45891	SELF EMPLOYED	10-12-98	\$ 575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 575.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Vannah Nantz 79 W Franklin St Centerville OH 45459	SELF EMPLOYED	10-12-98	\$ 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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Theodore Pope 16 W Wenger Rd Englewood OH 45322	SELF EMPLOYED	10-12-98	\$ 330.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 330.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Nancy Quinn 1370 Dublin Road Columbus OH 43215	OHIO DENTAL ASSOCIATION	10-12-98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Alan Robbins 14055 Cedar Rd Cleveland OH 44118	SELF EMPLOYED	10-12-98	\$ 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. Ronald Stanich 6730 Wales Ave NW Massillon OH 44646	SELF EMPLOYED	10-12-98	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 700.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Joy Stovcik PO Box 265 30 S Main St Thornville OH 43076	SELF EMPLOYED	10-12-98	\$ 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	

SUBTOTAL of Receipts This Page (optional)

\$ 2,730.00

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 3 OF 3
FOR LINE NUMBER 11a(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. Timothy Sulken 335 N Main St Fostoria OH 44830	SELF EMPLOYED	10-12-98	\$ 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	SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	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	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) \$ 500.00

TOTAL This Period (last page this line number only) \$ 7,630.00

CHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 6
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
Committee to Keep Dixie Allen Treasurer: Allen Elijah 4592 Toni Dr Dayton OH 45418	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
CITIZENS FOR AMSTUTZ TREAS: DALE LONG 1169 W. CROWN HILL ROAD OARVILLE, OH 44667	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 100.00
AUSTRIA FOR STATE REP TREAS: ARNOLD FIFE 2537 OBETZ DRIVE BEAVERCREEK, OH 45434	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11-12-98	\$ 150.00
FRIENDS OF BENDER COMMITTEE TREAS: BELINDA CARTER 645 GEORGETOWN AVENUE ELYRIA OH 44035	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
CITIZENS FOR BRUCE JOHNSON TREAS: KURT TUNNEL 100 S. THIRD STREET COLUMBUS, OH 43216	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 350.00
CHARLES BRADINS FOR STATE REP. RURAL ROUTE 3 WAPAKONETA, OH 45886 TREAS: SANDRA BRADINS	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
FRIENDS FOR DAN BRADY TREAS: DONA BRADY 1272 WEST BLVD. CLEVELAND, OH 44102	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 250.00
COMMITTEE TO ELECT BRITTON TREAS: ERNEST BRITTON 5222 KENWOOD ROAD CINCINNATI, OH 45227	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
BRYAN C. WILLIAMS FOR ST. REP. TREAS: C.J. NIEKAMP 967 HAMPTON RIDGE DRIVE AKRON, OH 44313	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10-12-98	\$ 200.00

TOTAL of Disbursements This Page (optional)

\$ 1,750.00

TOTAL This Period (last page this line number only)

CHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 6

FOR LINE NUMBER

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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 GARY W. 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)	10-12-98	\$200.00
ED CORE FOR STATE REP. CONN. TREAS: NANCY WISSE 2450 COUNTY ROAD 118 RUSHLYVANIA, OH 43347	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$200.00
CUPP FOR SENATE DANIEL FUHRMAN TREASURER 2921 ALLENTOWN ROAD #3 LINA, OHIO 45805	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$500.00
VOTE DANDSCHROD COMMITTEE TREAS: SHERRY HOODSMELL 986 W. STATE STREET FRENONT, OH 43429	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$300.00
CITIZENS FOR 6, DIDONATO CONN 616 N. WATER STREET DHRICHSVILLE, OH 44683 TREAS: LINDA WARNER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$100.00
FRIENDS OF FINGERHUT COMPAIGN TREAS: STEVE FERRIS 2775 SOUTH MORELAND BLVD CLEVELAND, OH 44129	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$250.00
THE PURNEY COMMITTEE TREAS: NORMAN CLARK 7854 W. CENTRAL AVENUE TOLEDO, OH 43617	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$250.00
Bob Gardner for State Senate Treasurer: Jamie Totin 29683 Brand Blvd Wickliffe OH 44092	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$250.00
RON HOOO FOR REPRESENTATIVE TREAS: RANDALL A. POPE P.O. BOX 118 CAMFIELD, OH 44486	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$200.00

TOTAL of Disbursements This Page (optional)

\$2,150.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 6
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
Citizens to Elect James Hoopes 9632 Road I-9 Ottawa OH 45875	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
CITIZENS FOR NOTTINGER 386 SABRECUIT DRIVE NEWARK, OH 43086 TREAS: LARRY WISE	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	\$ 250.00
CITIZENS FOR JIM JORDAN TREAS: FRANK FOCHT 1789 STATE ROUTE 568 SO. URBANA, OH 43078	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF JERRY KRUPINSKI 2719 CLEVELAND AVENUE STUEBENVILLE, OHIO 43082 E. KRUPINSKI-TREASURER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
E. Full Name, Mailing Address and ZIP Code 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)	10-12-98	\$ 200.00
F. Full Name, Mailing Address and ZIP Code LUEBBERS FOR REP. COMMITTEE CHARLES FEHR, TREASURER 5468 DENGAIL DRIVE CINCINNATI, OHIO 45238	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
G. Full Name, Mailing Address and ZIP Code RHINE KOLIN FOR STATE SENATE TREAS: MARVENE MITCHELL 1138 BERMANTOWN STREET DAYTON, OH 45408	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	\$ 500.00
H. Full Name, Mailing Address and ZIP Code COMM TO RE-ELECT P. HEAD TREAS: THOMAS J. RILEY 18 W. BROAD STREET COLUMBUS, OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	\$ 200.00
I. Full Name, Mailing Address and ZIP Code COMM TO ELECT KERRY NETZGER TREAS: DOUG SOPHER 1166 4TH STREET SE NEW PHIL., OH 44663	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-98	\$ 1,500.00

TOTAL of Disbursements This Page (optional)

\$ 3,450.00

TOTAL This Period (use page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6
FOR LINE NUMBER 79

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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
Committee to Elect Ray Miller Treasurer: Leticia Jones 17 S High St #588 Columbus OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
B. Full Name, Mailing Address and ZIP Code MOTTLEY FOR STATE REP. 1541 LONGBOW LAKE W. CARROLLTON, OH 45449 ATTN: PHILLIP HUBBARD	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF WABAKOWSKI TREASURER: PAT CAND 6868 DORWOOD DRIVE LORAIN OH 44053	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 250.00
D. Full Name, Mailing Address and ZIP Code PEOPLE FOR NETZLEY & FAIR TXS 4825 PIQUA-TROY ROAD PIQUA, OH 45356 ATTN: KENNETH MOORE	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
E. Full Name, Mailing Address and ZIP Code O'BRIEN FOR STATE REP CON TREASURER: GREGORY DELEV 6911 WILDFLOWER TRAIL CINCINNATI OH 45238	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 300.00
F. Full Name, Mailing Address and ZIP Code OGB'S ELECTION COMMITTEE TREAS: WILLIAM K. OGB 17 S. ZEIGLER LANE STDUT, OH 43084	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT PATTON TREAS: JUANELL PATTON 727 BRENTWOOD AVENUE YOUNGSTOWN, OH 44611	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
H. Full Name, Mailing Address and ZIP Code FRIENDS OF C.J. PRENTISS TREAS: CHARILE JOHNSON 813 EAST BLVD. CLEVELAND, OH 44189	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 250.00
I. Full Name, Mailing Address and ZIP Code CITIZENS For William Schuck TREAS: WM. L. CURTIS 865 MACOM ALLEY COLUMBUS, OH 43206	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 1,000.00

TOTAL of Disbursements This Page (indicate)

\$ 2,700.00

TOTAL This Period (last page this line number only)

CHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 6
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

OHIO DENEAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE SHOEMAKER COMMITTEE 330 SYLVAN CIRCLE CIRCLEVILLE, OH 43113 TREAS: DWIGHT RADCLIFF	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 250.00
THE REPRESENTATIVE SULZER COMM TREAS: SUSAN NEAL - OTT 617 WEST FIFTH STREET CHILLICOTHE, OH 45601	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
SYKES FOR OFFICE 615 DIAGONAL ROAD AKRON, OHIO 44320-3011 TREAS: LOUISE GISENDAMER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
TAFT-D'CONNOR '98 TREAS: MARK LAPLACE 16 EAST BROAD STREET COLUMBUS, OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 500.00
CITIZENS FOR TAYLOR TREAS: ABBY TAYLOR 100 EASTWOOD DRIVE NORMACK, OH 44067	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 1,500.00
TERHILLEGER FOR STATE REP COMM TREAS: JIM DAVIS P.O. BOX 87 LEBANON, OH 45036	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
COMMITTEE E.J. THOMAS 865 MADON ALLEY COLUMBUS OH 43206 WILLIAM CURLIO-TREASURER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00
VAN VYVER FOR STATE REP COMM 11006 READING ROAD SHARONVILLE, OH 45241 TREAS: JANET BARGER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 500.00
Committee to Elect Rose Vesper Treasurer: Linda Freley 3973 ST. RT. 132 Batavia, OH 45103	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$ 200.00

TOTAL of Disbursements This Page (optional)

\$ 3,750.00

TOTAL This Period (last page only line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **6** OF **6**

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
COMMITTEE TO ELECT WACHTMANN TREAS: CHRIS PEPER 558 EUCLID STREET NAPOLEON, OH 43546	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$200.00
CHARLIE WILSON FOR HOUSE CONN 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)	10-12-98	\$200.00
WINKLER FOR STATE REP TREAS: JOHN LINNENBERG 6971 BEECHTOP DRIVE CINCINNATI, OH 45233	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-98	\$200.00
D. Full Name, Mailing Address and ZIP Code	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	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	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	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	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	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

TOTAL of Disbursements (This Page optional)

\$600.00

TOTAL This Period (List page this line number only)

\$14,400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 79

OTHER DISBURSEMENTS

Information copied from such Records 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 contributors.

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 TO ELECT KERRY NETZGER TREAS: DOUG SOPHER 1166 4TH STREET SE NEW PHIL., OH 44663	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-98 (IN-KIND CONTRIBUTION)	\$ 223.56
COMM TO ELECT KERRY NETZGER TREAS: DOUG SOPHER 1166 4TH STREET SE NEW PHIL., OH 44663	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-98 (IN-KIND CONTRIBUTION)	\$ 65.86
COMM TO ELECT KERRY NETZGER TREAS: DOUG SOPHER 1166 4TH STREET SE NEW PHIL., OH 44663	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-98 (IN-KIND CONTRIBUTION)	\$ 483.97
CITIZENS FOR TAYLOR TREAS: ABBY TAYLOR 188 EASTWOOD DRIVE NORWALK, OH 44867	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-98 (IN-KIND CONTRIBUTION)	\$ 303.60
CITIZENS FOR TAYLOR TREAS: ABBY TAYLOR 188 EASTWOOD DRIVE NORWALK, OH 44867	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-98 (IN-KIND CONTRIBUTION)	\$ 65.86
CITIZENS FOR TAYLOR TREAS: ABBY TAYLOR 188 EASTWOOD DRIVE NORWALK, OH 44867	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-3-98 (IN-KIND CONTRIBUTION)	\$ 483.97
G. 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
H. 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
I. 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

TOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1,626.88

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 10/19/98
<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	
<i>[Signature]</i> PREPARER	10/22/98 DATE PREPARED