

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Ohio Dental Association Political Action Committee

ADDRESS (number and street) 1370 Dublin Road Columbus OH 43215

2. FEC IDENTIFICATION NUMBER C00011544 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2013 through 12 31 2013

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 Dr Bruce D Grbach

Signature of Treasurer Dr Bruce D Grbach [Electronically Filed] Date 01 15 2014

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

Office Use Only table with 7 columns and 1 row, and FEC FORM 3X Rev. 12/2004 text.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Ohio Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		360128.02
(b) Cash on Hand at Beginning of Reporting Period.....	377040.27	
(c) Total Receipts (from Line 19)	87956.66	226531.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	464996.93	586659.02
7. Total Disbursements (from Line 31).....	24229.17	145891.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	440767.76	440767.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio Dental Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56971.66	110068.33
(ii) Unitemized	28485.00	113962.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	85456.66	224031.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	87956.66	226531.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	87956.66	226531.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	87956.66	226531.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	24229.17	125891.26
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24229.17	145891.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24229.17	145891.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	87956.66	226531.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87956.66	226531.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 100
	<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	

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 Association Political Action Committee

A. Dr Afshan H Ahmed
Full Name (Last, First, Middle Initial)
Mailing Address 4950 Middle Urbana Rd
City Springfield State OH Zip Code 45503-6076
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9510
Amount of Each Receipt this Period
125.00

B. Dr Fred A Alger
Full Name (Last, First, Middle Initial)
Mailing Address 221 N Hamilton Rd
City Gahanna State OH Zip Code 43230-2605
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.9115
Amount of Each Receipt this Period
500.00

C. Dr Fred A Alger
Full Name (Last, First, Middle Initial)
Mailing Address 221 N Hamilton Rd
City Gahanna State OH Zip Code 43230-2605
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013
Transaction ID : SA11AI.9207
Amount of Each Receipt this Period
550.00

SUBTOTAL of Receipts This Page (optional).....▶	1175.00
TOTAL This Period (last page this line number only).....▶	

**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 7 OF 100
	<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 Anita Aminoshariae
Full Name (Last, First, Middle Initial)
Mailing Address 2124 Cornell Rd Rm DOA280

City Cleveland	State OH	Zip Code 44106-3804
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 22 / 2013
Transaction ID : SA11AI.9238

Amount of Each Receipt this Period
250.00

B. Dr Denise M Antalis
Full Name (Last, First, Middle Initial)
Mailing Address 1500 Deerpath Drive

City Cambridge	State OH	Zip Code 43725-9240
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2013
Transaction ID : SA11AI.9078

Amount of Each Receipt this Period
125.00

C. Dr Safuratu Yetunde Aranmolate
Full Name (Last, First, Middle Initial)
Mailing Address 475 Wordsworth Ct

City Cleveland	State OH	Zip Code 44143-2782
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2013
Transaction ID : SA11AI.9193

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 Jeffrey C Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 9191 Chillicothe Rd
 City Kirtland State OH Zip Code 44094-9263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 15 / 2013
Transaction ID : SA11AI.9124
 Amount of Each Receipt this Period
 250.00

B. Dr Brad D Barricklow
 Full Name (Last, First, Middle Initial)
 Mailing Address Bldg. 1 Suite A
 7135 Sylvania Ave
 City Sylvania State OH Zip Code 43560-5510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 26 / 2013
Transaction ID : SA11AI.9035
 Amount of Each Receipt this Period
 250.00

C. Dr Richard B Barry
 Full Name (Last, First, Middle Initial)
 Mailing Address 1960 Bethel Rd Ste 240
 City Columbus State OH Zip Code 43220-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9488
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 100
	<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 Geoffrey R Bauman
Full Name (Last, First, Middle Initial)

Mailing Address 843 N 21st St

City Newark State OH Zip Code 43055-7273

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9567

Amount of Each Receipt this Period
325.00

B. Dr Canise Y Bean
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Haddon Rd

City Columbus State OH Zip Code 43209-3103

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 27 / 2013
Transaction ID : SA11AI.9083

Amount of Each Receipt this Period
125.00

C. Dr Joseph D Bedich
Full Name (Last, First, Middle Initial)

Mailing Address 481 S High St

City Cortland State OH Zip Code 44410-1437

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9478

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **700.00**

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

**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 10 OF 100
	<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 Arthur Scott Benson
Full Name (Last, First, Middle Initial)

Mailing Address 3618 W Market St Ste 101

City Fairlawn State OH Zip Code 44333-2425

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 12 / 2013

Transaction ID : SA11AI.9117

Amount of Each Receipt this Period
250.00

B. Dr Michael James Bernard
Full Name (Last, First, Middle Initial)

Mailing Address 1021 Schneider St SE

City North Canton State OH Zip Code 44720-3857

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11AI.9389

Amount of Each Receipt this Period
250.00

C. Dr Richard Francis Bestic
Full Name (Last, First, Middle Initial)

Mailing Address 2670 S Raccoon Rd

City Youngstown State OH Zip Code 44515-5344

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11AI.9417

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

**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 11 OF 100
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr Gregory M Beten
Full Name (Last, First, Middle Initial)
Mailing Address 17001 Albers Ave
City Cleveland State OH Zip Code 44111-4243
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9551
Amount of Each Receipt this Period
125.00

B. Dr William B Biggs Jr
Full Name (Last, First, Middle Initial)
Mailing Address 4222 Secor Road
City Toledo State OH Zip Code 43623-4232
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9398
Amount of Each Receipt this Period
125.00

C. Dr Mark L Billy
Full Name (Last, First, Middle Initial)
Mailing Address 5437 Mahoning Ave
City Youngstown State OH Zip Code 44515-2437
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 17 / 2013
Transaction ID : SA11AI.9258
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

**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 12 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Nabil F Bissada
 Full Name (Last, First, Middle Initial)
 Mailing Address 10900 Euclid Ave
 City Cleveland State OH Zip Code 44106-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9588
 Amount of Each Receipt this Period
 125.00

B. Dr Jeffrey A Bixler
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 Halligan Ave
 City Worthington State OH Zip Code 43085-2613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9377
 Amount of Each Receipt this Period
 125.00

C. Dr Michael A Blum
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 S Miller Rd Ste 102
 City Fairlawn State OH Zip Code 44333-4167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : SA11AI.9084
 Amount of Each Receipt this Period
 500.00

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

**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 13 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Gary R Blumberg
Full Name (Last, First, Middle Initial)
Mailing Address 293 N South Street

City Wilmington	State OH	Zip Code 45177-1660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
12	/	30	/	2013

Transaction ID : SA11AI.9454

Amount of Each Receipt this Period

250.00

B. Dr Kyle D Bogan
Full Name (Last, First, Middle Initial)
Mailing Address 5208 Kentland Ct

City Columbus	State OH	Zip Code 43221-5605
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
08	/	07	/	2013

Transaction ID : SA11AI.9337

Amount of Each Receipt this Period

250.00

C. Dr Jeremy Joseph Borsky
Full Name (Last, First, Middle Initial)
Mailing Address 7521 State Rd

City Cincinnati	State OH	Zip Code 45255-2438
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
10	/	01	/	2013

Transaction ID : SA11AI.9210

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 14 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr Jeremy Joseph Borsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 7521 State Rd
 City Cincinnati State OH Zip Code 45255-2438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9381
 Amount of Each Receipt this Period
 250.00

B. Dr Mark P Braydich
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 Deer Creek Dr
 City Struthers State OH Zip Code 44471-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 31 / 2013
Transaction ID : SA11AI.9606
 Amount of Each Receipt this Period
 125.00

C. Dr Michael F Bright
 Full Name (Last, First, Middle Initial)
 Mailing Address 4568 Mayfield Rd Ste 211
 City South Euclid State OH Zip Code 44121-4050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9349
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**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 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Mark E Bronson
Full Name (Last, First, Middle Initial)
Mailing Address 4935 Paddock Rd
City Cincinnati State OH Zip Code 45237-5548
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 22 / 2013
Transaction ID : SA11AI.9079
Amount of Each Receipt this Period
500.00

B. Dr Daniel T Brown
Full Name (Last, First, Middle Initial)
Mailing Address 1170 State Route 28
City Milford State OH Zip Code 45150-2155
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9436
Amount of Each Receipt this Period
250.00

C. Dr David Edwin Bullard
Full Name (Last, First, Middle Initial)
Mailing Address 260 Thornton-Spung Rd.
City Kingston State OH Zip Code 45644
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
10 / 01 / 2013
Transaction ID : SA11AI.9211
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

**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 16 OF 100
	<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 H Burns Jr
Full Name (Last, First, Middle Initial)

Mailing Address 107 Ray Ave., NE

City New Philadelphia State OH Zip Code 44663-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9455

Amount of Each Receipt this Period
250.00

B. Dr Jeffrey S Caldwell
Full Name (Last, First, Middle Initial)

Mailing Address 212 E 5th St

City East Liverpool State OH Zip Code 43920-3132

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9519

Amount of Each Receipt this Period
250.00

C. Dr Jeffrey Alan Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 8401 Chagrin Rd Ste 11

City Chagrin Falls State OH Zip Code 44023-4708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 09 / 2013
Transaction ID : SA11AI.9224

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

**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 100
(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

A. Dr Martin J Chambers
 Full Name (Last, First, Middle Initial)
 Mailing Address 21990 Lorain Rd
 City State Zip Code
 Fairview Park OH 44126-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9547
 Amount of Each Receipt this Period
 250.00

B. Dr Ricky L Chapman
 Full Name (Last, First, Middle Initial)
 Mailing Address 885 High St
 City State Zip Code
 Worthington OH 43085-4158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9425
 Amount of Each Receipt this Period
 125.00

C. Dr John Arthur Cheek
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Old Woods Rd
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9411
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 100
(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

A. Dr Carl Raymond Choi
 Full Name (Last, First, Middle Initial)
 Mailing Address 7974 Butterfly St
 City Painesville State OH Zip Code 44077-8513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.9161
 Amount of Each Receipt this Period
 250.00

B. Dr Kwang H Chung
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 Mahoning Ave Ste 204
 City Youngstown State OH Zip Code 44509-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9561
 Amount of Each Receipt this Period
 250.00

C. Dr Stephen J Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8228 N Main St
 City Dayton State OH Zip Code 45415-1641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.9214
 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)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Kenneth Myron Clemens
Full Name (Last, First, Middle Initial)
Mailing Address 2320 London Dr
City State Zip Code
Lima OH 45805-4041
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9383
Amount of Each Receipt this Period
125.00

B. Dr Alan J Cline
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 249
City State Zip Code
Delphos OH 45833-0249
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9498
Amount of Each Receipt this Period
125.00

C. Dr Nicole Cochran
Full Name (Last, First, Middle Initial)
Mailing Address 15901 Hilliard Rd
City State Zip Code
Lakewood OH 44107-5601
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Dentist
Receipt For: 2013
 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 / 10 / 2013
Transaction ID : SA11AI.9166
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 100
(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

A. Dr Marion Roy Coleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 542 Niles Courtland Rd
 City Warren State OH Zip Code 44484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9521
 Amount of Each Receipt this Period
 125.00

B. Dr Christopher M Connell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5395 Meadow Wood Blvd.
 City Lyndhurst State OH Zip Code 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.9215
 Amount of Each Receipt this Period
 375.00

c. Dr Shelley N Conrath
 Full Name (Last, First, Middle Initial)
 Mailing Address 495 Richland Ave
 City Athens State OH Zip Code 45701-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9495
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 100
(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

A. Dr Andrew J Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Yorkshire Trce SE
 City State Zip Code
 Canton OH 44709-4855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9378
 Amount of Each Receipt this Period
 125.00

B. Dr Benjamin R Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 3702 Cleveland Ave SW
 City State Zip Code
 Canton OH 44707-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9372
 Amount of Each Receipt this Period
 250.00

C. Dr Gary Lee Coons
 Full Name (Last, First, Middle Initial)
 Mailing Address 9179 N County Road 25A
 City State Zip Code
 Piqua OH 45356-9521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9416
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

**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 22 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 James H Cottle
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 S Otterbein Ave
 City Westerville State OH Zip Code 43081-2951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 29 / 2013
Transaction ID : SA11AI.9204
 Amount of Each Receipt this Period
 250.00

B. Dr Brian D Cutright
 Full Name (Last, First, Middle Initial)
 Mailing Address 1830 Lutheran Church Rd
 City Lancaster State OH Zip Code 43130-8166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9506
 Amount of Each Receipt this Period
 125.00

C. Dr William Jarman Davis Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 25955 Willowbend Rd
 City Perrysburg State OH Zip Code 43551-9535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 2013
Transaction ID : SA11AI.9251
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**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 23 OF 100
	<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 Daniel De Angelo
Full Name (Last, First, Middle Initial)
Mailing Address 827 McKay Court

City	State	Zip Code
Boardman	OH	44512-5790

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 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
08	/	07	/	2013

Transaction ID : SA11AI.9335

Amount of Each Receipt this Period
250.00

B. Dr Dante Anthony De Angelo
Full Name (Last, First, Middle Initial)
Mailing Address 65 Elizabeth Pl

City	State	Zip Code
Canfield	OH	44406-1590

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 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
07	/	02	/	2013

Transaction ID : SA11AI.9091

Amount of Each Receipt this Period
250.00

C. Dr Francesco R DeCarlo
Full Name (Last, First, Middle Initial)
Mailing Address 110 N Miller Rd

City	State	Zip Code
Akron	OH	44333-3704

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 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
12	/	30	/	2013

Transaction ID : SA11AI.9490

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).....▶	

**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 24 OF 100
	<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	

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 Association Political Action Committee

A. Dr David E Dennis
 Full Name (Last, First, Middle Initial)
 Mailing Address 738 S Cleveland Ave
 City Mogadore State OH Zip Code 44260-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.9607
 Amount of Each Receipt this Period
 250.00

B. Dr Ketki Desai
 Full Name (Last, First, Middle Initial)
 Mailing Address 5212 W Broad St
 City Columbus State OH Zip Code 43228-1642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9522
 Amount of Each Receipt this Period
 375.00

C. Dr Thomas J Dietrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 4774 Munson St NW
 City Canton State OH Zip Code 44718-3634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 16 / 2013
Transaction ID : SA11AI.9059
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Association Political Action Committee

A. Dr C Randall Doan
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 Forrest Ridge Dr
 City State Zip Code
 Dover OH 44622-1352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9415
 Amount of Each Receipt this Period
 125.00

B. Dr Bryan S Dodd
 Full Name (Last, First, Middle Initial)
 Mailing Address 3223 Beaver Vu Dr
 City State Zip Code
 Dayton OH 45434-6371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9497
 Amount of Each Receipt this Period
 125.00

C. Dr Cynthia A Dull
 Full Name (Last, First, Middle Initial)
 Mailing Address 538 Viking Landing Ct.
 City State Zip Code
 Beavercreek OH 45434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : SA11AI.9346
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

**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 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Association Political Action Committee

A. Dr David A Eichel
 Full Name (Last, First, Middle Initial)
 Mailing Address 8050 Hosbrook Rd Ste 310
 City Cincinnati State OH Zip Code 45236-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 10 / 2013
Transaction ID : SA11AI.9297
 Amount of Each Receipt this Period
 125.00

B. Dr James E Ellashek
 Full Name (Last, First, Middle Initial)
 Mailing Address 3665 Stutz Dr #2
 City Canfield State OH Zip Code 44406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 01 / 2013
Transaction ID : SA11AI.9114
 Amount of Each Receipt this Period
 125.00

c. Dr Jon R Ewig
 Full Name (Last, First, Middle Initial)
 Mailing Address 3585 Wendleton Ln
 City Beavercreek State OH Zip Code 45432-2753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 2013
Transaction ID : SA11AI.9158
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

**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 27 OF 100
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr John F Fellrath
Full Name (Last, First, Middle Initial)

Mailing Address 3757 Woodford Pl

City Dayton State OH Zip Code 45430-1671

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 09 / 2013
Transaction ID : SA11AI.9098

Amount of Each Receipt this Period
250.00

B. Dr Sam Fick
Full Name (Last, First, Middle Initial)

Mailing Address 3075 Villa Dr

City Toledo State OH Zip Code 43614-5265

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
11 / 14 / 2013
Transaction ID : SA11AI.9277

Amount of Each Receipt this Period
125.00

C. Dr Henry W Fields Jr
Full Name (Last, First, Middle Initial)

Mailing Address 305 W 12th Ave

City Columbus State OH Zip Code 43210-1267

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 02 / 2013
Transaction ID : SA11AI.9089

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

**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 28 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Michael P Fleitz
Full Name (Last, First, Middle Initial)
Mailing Address 7226 Ashrombe Dr.
City New Albany State OH Zip Code 43054
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
10 / 01 / 2013
Transaction ID : SA11AI.9217
Amount of Each Receipt this Period
250.00

B. Dr Steven C Fox
Full Name (Last, First, Middle Initial)
Mailing Address 4447 Talmadge Rd Ste F
City Toledo State OH Zip Code 43623-3517
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9445
Amount of Each Receipt this Period
225.00

C. Dr Loren Frumker
Full Name (Last, First, Middle Initial)
Mailing Address 4212 State Route 306 Ste 206
City Willoughby State OH Zip Code 44094-9248
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
07 / 23 / 2013
Transaction ID : SA11AI.9111
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

**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 29 OF 100
	<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	

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 Association Political Action Committee

A. Dr Robert L Fulton
Full Name (Last, First, Middle Initial)

Mailing Address 1756 Portage Trl

City Cuyahoga Falls State OH Zip Code 44223-1739

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9534

Amount of Each Receipt this Period
250.00

B. Dr Thomas M Gabriel
Full Name (Last, First, Middle Initial)

Mailing Address Ste 150
25 N Canfield Niles Rd

City Youngstown State OH Zip Code 44515-2334

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9403

Amount of Each Receipt this Period
500.00

C. Dr Warren R Gase
Full Name (Last, First, Middle Initial)

Mailing Address 9294 Winton Rd

City Cincinnati State OH Zip Code 45231-3936

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9363

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

**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 30 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Association Political Action Committee

A. Dr Krikor P Ghazarian
 Full Name (Last, First, Middle Initial)
 Mailing Address 5635 Stonestrow Dr
 City Wooster State OH Zip Code 44691-7442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : SA11AI.9301
 Amount of Each Receipt this Period
 250.00

B. Dr David R Ginn
 Full Name (Last, First, Middle Initial)
 Mailing Address 1109 Washington Ave
 City Wshngtn Ct Hs State OH Zip Code 43160-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9479
 Amount of Each Receipt this Period
 125.00

C. Dr Stephen P Girdlestone
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 Whipple Ave NW Ste 4
 City Canton State OH Zip Code 44718-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9555
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 100
(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

A. Dr Veronica Coleman Glogowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 3437 Kleeman Lake Ct
 City State Zip Code
 Cincinnati OH 45211-2313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.9220
 Amount of Each Receipt this Period
 125.00

B. Dr Jerold S Goldberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 10900 Euclid Ave
 City State Zip Code
 Cleveland OH 44106-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 07 / 2013
Transaction ID : SA11AI.9051
 Amount of Each Receipt this Period
 375.00

C. Dr Richard J Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 34501 Aurora Rd Ste 303
 City State Zip Code
 Solon OH 44139-3831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : SA11AI.9236
 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)..... ▶

**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 32 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 J Gustaferro
 Full Name (Last, First, Middle Initial)
 Mailing Address 35100 Euclid Ave Ste 209
 City Willoughby State OH Zip Code 44094-4510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : SA11AI.9120
 Amount of Each Receipt this Period
 250.00

B. Dr Roger William Haas
 Full Name (Last, First, Middle Initial)
 Mailing Address 3727 Darrow Rd
 City Stow State OH Zip Code 44224-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.9325
 Amount of Each Receipt this Period
 250.00

C. Dr Betty A Haberkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Euclid Ave Ste A71
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : SA11AI.9292
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 33 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Association Political Action Committee

A. Dr Mary Ann Hanlon
 Full Name (Last, First, Middle Initial)
 Mailing Address 7074 Harrison Ave
 City Cincinnati State OH Zip Code 45247-8300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 17 / 2013
Transaction ID : SA11AI.9192
 Amount of Each Receipt this Period
 250.00

B. Dr Anthony D Harless
 Full Name (Last, First, Middle Initial)
 Mailing Address 409 W Walnut St
 City Hillsboro State OH Zip Code 45133-1337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9368
 Amount of Each Receipt this Period
 125.00

C. Dr Daniel P Heffernan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6040 Harrison Ave
 City Cincinnati State OH Zip Code 45248-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9443
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
TOTAL This Period (last page this line number only).....▶	

**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 34 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Ronald G Heiber
Full Name (Last, First, Middle Initial)
Mailing Address 1011 E Fair Ave
City Lancaster State OH Zip Code 43130-2746
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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 / 16 / 2013
Transaction ID : SA11AI.9256
Amount of Each Receipt this Period
250.00

B. Dr Ned Barney Hein
Full Name (Last, First, Middle Initial)
Mailing Address 3949 Sunforest Ct Ste 208
City Toledo State OH Zip Code 43623-4454
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9418
Amount of Each Receipt this Period
125.00

C. Dr Paul W Heinrichs Jr
Full Name (Last, First, Middle Initial)
Mailing Address 2138 Brookdale Rd
City Toledo State OH Zip Code 43606-3322
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9431
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**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 35 OF 100
	<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	<input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Jamison P Hendricks
 Full Name (Last, First, Middle Initial)
 Mailing Address 4181 Center Rd
 City Brunswick State OH Zip Code 44212-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 17 / 2013
Transaction ID : SA11AI.9315
 Amount of Each Receipt this Period
 250.00

B. Dr Christopher J Herrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 5797 Beechcroft Rd Ste B
 City Columbus State OH Zip Code 43229-2758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 24 / 2013
Transaction ID : SA11AI.9196
 Amount of Each Receipt this Period
 250.00

C. Dr Roger Hess
 Full Name (Last, First, Middle Initial)
 Mailing Address 29001 Cedar Rd Ste 450
 City Lyndhurst State OH Zip Code 44124-6028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : SA11AI.9077
 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).....▶	

**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 36 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Association Political Action Committee

A. Dr Patrick J Hoban
 Full Name (Last, First, Middle Initial)
 Mailing Address 5184 Winton Rd
 City State Zip Code
 Fairfield OH 45014-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9458
 Amount of Each Receipt this Period
 125.00

B. Dr Tracy Lynn Hodge
 Full Name (Last, First, Middle Initial)
 Mailing Address 11740 Hamilton Ave
 City State Zip Code
 Cincinnati OH 45231-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9373
 Amount of Each Receipt this Period
 125.00

C. Dr Matthew Keith Holdship
 Full Name (Last, First, Middle Initial)
 Mailing Address 4646 Nantuckett Dr Ste A
 City State Zip Code
 Toledo OH 43623-3194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9364
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**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 37 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Joseph L Janowski

Mailing Address 2930 Oak Hill Court

City State Zip Code
Lima OH 45805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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 / 10 / 2013
Transaction ID : SA11AI.9189

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Sonja Ann Jarmoszuk

Mailing Address 21590 Center Ridge Rd Ste B

City State Zip Code
Rocky River OH 44116-3945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9511

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr Jodie C Jenkins

Mailing Address 7115 Hamilton Mason Rd

City State Zip Code
West Chester OH 45069-1405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9444

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 38 OF 100
	<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	

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 Association Political Action Committee

A. Dr Robert T Jensen
Full Name (Last, First, Middle Initial)
Mailing Address 1999 Woodson Ct.
City Dayton State OH Zip Code 45459
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 01 / 2013
Transaction ID : SA11AI.9221
Amount of Each Receipt this Period
500.00

B. Dr Robert T Jensen
Full Name (Last, First, Middle Initial)
Mailing Address 1999 Woodson Ct.
City Dayton State OH Zip Code 45459
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2013
Transaction ID : SA11AI.9347
Amount of Each Receipt this Period
500.00

C. Dr Jennifer Jean Jerome
Full Name (Last, First, Middle Initial)
Mailing Address 1865 Brown Street
City Akron State OH Zip Code 44301-3107
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
08 / 15 / 2013
Transaction ID : SA11AI.9119
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Harold S Jeter
Full Name (Last, First, Middle Initial)
Mailing Address 2423 Arthur St.
City South Point State OH Zip Code 45680
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2013
Transaction ID : SA11AI.9222
Amount of Each Receipt this Period
250.00

B. Dr Burton W Job
Full Name (Last, First, Middle Initial)
Mailing Address 554 White Pond Dr Ste B
City Akron State OH Zip Code 44320-1146
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9406
Amount of Each Receipt this Period
250.00

C. Dr Gary E Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 65 Grand Blvd
City Shelby State OH Zip Code 44875-1326
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9539
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Association Political Action Committee

A. Dr John T F Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 988
 City State Zip Code
 Wshngtn Ct Hs OH 43160-0988
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9384
 Amount of Each Receipt this Period
 125.00

B. Dr Stephen M. Joseph
 Full Name (Last, First, Middle Initial)
 Mailing Address 1654 S Smithville Rd
 City State Zip Code
 Dayton OH 45410-3238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9487
 Amount of Each Receipt this Period
 150.00

C. Dr Benjamin Jump
 Full Name (Last, First, Middle Initial)
 Mailing Address 1634 W Church St
 City State Zip Code
 Newark OH 43055-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9374
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

**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 41 OF 100
	<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 Jennifer A Kale
Full Name (Last, First, Middle Initial)
Mailing Address 10135 Darrow Rd
City Twinsburg State OH Zip Code 44087-1411
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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 / 11 / 2013
Transaction ID : SA11AI.9311
Amount of Each Receipt this Period
250.00

B. Dr Marvin N Kaplan
Full Name (Last, First, Middle Initial)
Mailing Address 3406 Ormond Ave
City Cincinnati State OH Zip Code 45220-2011
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9358
Amount of Each Receipt this Period
125.00

C. Dr Wade Karhan
Full Name (Last, First, Middle Initial)
Mailing Address 314 N Main St
City Rittman State OH Zip Code 44270-1143
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : SA11AI.9266
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 42 OF 100
(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

A. Dr James A Karlowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Parkdale Dr
 City State Zip Code
 Dover OH 44622-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.9253
 Amount of Each Receipt this Period
 375.00

B. Dr Steven J Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3690 Orange Pl Ste 520
 City State Zip Code
 Beachwood OH 44122-4466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2013
Transaction ID : SA11AI.9278
 Amount of Each Receipt this Period
 500.00

C. Dr David R Kimberly
 Full Name (Last, First, Middle Initial)
 Mailing Address 554 White Pond Dr Ste B
 City State Zip Code
 Akron OH 44320-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 08 / 07 / 2013
Transaction ID : SA11AI.9336
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 43 OF 100
(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

A. Dr Harry R Kinlaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Wyoming Ave Ste 3
 City Cincinnati State OH Zip Code 45215-4469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9366
 Amount of Each Receipt this Period
 125.00

B. Dr Larry Kluener
 Full Name (Last, First, Middle Initial)
 Mailing Address 1149 Stone Dr Ste 300
 City Harrison State OH Zip Code 45030-2730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9404
 Amount of Each Receipt this Period
 250.00

C. Dr Ken T Kmieck
 Full Name (Last, First, Middle Initial)
 Mailing Address 5593 Overlook Rd
 City Parma State OH Zip Code 44129-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2013
Transaction ID : SA11AI.9228
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Donald Lee Knowles
Full Name (Last, First, Middle Initial)

Mailing Address 1527 Fairway Dr

City Lima	State OH	Zip Code 45805-3848
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2013

Transaction ID : SA11AI.9289

Amount of Each Receipt this Period

250.00

B. Dr John J Koberlein
Full Name (Last, First, Middle Initial)

Mailing Address 458 Pontius St NW

City Mogadore	State OH	Zip Code 44260-9221
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
12	/	19	/	2013

Transaction ID : SA11AI.9340

Amount of Each Receipt this Period

125.00

C. Dr Joseph Albert Koberlein
Full Name (Last, First, Middle Initial)

Mailing Address 1547 Hunting Hollow Dr.

City Hudson	State OH	Zip Code 44236
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
08	/	09	/	2013

Transaction ID : SA11AI.9136

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 45 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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 Association Political Action Committee

A. Dr Eric John Koren
Full Name (Last, First, Middle Initial)

Mailing Address 9215 Cincinnati Columbus Rd

City West Chester	State OH	Zip Code 45069-4178
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2013

Transaction ID : SA11AI.9259

Amount of Each Receipt this Period

500.00

B. Dr James George Kotapish Jr
Full Name (Last, First, Middle Initial)

Mailing Address 3075 Smith Rd Ste 201

City Fairlawn	State OH	Zip Code 44333-4454
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
12	/	30	/	2013

Transaction ID : SA11AI.9448

Amount of Each Receipt this Period

250.00

C. Dr Paul W Kroger
Full Name (Last, First, Middle Initial)

Mailing Address 1569 McKaig Ave

City Troy	State OH	Zip Code 45373-4904
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
12	/	30	/	2013

Transaction ID : SA11AI.9360

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

**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 46 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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 Association Political Action Committee

A. Dr Glenn J Kuemerle
 Full Name (Last, First, Middle Initial)
 Mailing Address 33398 Walker Rd Ste A
 City Avon Lake State OH Zip Code 44012-1496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 20 / 2013
Transaction ID : SA11AI.9280
 Amount of Each Receipt this Period
 125.00

B. Dr Edward George Kurz
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Chestnut St
 City Ravenna State OH Zip Code 44266-2287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9530
 Amount of Each Receipt this Period
 250.00

C. Dr Kevin M Laing
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S Shannon St
 City Van Wert State OH Zip Code 45891-1926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 09 / 2013
Transaction ID : SA11AI.9137
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 47 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Association Political Action Committee

A. Dr Benjamin R Lamielle
 Full Name (Last, First, Middle Initial)
 Mailing Address 4083 Trueman Blvd
 City Hilliard State OH Zip Code 43026-2492
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.9326
 Amount of Each Receipt this Period
 250.00

B. Dr Cheryl J Lampe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 780
 City Pataskala State OH Zip Code 43062-0780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.9138
 Amount of Each Receipt this Period
 500.00

C. Dr Martin W Layman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9330 Market Square Dr Ste 100
 City Streetsboro State OH Zip Code 44241-3958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013
Transaction ID : SA11AI.9274
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00
TOTAL This Period (last page this line number only)..... ▶

**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 48 OF 100
	<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	

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 Association Political Action Committee

A. Dr Michael B Lee
Full Name (Last, First, Middle Initial)
Mailing Address 7523 State Rd
City Cincinnati State OH Zip Code 45255-2438
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
07 / 18 / 2013
Transaction ID : SA11AI.9108
Amount of Each Receipt this Period
250.00

B. Dr Neal Erik Lemmerman
Full Name (Last, First, Middle Initial)
Mailing Address 1299 Kemper Meadow Dr
City Cincinnati State OH Zip Code 45240-1633
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9562
Amount of Each Receipt this Period
250.00

C. Dr Gregory Anthony Lis
Full Name (Last, First, Middle Initial)
Mailing Address 100 E Elm St
City Kent State OH Zip Code 44240-3822
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2013
Transaction ID : SA11AI.9270
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).....	

**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 49 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Patrick Lloyd
Full Name (Last, First, Middle Initial)

Mailing Address OSU College of Dentistry
305 W 12th Avenue

City Columbus State OH Zip Code 43210-1267

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 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
10 / 01 / 2013

Transaction ID : SA11AI.9223

Amount of Each Receipt this Period
125.00

B. Dr Beth A Loew
Full Name (Last, First, Middle Initial)

Mailing Address 2204 Inchcliff Rd

City Columbus State OH Zip Code 43221-2716

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2013

Transaction ID : SA11AI.9198

Amount of Each Receipt this Period
500.00

C. Dr Mark Alan Logeman
Full Name (Last, First, Middle Initial)

Mailing Address 2215 Heather Hill Blvd.

City Cincinnati State OH Zip Code 45244

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 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
08 / 09 / 2013

Transaction ID : SA11AI.9140

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

**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 50 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Charles Jackson Love
Full Name (Last, First, Middle Initial)
Mailing Address 3324 Aspen Dr

City Wooster	State OH	Zip Code 44691-9052
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
12 / 30 / 2013

Transaction ID : SA11AI.9528

Amount of Each Receipt this Period
125.00

B. Dr Bryan A Luna
Full Name (Last, First, Middle Initial)
Mailing Address 505 N Cable Rd

City Lima	State OH	Zip Code 45805-2132
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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 / 2013

Transaction ID : SA11AI.9156

Amount of Each Receipt this Period
250.00

C. Dr John David Mahilo
Full Name (Last, First, Middle Initial)
Mailing Address 102 N Hamilton Rd

City Gahanna	State OH	Zip Code 43230-2602
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 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
08 / 12 / 2013

Transaction ID : SA11AI.9118

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 51 OF 100
	<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 James R Male
Full Name (Last, First, Middle Initial)
Mailing Address 55 Granville St
City Columbus State OH Zip Code 43230-3003
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2013
Transaction ID : SA11AI.9294
Amount of Each Receipt this Period
250.00

B. Dr Elaine J Markowski
Full Name (Last, First, Middle Initial)
Mailing Address 475 E Waterloo Rd
City Akron State OH Zip Code 44319-1240
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2013
Transaction ID : SA11AI.9040
Amount of Each Receipt this Period
125.00

C. Dr Christopher Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 4685 Citation Ct
City Mason State OH Zip Code 45040-3853
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9357
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**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 52 OF 100
	<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 John R Mascaro
Full Name (Last, First, Middle Initial)

Mailing Address 4230 State Route 306 Ste 350

City	State	Zip Code
Willoughby	OH	44094-9213

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 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
 12 / 30 / 2013

Transaction ID : SA11AI.9516

Amount of Each Receipt this Period
 250.00

B. Dr Christopher Dix Masoner
Full Name (Last, First, Middle Initial)

Mailing Address 17 N Harding Rd

City	State	Zip Code
Columbus	OH	43209-1583

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9410

Amount of Each Receipt this Period
 250.00

c. Dr R Craig Mathews
Full Name (Last, First, Middle Initial)

Mailing Address 530 W Union St

City	State	Zip Code
Athens	OH	45701-8303

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 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
 12 / 30 / 2013

Transaction ID : SA11AI.9434

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 OF 100
(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 (Last, First, Middle Initial)
A. Dr Bryan Dewitt May

Mailing Address 160 S Mulberry St

City Logan State OH Zip Code 43138-1292

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2013

Transaction ID : SA11AI.9254

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Dr Dewitt T May

Mailing Address 933 Military Rd

City Zanesville State OH Zip Code 43701-2330

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 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
12 / 30 / 2013

Transaction ID : SA11AI.9420

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr Robert L Mazzola

Mailing Address 18 N 4th St

City Miamisburg State OH Zip Code 45342-2843

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 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 / 30 / 2013

Transaction ID : SA11AI.9209

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

**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 54 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr Thomas G McCune		Date of Receipt MM / DD / YYYY 08 / 21 / 2013 Transaction ID : SA11AI.9065
Mailing Address 13258 Ridge Rd		Amount of Each Receipt this Period 250.00
City North Royalton	State OH	Zip Code 44133-3837
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr Gregory A Mc Donald		Date of Receipt MM / DD / YYYY 07 / 02 / 2013 Transaction ID : SA11AI.9092
Mailing Address 1020 St. Rt. 73		Amount of Each Receipt this Period 250.00
City Springboro	State OH	Zip Code 45066-2305
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr John S McDonald		Date of Receipt MM / DD / YYYY 12 / 30 / 2013 Transaction ID : SA11AI.9353
Mailing Address Univ Medical Arts Bldg 222 Piedmont Ave Ste 8400		Amount of Each Receipt this Period 125.00
City Cincinnati	State OH	Zip Code 45219-4230
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial)
A. Dr Robert L. McIntosh

Mailing Address PO Box 33

City North Jackson State OH Zip Code 44451-0033

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
12 / 06 / 2013

Transaction ID : SA11AI.9291

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
B. Dr Douglas L McLeod

Mailing Address 812 Coshocton Ave

City Mount Vernon State OH Zip Code 43050-1947

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 30 / 2013

Transaction ID : SA11AI.9437

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. Dr Dennis J McTigue

Mailing Address 305 W 12th Ave

City Columbus State OH Zip Code 43210-1267

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 19 / 2013

Transaction ID : SA11AI.9273

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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 56 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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 Michael Scott Mead
Full Name (Last, First, Middle Initial)
Mailing Address 200 Cottage St
City Fremont State OH Zip Code 43420-4042
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9362
Amount of Each Receipt this Period
125.00

B. Dr Joseph Thomas Mellion
Full Name (Last, First, Middle Initial)
Mailing Address 2820 Roundhill Rd
City Akron State OH Zip Code 44333-2272
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 17 / 2013
Transaction ID : SA11AI.9261
Amount of Each Receipt this Period
500.00

C. Dr Zachary Joseph Mellion
Full Name (Last, First, Middle Initial)
Mailing Address 41 Baker Blvd
City Fairlawn State OH Zip Code 44333-3601
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 03 / 2013
Transaction ID : SA11AI.9290
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Association Political Action Committee

A. Dr Daniel S Merker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3950 Frazeyburg Rd
 City Zanesville State OH Zip Code 43701-8925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9476
 Amount of Each Receipt this Period
 125.00

B. Dr Matthew J Messina
 Full Name (Last, First, Middle Initial)
 Mailing Address 20390 Lorain Rd
 City Fairview Park State OH Zip Code 44126-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2013
Transaction ID : SA11AI.9171
 Amount of Each Receipt this Period
 250.00

C. Dr Cynthia J Mikula
 Full Name (Last, First, Middle Initial)
 Mailing Address 572 Dover Center Rd
 City Bay Village State OH Zip Code 44140-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : SA11AI.9342
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

**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 58 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Jeffrey C Miller
Full Name (Last, First, Middle Initial)
Mailing Address 4450 Linden Ave
City Dayton State OH Zip Code 45432-3031
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9486
Amount of Each Receipt this Period
125.00

B. Dr Lytha K Miller
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1493
City Piqua State OH Zip Code 45356-1093
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9473
Amount of Each Receipt this Period
125.00

C. Dr James Carl Moeller
Full Name (Last, First, Middle Initial)
Mailing Address 5445 Southwyck Blvd Ste 105
City Toledo State OH Zip Code 43614-1551
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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 / 17 / 2013
Transaction ID : SA11AI.9190
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**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 59 OF 100
	<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 James Carl Moeller
Full Name (Last, First, Middle Initial)

Mailing Address 5445 Southwyck Blvd Ste 105

City	State	Zip Code
Toledo	OH	43614-1551

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2013

Transaction ID : SA11AI.9395

Amount of Each Receipt this Period

250.00

B. Dr Eric S Morrison
Full Name (Last, First, Middle Initial)

Mailing Address 4545 E Main St

City	State	Zip Code
Columbus	OH	43213-3038

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 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
12	/	30	/	2013

Transaction ID : SA11AI.9557

Amount of Each Receipt this Period

125.00

C. Dr Elizabeth S Mueller
Full Name (Last, First, Middle Initial)

Mailing Address 9200 Montgomery Rd Ste 4B

City	State	Zip Code
Cincinnati	OH	45242-7730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self-Employed	Dentist

Receipt For: 2013
 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
12	/	30	/	2013

Transaction ID : SA11AI.9350

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 100
(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

A. Dr Donald R Murdock
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 N Bend Rd
 City Cincinnati State OH Zip Code 45247-7600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 10 / 01 / 2013
Transaction ID : SA11AI.9041
 Amount of Each Receipt this Period
 250.00

B. Dr Gregory Stuart Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Som Center Rd Ste 150
 City Solon State OH Zip Code 44139-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 10 / 2013
Transaction ID : SA11AI.9303
 Amount of Each Receipt this Period
 250.00

C. Dr Gregory Stuart Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Som Center Rd Ste 150
 City Solon State OH Zip Code 44139-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2013
Transaction ID : SA11AI.9087
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 61 OF 100
(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

A. Dr John T Nabors
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 W Cedar St
 City Akron State OH Zip Code 44307-2564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 07 / 2013
Transaction ID : SA11AI.9334
 Amount of Each Receipt this Period
 250.00

B. Dr Kayvon F Nezhad
 Full Name (Last, First, Middle Initial)
 Mailing Address 2775 Kilkenny Drive
 City Springfield State OH Zip Code 45503-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 07 / 30 / 2013
Transaction ID : SA11AI.9324
 Amount of Each Receipt this Period
 250.00

c. Dr Scott Harold Nightingale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5800 Monroe St Ste G2
 City Sylvania State OH Zip Code 43560-2211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9422
 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)..... ▶

**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 62 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr Jaime A O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 2727 N Holland Sylvania Rd Ste B
 City Toledo State OH Zip Code 43615-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9584
 Amount of Each Receipt this Period
 125.00

B. Dr Mark S. Obernesser
 Full Name (Last, First, Middle Initial)
 Mailing Address 484 S Miller Rd
 City Fairlawn State OH Zip Code 44333-4176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 15 / 2013
Transaction ID : SA11AI.9131
 Amount of Each Receipt this Period
 250.00

C. Dr Robert K Osborne
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Schneider Street SE
 City North Canton State OH Zip Code 44720-3774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 16 / 2013
Transaction ID : SA11AI.9061
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 63 OF 100
(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 (Last, First, Middle Initial)
A. Mr David Owsiany

Mailing Address 1370 Dublin Rd

City State Zip Code
 Columbus OH 43215-1049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self-Employed Dentist

Receipt For: 2013
 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 / 24 / 2013

Transaction ID : SA11AI.9197

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr Melissa M Padgett

Mailing Address 1006 Boardman Canfield Rd Ste 1A

City State Zip Code
 Youngstown OH 44512-4278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self-Employed Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9375

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Andrew C Palmer

Mailing Address 600 N Court St

City State Zip Code
 Circleville OH 43113-1226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Self-Employed Dentist

Receipt For: 2013
 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
 12 / 30 / 2013

Transaction ID : SA11AI.9579

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **625.00**

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

**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 64 OF 100
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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr Leena Palomo
 Full Name (Last, First, Middle Initial)
 Mailing Address 31999 Chestnut Ln
 City State Zip Code
 Pepper Pike OH 44124-4333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 10 / 22 / 2013
Transaction ID : SA11AI.9242
 Amount of Each Receipt this Period
 250.00

B. Dr Sharon Kay Parsons
 Full Name (Last, First, Middle Initial)
 Mailing Address 2862 E Main St
 City State Zip Code
 Columbus OH 43209-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 08 / 15 / 2013
Transaction ID : SA11AI.9127
 Amount of Each Receipt this Period
 250.00

C. Dr Jesal A Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 Siaron Way
 City State Zip Code
 Hamilton OH 45011-2683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9505
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 65 OF 100
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr Konstantin Pavolotsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 6028 Mayfield Rd Ste 8
 City Mayfield Heights State OH Zip Code 44124-3223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : SA11AI.9245
 Amount of Each Receipt this Period
 250.00

B. Dr Mark S Perlman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7124 Brookwood Dr
 City Brookfield State OH Zip Code 44403-8701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9439
 Amount of Each Receipt this Period
 125.00

C. Dr Andrew Alan Peterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Justice St
 City Fremont State OH Zip Code 43420-2420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9559
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 66 OF 100
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	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr Theodore R Pope
Full Name (Last, First, Middle Initial)
Mailing Address 573 W David Pkwy
City Kettering State OH Zip Code 45429-1977
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 17 / 2013
Transaction ID : SA11AI.9191
Amount of Each Receipt this Period
250.00

B. Dr Samuel N Pupino
Full Name (Last, First, Middle Initial)
Mailing Address 554 White Pond Dr Ste E
City Akron State OH Zip Code 44320-1146
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 09 / 2013
Transaction ID : SA11AI.9146
Amount of Each Receipt this Period
250.00

C. Dr John Secrest Pyke III
Full Name (Last, First, Middle Initial)
Mailing Address 33399 Walker Rd Ste D
City Avon Lake State OH Zip Code 44012-1481
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9515
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 67 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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 Faisal A Qureshy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3591 Reserve Commons Dr.
 City Medina State OH Zip Code 44256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2013
Transaction ID : SA11AI.9057
 Amount of Each Receipt this Period
 500.00

B. Dr Duke M Rakich
 Full Name (Last, First, Middle Initial)
 Mailing Address 9984 Brewster Ln Ste 100
 City Powell State OH Zip Code 43065-7281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9463
 Amount of Each Receipt this Period
 125.00

C. Dr James C Ramunno
 Full Name (Last, First, Middle Initial)
 Mailing Address 723 Sabrina Dr
 City Youngstown State OH Zip Code 44512-5325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 2013
Transaction ID : SA11AI.9153
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 68 OF 100
(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 (Last, First, Middle Initial)
A. Dr Timothy M Reddy

Mailing Address 5754 Bridgetown Rd

City State Zip Code
Cincinnati OH 45248-3100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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
 08 / 28 / 2013
Transaction ID : SA11AI.9173

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Earnest L Rice

Mailing Address 46092 Lori Lane

City State Zip Code
East Liverpool OH 43920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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 / 10 / 2013
Transaction ID : SA11AI.9307

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr Lisa Richards

Mailing Address 8484 Market St

City State Zip Code
Mentor OH 44060-4100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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 / 10 / 2013
Transaction ID : SA11AI.9163

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)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr Robert John Ripich

Mailing Address PO Box 80537

City State Zip Code
Canton OH 44708-0537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9393

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
B. Dr Rodney C Robbins

Mailing Address 7265 Far Hills Ave

City State Zip Code
Dayton OH 45459-4206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 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
 10 / 01 / 2013
Transaction ID : SA11AI.9043

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr Rodney C Robbins

Mailing Address 7265 Far Hills Ave

City State Zip Code
Dayton OH 45459-4206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : SA11AI.9076

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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

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 70 OF 100
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Judy A Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 3924 Marshall Rd
City Kettering State OH Zip Code 45429-4945
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 16 / 2013
Transaction ID : SA11AI.9062
Amount of Each Receipt this Period
250.00

B. Dr David George Rummel
Full Name (Last, First, Middle Initial)
Mailing Address 3600 Olentangy River Rd Ste 500B
City Columbus State OH Zip Code 43214-3437
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9391
Amount of Each Receipt this Period
125.00

C. Dr John D Ryan III
Full Name (Last, First, Middle Initial)
Mailing Address 9816 Oxford Cir
City Powell State OH Zip Code 43065-8787
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2013
Transaction ID : SA11AI.9327
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1375.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 OF 100
(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

A. Dr Richard Joseph Salander
 Full Name (Last, First, Middle Initial)
 Mailing Address 19330 W Artzheim Ln
 City Elmore State OH Zip Code 43416-9793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9529
 Amount of Each Receipt this Period
 125.00

B. Dr Robert E Scheiber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 E Market St
 City Warren State OH Zip Code 44483-6156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9523
 Amount of Each Receipt this Period
 125.00

C. Dr Deborah H Schindler
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 E Walnut St
 City Oxford State OH Zip Code 45056-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9469
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 72 OF 100
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Association Political Action Committee

A. Dr Lawrence P Schmakel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4343 N Holland Sylvania Road
 City Toledo State OH Zip Code 43623-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9456
 Amount of Each Receipt this Period
 125.00

B. Dr Jenifer M Schnettler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4425 Fulton Dr Nw
 City Canton State OH Zip Code 44718-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 2013
Transaction ID : SA11AI.9154
 Amount of Each Receipt this Period
 250.00

C. Dr Gary Schween
 Full Name (Last, First, Middle Initial)
 Mailing Address 5002 Foote Rd
 City Medina State OH Zip Code 44256-5396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9556
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 73 OF 100
(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 (Last, First, Middle Initial)
A. Dr Darrel Lynn Scott

Mailing Address 633 N Union St

City Loudonville State OH Zip Code 44842-1074

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
07 / 18 / 2013

Transaction ID : SA11AI.9109

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Melvin Keith Seeds

Mailing Address 7449 E Main St

City Reynoldsburg State OH Zip Code 43068-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 30 / 2013

Transaction ID : SA11AI.9386

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. Dr R Gregory Shelhouse

Mailing Address 5685 Far Hills Ave

City Dayton State OH Zip Code 45429-2226

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
09 / 06 / 2013

Transaction ID : SA11AI.9159

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **625.00**

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

**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 74 OF 100
	<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	

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 Association Political Action Committee

A. Dr Arthur E Sheppard
Full Name (Last, First, Middle Initial)

Mailing Address 4230 Adamsville Rd

City Zanesville State OH Zip Code 43701-8030

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9396

Amount of Each Receipt this Period
125.00

B. Dr Thomas H Siefker
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 250

City Ottoville State OH Zip Code 45876-0250

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9477

Amount of Each Receipt this Period
125.00

C. Dr Scott Ivan Silverstein
Full Name (Last, First, Middle Initial)

Mailing Address 748 State Route 28 Ste A

City Milford State OH Zip Code 45150-1806

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 29 / 2013
Transaction ID : SA11AI.9086

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Association Political Action Committee

A. Dr Michael E Skerl
Full Name (Last, First, Middle Initial)

Mailing Address 1611 S Green Rd Ste 157

City South Euclid State OH Zip Code 44121-4122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 22 / 2013
Transaction ID : SA11AI.9287

Amount of Each Receipt this Period
250.00

B. Dr Samuel E Smiley
Full Name (Last, First, Middle Initial)

Mailing Address 5156 Blazer Pkwy Ste 200

City Dublin State OH Zip Code 43017-7318

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
11 / 17 / 2013
Transaction ID : SA11AI.9257

Amount of Each Receipt this Period
500.00

C. Dr Charles Cecil Smith
Full Name (Last, First, Middle Initial)

Mailing Address 110 S Tippecanoe Dr Suite A

City Tipp City State OH Zip Code 45371-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9392

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

**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 76 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

A. Dr John Philip Smith Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 W 2nd St
 City Logan State OH Zip Code 43138-1886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 15 / 2013
Transaction ID : SA11AI.9130
 Amount of Each Receipt this Period
 250.00

B. Dr Linda Ann Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 716 Windfield Dr
 City Loveland State OH Zip Code 45140-8139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9361
 Amount of Each Receipt this Period
 125.00

C. Dr Lee E Snelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 E Market St
 City Warren State OH Zip Code 44484-4709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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 / 30 / 2013
Transaction ID : SA11AI.9208
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 77 OF 100
(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

A. Dr Ralph Arthur Snelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3919 E Market St
 City Warren State OH Zip Code 44484-4718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 28 / 2013
Transaction ID : SA11AI.9176
 Amount of Each Receipt this Period
 250.00

B. Dr Craig Arthur Spletzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3174 Mack Rd Ste 4
 City Fairfield State OH Zip Code 45014-5369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9461
 Amount of Each Receipt this Period
 125.00

C. Dr Jack Spratt Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 N Cable Rd
 City Lima State OH Zip Code 45805-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9402
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Ronald Irwin Spritzer
Full Name (Last, First, Middle Initial)
Mailing Address 11438 Lebanon Rd
City Sharonville State OH Zip Code 45241-6201
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9390
Amount of Each Receipt this Period
125.00

B. Dr Dale Craig Stefanek
Full Name (Last, First, Middle Initial)
Mailing Address 112 Doctor Thatye Drive
City Glandorf State OH Zip Code 45848
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9412
Amount of Each Receipt this Period
125.00

C. Dr Kerry Rutter Stein
Full Name (Last, First, Middle Initial)
Mailing Address 2443 Granville Rd
City Mount Vernon State OH Zip Code 43050-9442
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9371
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 79 OF 100
(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

A. Dr Michael David Stern
 Full Name (Last, First, Middle Initial)
 Mailing Address 34950 Chardon Rd Ste 209
 City Willoughby State OH Zip Code 44094-9162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2013
Transaction ID : SA11AI.9246
 Amount of Each Receipt this Period
 250.00

B. Dr Alan Stolarsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 6860 Silkwood Ln
 City Solon State OH Zip Code 44139-5074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11AI.9295
 Amount of Each Receipt this Period
 125.00

C. Dr Timothy P Sulken
 Full Name (Last, First, Middle Initial)
 Mailing Address 335 N Main St
 City Fostoria State OH Zip Code 44830-2225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9459
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

**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 80 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Association Political Action Committee

A. Dr Richard Neil Sundheimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 789 White Pond Dr Ste B
 City Akron State OH Zip Code 44320-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.9133
 Amount of Each Receipt this Period
 125.00

B. Dr Efthimios Tartara
 Full Name (Last, First, Middle Initial)
 Mailing Address 8200 Avery Rd
 City Broadview Hts State OH Zip Code 44147-1662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2013
Transaction ID : SA11AI.9531
 Amount of Each Receipt this Period
 125.00

C. Dr Samuel E Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 9795 Ravenna Road
 City Twinsburg State OH Zip Code 44087-2153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : SA11AI.9231
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

**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 81 OF 100
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Association Political Action Committee

A. Dr Jan Tepe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3427 Glenmore Ave
 City Cincinnati State OH Zip Code 45211-5434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9432
 Amount of Each Receipt this Period
 250.00

B. Dr Lawrence John Tepe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3427 Glenmore Ave
 City Cincinnati State OH Zip Code 45211-5434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9429
 Amount of Each Receipt this Period
 250.00

C. Dr Thomas D Theil
 Full Name (Last, First, Middle Initial)
 Mailing Address 5509 Brandt Pike
 City Huber Heights State OH Zip Code 45424-6143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: 2013
 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
 08 / 09 / 2013
Transaction ID : SA11AI.9147
 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).....▶	

**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 82 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Jeffrey A Tilson
Full Name (Last, First, Middle Initial)
Mailing Address 426 Beecher Rd
City Columbus State OH Zip Code 43230-1797
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 28 / 2013
Transaction ID : SA11AI.9178
Amount of Each Receipt this Period
166.66

B. Dr Jay R Tolloti
Full Name (Last, First, Middle Initial)
Mailing Address 131 S Broadway St
City New Philadelphia State OH Zip Code 44663-3828
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9492
Amount of Each Receipt this Period
205.00

C. Dr Barth M Toothman
Full Name (Last, First, Middle Initial)
Mailing Address 1920 Bethel Rd
City Columbus State OH Zip Code 43220-1802
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 06 / 2013
Transaction ID : SA11AI.9293
Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	496.66
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 OF 100

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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

Full Name (Last, First, Middle Initial)

A. Dr Thomas Arthur Turner

Mailing Address 1655 W Market St
Ste 530

City Akron State OH Zip Code 44313-7004

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11AI.9430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Jerome M Urell

Mailing Address 5180 E Main St Ste D

City Columbus State OH Zip Code 43213-2436

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2013

Transaction ID : SA11AI.9195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Mark R Vermillion

Mailing Address 6329 Rangeview Dr.

City Dayton State OH Zip Code 45415

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11AI.9345

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)..... ▶

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 84 OF 100
	<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 Christian A Victor
Full Name (Last, First, Middle Initial)
Mailing Address 413 E Home Rd
City Springfield State OH Zip Code 45503-2708
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9580
Amount of Each Receipt this Period
125.00

B. Dr Rajesh Vij
Full Name (Last, First, Middle Initial)
Mailing Address Dentistry 4 Kids
3523 Commercial Dr
City Fairlawn State OH Zip Code 44333-5107
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 17 / 2013
Transaction ID : SA11AI.9260
Amount of Each Receipt this Period
125.00

C. Dr Brad A Vosler
Full Name (Last, First, Middle Initial)
Mailing Address 1223 E Central Ave
City Miamisburg State OH Zip Code 45342-3544
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 01 / 2013
Transaction ID : SA11AI.9044
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 Andrew Brookins Wade
Full Name (Last, First, Middle Initial)
Mailing Address 5249 W Broad St
City Columbus State OH Zip Code 43228-5606
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
10 / 01 / 2013
Transaction ID : SA11AI.9046
Amount of Each Receipt this Period
250.00

B. Dr John H Wallace
Full Name (Last, First, Middle Initial)
Mailing Address 583 Moull St
City Newark State OH Zip Code 43055-2909
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9354
Amount of Each Receipt this Period
125.00

C. Dr Wayne R Wauligman
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 272
PO Box 272
City Addyston State OH Zip Code 45001-0272
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013
Transaction ID : SA11AI.9407
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

**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 86 OF 100
	<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 Ira Weiss
Full Name (Last, First, Middle Initial)
Mailing Address 3755 Orange Pl Ste 100A

City Beachwood	State OH	Zip Code 44122-4426
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 15 / 2013
Transaction ID : SA11AI.9227

Amount of Each Receipt this Period
250.00

B. Dr Shane Wellington
Full Name (Last, First, Middle Initial)
Mailing Address 1609 Pennsylvania Ave

City East Liverpool	State OH	Zip Code 43920-2146
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 30 / 2013
Transaction ID : SA11AI.9525

Amount of Each Receipt this Period
125.00

C. Dr James Maurice Wensink
Full Name (Last, First, Middle Initial)
Mailing Address 19551 Euclid Ave

City Euclid	State OH	Zip Code 44117-1409
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2013
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 30 / 2013
Transaction ID : SA11AI.9072

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 100
(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

A. Dr Mark S Wenzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7083 Corporate Way
 City State Zip Code
 Centerville OH 45459-4223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 10 / 22 / 2013
Transaction ID : SA11AI.9234
 Amount of Each Receipt this Period
 250.00

B. Dr Clark C White III
 Full Name (Last, First, Middle Initial)
 Mailing Address 5825 Landerbrook Dr Ste 226
 City State Zip Code
 Mayfield Heights OH 44124-6533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 12 / 30 / 2013
Transaction ID : SA11AI.9481
 Amount of Each Receipt this Period
 125.00

C. Dr Daniel R Whittaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Van Gundy Dr Ste A
 City State Zip Code
 Bryan OH 43506-1179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For: 2013
 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
 10 / 01 / 2013
Transaction ID : SA11AI.9216
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

**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 88 OF 100
	<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 Erin K Whittaker
Full Name (Last, First, Middle Initial)
Mailing Address 11 W Cooke Rd
City Columbus State OH Zip Code 43214-3068
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
12 / 30 / 2013
Transaction ID : SA11AI.9496
Amount of Each Receipt this Period
125.00

B. Dr Ronald Michael Wolf
Full Name (Last, First, Middle Initial)
Mailing Address 3611 Darrow Rd
City Stow State OH Zip Code 44224-4012
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2013
Transaction ID : SA11AI.9082
Amount of Each Receipt this Period
250.00

c. Dr April A Yanda
Full Name (Last, First, Middle Initial)
Mailing Address 39 Milford Dr
City Hudson State OH Zip Code 44236-2727
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: 2013
 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
08 / 16 / 2013
Transaction ID : SA11AI.9063
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	56971.66

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

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

FOR LINE NUMBER: PAGE 89 OF 100
(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 (Last, First, Middle Initial)
A. OHIO SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS PAC

Mailing Address 7207 HOPKINS ROAD

City MENTOR State OH Zip Code 44060

FEC ID number of contributing federal political committee. **C** C00356295

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : SA11C.9671

Amount of Each Receipt this Period
 2500.00

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Batchelder for Rep.Comm.

Mailing Address Treas:Homer Davis
4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9630

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Brenner For Ohio

Mailing Address Treas:Donald Dages
8824 Clearview Lake Ct.

City Powell State OH Zip Code 43065

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9631

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Brian D. Hill for State Rep.

Mailing Address Treas:Karen Vincent
2585 Ashbury Chapel Rd.

City Zanesville State OH Zip Code 43701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9641

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Butler for Ohio

Mailing Address Treas:Bryan Michel
2321 Miami Village Dr.

City Miamisburg State OH Zip Code 45342

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2013

Transaction ID : SB29.9635

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Citiz. for Amstutz

Mailing Address Treas:Matthew Hochstetler
4456 Wood Lake Trail

City Wooster State OH Zip Code 44691

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2013

Transaction ID : SB29.9629

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Citiz. For Anne Gonzales

Mailing Address Treas: William Curlis
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2013

Transaction ID : SB29.9638

Amount of Each Disbursement this Period

500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citiz. For Cheryl Grossman

Mailing Address Treas: Larry J. Earman
3955 Brown Park Dr.#A

City Hilliard State OH Zip Code 43026

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SB29.9619

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citiz. for Schuring Comm.

Mailing Address Treas: Delores Loomis
330 Third St. NW

City Canton State OH Zip Code 44702

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9647

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens for Blessing

Mailing Address Treas: Louis Blessing
3378 Dolomar Dr.

City Cincinnati State OH Zip Code 45239

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SB29.9615

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1850.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens for Brown

Mailing Address Treas:John Kevern
2352 Homestead Dr.

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2013

Transaction ID : SB29.9633

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Citizens for Buchy

Mailing Address Treas:David Wolters
2191 Oak St.

City Maria Stein State OH Zip Code 45860

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2013

Transaction ID : SB29.9634

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens For Duffey

Mailing Address Treas: Angela White
645 Farrington Dr.

City Worthington State OH Zip Code 43085

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 15 / 2013

Transaction ID : SB29.9637

Amount of Each Disbursement this Period

500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citz.for Stephanie Kunze

Mailing Address Treas: William Curlis
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9643

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Com. Elect Robert Hackett

Mailing Address Treas:Sandra Ballard
2050 Palouse Dr.

City London State OH Zip Code 43140

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9639

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Comm.to Elect Rosenberger

Mailing Address Treas: Bret Dixon
7027 St. Rt. 350 W., POB 343

City Clarksville State OH Zip Code 45113

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : SB29.9612

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Comm.to Elect Rosenberger

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2013

Mailing Address Treas: Bret Dixon
7027 St. Rt. 350 W., POB 343

Transaction ID : SB29.9645

City State Zip Code
Clarksville OH 45113

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Cupp for State Rep Comm.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

Mailing Address Treas:Matthew Mitchell
3003 W. Hume Rd.

Transaction ID : SB29.9618

City State Zip Code
Lima OH 45806

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. David Yost for Auditor of State

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2013

Mailing Address Treas:J.Yuskewich
4679 Winterset Drive

Transaction ID : SB29.9627

City State Zip Code
Columbus OH 43220

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elect Devitis

Mailing Address Treas: Susan Sanzone
660 Singley Ave.

City Akron State OH Zip Code 44310

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.9636

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of Jonathan Dever

Mailing Address Treas: Seth Schwartz
632 Vine St. Suite 805

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.9624

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Lou Terhar

Mailing Address Treas: William Myles
5595 Boomer Rd.

City Cincinnati State OH Zip Code 45247

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.9651

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Mike Henne

Mailing Address Treas: William Driver
8447 Diamond Mill Road

City Clayton State OH Zip Code 45315

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : SB29.9611

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Friends of Mike Henne

Mailing Address Treas: William Driver
8447 Diamond Mill Road

City Clayton State OH Zip Code 45315

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9640

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Friends of Ryan Smith

Mailing Address Treas:Troy Johnson
1661 Kemper Hollow Rd.

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9649

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Wes Retherford

Mailing Address Treas: Shirley Retherford
350 Ashley Brook Dr.

City Hamilton State OH Zip Code 45013

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : **SB29.9644**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Husted for Ohio

Mailing Address Treas: Carl Wick
211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : **SB29.9621**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. JPMorgan Chase Bank, N.A

Mailing Address 100 E Broad Street

City Columbus State OH Zip Code 43271

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : **SB29.9668**

Amount of Each Disbursement this Period

1179.17

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2179.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kristina D.Roegner For OH

Mailing Address Treas:Peter Haanschoten
2222 East Streetsboro St.

City Hudson State OH Zip Code 44236

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9654

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ruhl For State Rep.

Mailing Address Treas:Kelly Schermerhorn
3 Swingle Ave.

City Mt. Vernon State OH Zip Code 43050

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9646

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Slaby for State Rep.

Mailing Address Treas.Ben Napier
527 Cheswyck Ct.

City Copley State OH Zip Code 44321

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013

Transaction ID : SB29.9648

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Ohio Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sprague for State Rep.

Mailing Address Treas: Matthew Klein
220 W. Sandusky St.

City Findlay State OH Zip Code 45840

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : SB29.9650

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Team Burke

Mailing Address Treas: Michael Rose
275 W 4th St.

City Marysville State OH Zip Code 43040

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : SB29.9616

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Terry Johnson for State Rep

Mailing Address Treas. Klara Reynolds
74 A McDaniel Road

City McDermott State OH Zip Code 45652

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2013

Transaction ID : SB29.9642

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3250.00

25279.17
