

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OHIO DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

A. Dr Richard Charles Nyzen
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 College St
 City Wadsworth State OH Zip Code 44281-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2011
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2011
Transaction ID : SA11AI.14607
 Amount of Each Receipt this Period
 250.00

B. Dr Charles R Pfister
 Full Name (Last, First, Middle Initial)
 Mailing Address 698 E Washington St Ste 1A
 City Medina State OH Zip Code 44256-3320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2011
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2011
Transaction ID : SA11AI.14554
 Amount of Each Receipt this Period
 250.00

C. Dr Faisal A Qureshy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2124 Cornell Rd
 CWRU Dept of Maxiofacial Surgery
 City Cleveland State OH Zip Code 44106-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2011
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2011
Transaction ID : SA11AI.14599
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	