

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 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 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

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