

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. 12FE4M5 Ohio Dental Association Political Action Committee

ADDRESS (number and street) 1370 Dublin Rd Columbus OH 43215 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00011544 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Grbach, Bruce, D, Dr., Type or Print Name of Treasurer

Signature of Treasurer Grbach, Bruce, D, Dr., [Electronically Filed] Date 07 / 12 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		646792.44
(b) Cash on Hand at Beginning of Reporting Period.....	646792.44	
(c) Total Receipts (from Line 19)	132100.50	132100.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	778892.94	778892.94
7. Total Disbursements (from Line 31).....	123527.95	123527.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	655364.99	655364.99
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

Write or Type Committee Name

Ohio Dental Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	64520.00	64520.00
(ii) Unitemized	67580.50	67580.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	132100.50	132100.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	132100.50	132100.50
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)).....▶	132100.50	132100.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	132100.50	132100.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	1697.18	1697.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1697.18	1697.18
22. Transfers to Affiliated/Other Party Committees.....	8225.00	8225.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	113605.77	113605.77
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	123527.95	123527.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123527.95	123527.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	132100.50	132100.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	132100.50	132100.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1697.18	1697.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1697.18	1697.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 107
	(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"/> 15
<input type="checkbox"/> 12	<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. Abriani, Danute, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37241 Euclid Ave

City Willoughby	State OH	Zip Code 44094-5656
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2017

Transaction ID : SA11AI.14437

Amount of Each Receipt this Period
325.00

Memo Item

B. Almoney, William, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1700 E Whipp Rd

City Kettering	State OH	Zip Code 45440-2919
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13371

Amount of Each Receipt this Period
250.00

Memo Item

C. Aranmolate, Safuratu, Yetunde, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13053

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	825.00
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 107
	<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. Arens, F, Charles, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6827 N High St Ste 115

City Columbus	State OH	Zip Code 43085-2517
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 20 / 2017

Transaction ID : SA11AI.14568

Amount of Each Receipt this Period

250.00

 Memo Item

B. Ash, Jon, M., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4777 Higbee Ave NW

City Canton	State OH	Zip Code 44718-2551
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2017

Transaction ID : SA11AI.14452

Amount of Each Receipt this Period

250.00

 Memo Item

C. Barry, Richard, B, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1960 Bethel Rd Ste 240

City Columbus	State OH	Zip Code 43220-1815
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2017

Transaction ID : SA11AI.13155

Amount of Each Receipt this Period

500.00

 Memo Item

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 8 OF 107
<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. Baytosh, Joseph, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 S State St

City Girard	State OH	Zip Code 44420-2947
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2017

Transaction ID : SA11AI.13546

Amount of Each Receipt this Period

250.00

 Memo Item

B. Bean, Canise, Y, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1407 Haddon Rd

City Columbus	State OH	Zip Code 43209-3103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2017

Transaction ID : SA11AI.14524

Amount of Each Receipt this Period

250.00

 Memo Item

C. Billy, Mark, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5437 Mahoning Ave

City Youngstown	State OH	Zip Code 44515-2437
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2017

Transaction ID : SA11AI.14547

Amount of Each Receipt this Period

250.00

 Memo Item

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 9 OF 107
	<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. Borsky, Jeremy, Joseph, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7521 State Rd

City Cincinnati	State OH	Zip Code 45255-2438
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13065

Amount of Each Receipt this Period
250.00

Memo Item

B. Boss, Shelly, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4097 Fulton Dr NW

City Canton	State OH	Zip Code 44718-2817
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14255

Amount of Each Receipt this Period
625.00

Memo Item

C. Botti, Michele, Lee, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9100 Marketplace Drive

City Miamisburg	State OH	Zip Code 45342-4671
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13928

Amount of Each Receipt this Period
500.00

Memo Item

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 10 OF 107
	<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. Brandt, Kenneth, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2751 Blue Rock Rd

City Cincinnati	State OH	Zip Code 45239-6332
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14461

Amount of Each Receipt this Period

375.00

 Memo Item

B. Brown, Daniel, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1170 State Route 28

City Milford	State OH	Zip Code 45150-2155
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11AI.14516

Amount of Each Receipt this Period

250.00

 Memo Item

C. Brunetti, Donald, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5671 Mahoning Ave

City Youngstown	State OH	Zip Code 44515-2319
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
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Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14422

Amount of Each Receipt this Period

250.00

 Memo Item

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 11 OF 107
	<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. Burns, Richard, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 17 / 2017**
Transaction ID : SA11AI.14088
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Caldwell, Jeffrey, S, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 24 / 2017**
Transaction ID : SA11AI.14222
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Canepa, Charles, P, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20024 Detroit Rd
 City Rocky River State OH Zip Code 44116-2459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 21 / 2017**
Transaction ID : SA11AI.14068
 Amount of Each Receipt this Period **250.00**
 Memo Item

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 12 OF 107
<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. Carpenter, Joe, Lynn, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6653 Frank Ave NW

City North Canton	State OH	Zip Code 44720-7259
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14281

Amount of Each Receipt this Period
250.00

Memo Item

B. Carrico, Chris, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5889 Alder Ct

City Liberty Township	State OH	Zip Code 45044-5780
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2017

Transaction ID : SA11AI.14372

Amount of Each Receipt this Period
500.00

Memo Item

C. Cavolo, Richard, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5432 Wilson Mills Rd

City Cleveland	State OH	Zip Code 44143-3021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2017

Transaction ID : SA11AI.13870

Amount of Each Receipt this Period
250.00

Memo Item

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 13 OF 107
	<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. Cheek, John, Arthur, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 810 Old Woods Rd

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13971

Amount of Each Receipt this Period

500.00

 Memo Item

B. Chesnut, David, Graham, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1150 W Locust St Ste 400

City Wilmington	State OH	Zip Code 45177-2063
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	09	/	2017

Transaction ID : SA11AI.14419

Amount of Each Receipt this Period

375.00

 Memo Item

C. Chung, Kwang, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14273

Amount of Each Receipt this Period

250.00

 Memo Item

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: (check only one)	PAGE 14 OF 107
	<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. Clark, Starla, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8231 Cornell Rd Ste 310

City Cincinnati	State OH	Zip Code 45249-2282
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14032

Amount of Each Receipt this Period

375.00

 Memo Item

B. Connell, Christopher, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Lyndhurst Commons
5406 Mayfield Rd

City Lyndhurst	State OH	Zip Code 44124-2912
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14494

Amount of Each Receipt this Period

500.00

 Memo Item

C. Cook, Andrew, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1565 Yorkshire Trce SE

City Canton	State OH	Zip Code 44709-4855
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13938

Amount of Each Receipt this Period

250.00

 Memo Item

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: (check only one)	PAGE 15 OF 107
	<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. Cottle, James, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2017

Transaction ID : SA11AI.14517

Amount of Each Receipt this Period
250.00

Memo Item

B. Cox, Timothy, B, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3296 W Market St

City Fairlawn	State OH	Zip Code 44333-3355
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14114

Amount of Each Receipt this Period
250.00

Memo Item

C. Coyne, Jonathon, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1749 Delco Park Dr

City Dayton	State OH	Zip Code 45420-1398
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13939

Amount of Each Receipt this Period
250.00

Memo Item

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 16 OF 107
	<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. Croston, Matthew, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1575 Corporate Woods Pkwy Ste 170
 City Uniontown State OH Zip Code 44685-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 17 / 2017
Transaction ID : SA11AI.14113
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Davis, Rebecca, Bietta, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 01 / 2017
Transaction ID : SA11AI.14497
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Demboski, Robert, J., Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 N Cleveland Massillon Rd Ste 105
 City Akron State OH Zip Code 44333-3332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 06 / 20 / 2017
Transaction ID : SA11AI.14620
 Amount of Each Receipt this Period 250.00
 Memo Item

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 17 OF 107
	<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. Dennis, David, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 738 S Cleveland Ave

City Mogadore	State OH	Zip Code 44260-2205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2017

Transaction ID : SA11AI.13871

Amount of Each Receipt this Period
250.00

Memo Item

B. Desai, Ketki, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5212 W Broad St

City Columbus	State OH	Zip Code 43228-1642
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2017

Transaction ID : SA11AI.14602

Amount of Each Receipt this Period
375.00

Memo Item

C. DiBenedetto, S. Marc, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3398 Dayton Xenia Rd

City Dayton	State OH	Zip Code 45432-2747
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2017

Transaction ID : SA11AI.14561

Amount of Each Receipt this Period
250.00

Memo Item

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 18 OF 107
	<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. DiPiero, Jennifer, Michele, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 10 / 2017
Transaction ID : SA11AI.13872
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dixon, Philip, H, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 313 Canal Ave SE
 City New Philadelphia State OH Zip Code 44663-2359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 30 / 2017
Transaction ID : SA11AI.14606
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Dorr, Andrew, J, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3473 N Bend Rd
 City Cincinnati State OH Zip Code 45239-7624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.14198
 Amount of Each Receipt this Period 250.00
 Memo Item

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 19 OF 107
	<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. Doty, Stan, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 811 S Main St

City Findlay	State OH	Zip Code 45840-3003
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2017

Transaction ID : SA11AI.14063

Amount of Each Receipt this Period
250.00

Memo Item

B. Droba, Gregory, T W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 475 E Waterloo Rd

City Akron	State OH	Zip Code 44319
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13180

Amount of Each Receipt this Period
250.00

Memo Item

C. Dull, Cynthia, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1056 N Broad St

City Fairborn	State OH	Zip Code 45324-5253
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14149

Amount of Each Receipt this Period
500.00

Memo Item

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 20 OF 107
	<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. Eberhardt, Kyle, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1655 W Market St Ste 540

City Akron	State OH	Zip Code 44313-7025
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14296

Amount of Each Receipt this Period
250.00

Memo Item

B. El-Refai, Nivine, Y, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3985 Medina Rd Ste 160

City Medina	State OH	Zip Code 44256-5968
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14264

Amount of Each Receipt this Period
250.00

Memo Item

C. Everhart, Scott, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3420 Atrium Blvd Ste 100

City Franklin	State OH	Zip Code 45005-5186
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

Transaction ID : SA11AI.13878

Amount of Each Receipt this Period
250.00

Memo Item

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 21 OF 107
	<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. Fabry, Stephen, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 465 E Bath Rd

City Cuyahoga Falls	State OH	Zip Code 44223-2511
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14148

Amount of Each Receipt this Period

250.00

 Memo Item

B. Fox, Steven, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4447 Talmadge Rd Ste F

City Toledo	State OH	Zip Code 43623-3517
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14023

Amount of Each Receipt this Period

325.00

 Memo Item

C. Frankel, Jonathan, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5012 Talmadge Rd Ste 100

City Toledo	State OH	Zip Code 43623-2168
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14190

Amount of Each Receipt this Period

375.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 107
	<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. Fraser, Bruce, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 463 Waterbury Ct Ste A

City Gahanna	State OH	Zip Code 43230-5311
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2017

Transaction ID : SA11AI.14585

Amount of Each Receipt this Period
250.00

Memo Item

B. Gallatin, Eric, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 W Franklin St

City Dayton	State OH	Zip Code 45459-4703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14446

Amount of Each Receipt this Period
500.00

Memo Item

C. Gessner, Larry, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 290 S Canfield Niles Rd

City Austintown	State OH	Zip Code 44515-4017
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14007

Amount of Each Receipt this Period
250.00

Memo Item

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 23 OF 107
	<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. Giammarco, Gary, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4579 Everhard Rd NW

City Canton	State OH	Zip Code 44718-2425
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13951

Amount of Each Receipt this Period

250.00

 Memo Item

B. Gromofsky, Richard, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4336 Brecksville Rd Ste C

City Richfield	State OH	Zip Code 44286-9248
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14087

Amount of Each Receipt this Period

250.00

 Memo Item

C. Haas, David, Gregory, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3500 W Market St

City Fairlawn	State OH	Zip Code 44333-2663
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14083

Amount of Each Receipt this Period

250.00

 Memo Item

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 107
	<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. Haas, Maria, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3500 W Market St

City Fairlawn	State OH	Zip Code 44333-2663
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14168

Amount of Each Receipt this Period

250.00

 Memo Item

B. Haas, Roger, William, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3727 Darrow Rd

City Stow	State OH	Zip Code 44224-4011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2017

Transaction ID : SA11AI.14345

Amount of Each Receipt this Period

250.00

 Memo Item

C. Halasz, Michael, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 229 E Stroop Rd

City Kettering	State OH	Zip Code 45429
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14333

Amount of Each Receipt this Period

500.00

 Memo Item

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 25 OF 107
	<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. Hanna, Adel, H, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 365 N Main St Ste A
 City Springboro State OH Zip Code 45066-9557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 09 / 2017
Transaction ID : SA11AI.14464
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Hauser, Michael, S, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23250 Chagrin Blvd Building 5, Ste. 205
 City Beachwood State OH Zip Code 44122-5416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 375.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.14288
 Amount of Each Receipt this Period 375.00
 Memo Item

C. Hendrickson, Bradford, R, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 386
 City Ashland State OH Zip Code 44805-0386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 500.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.13900
 Amount of Each Receipt this Period 500.00
 Memo Item

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: (check only one)	PAGE 26 OF 107
	<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. Hering, Denise, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7643 E Main St

City Reynoldsburg	State OH	Zip Code 43068-1209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2017

Transaction ID : SA11AI.14363

Amount of Each Receipt this Period
250.00

Memo Item

B. Hess, Roger, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

Transaction ID : SA11AI.14498

Amount of Each Receipt this Period
250.00

Memo Item

C. Hinkle, Robert, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 W Bridge St

City Dublin	State OH	Zip Code 43017-2123
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2017

Transaction ID : SA11AI.13891

Amount of Each Receipt this Period
250.00

Memo Item

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 27 OF 107
<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. Hockenberger, Brian, N, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4312 S. Cleveland Massillon Rd Ste

City Norton	State OH	Zip Code 44203-5732
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
02 / 17 / 2017
Transaction ID : SA11AI.14110

Amount of Each Receipt this Period
250.00

Memo Item

B. Hoffman, Michael, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 57 Graham Rd

City Cuyahoga Falls	State OH	Zip Code 44223-1204
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
04 / 28 / 2017
Transaction ID : SA11AI.14578

Amount of Each Receipt this Period
250.00

Memo Item

C. Hudak, Kenneth, G, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 748 Elma St

City Akron	State OH	Zip Code 44310-3063
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **625.00**

Date of Receipt
01 / 24 / 2017
Transaction ID : SA11AI.14258

Amount of Each Receipt this Period
625.00

Memo Item

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: (check only one)	PAGE 28 OF 107
	<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. Hudoba, Russell, E, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6674 Tippecanoe Rd Ste 5
 City Canfield State OH Zip Code 44406-9149
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.13997
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Iacobelli, Mark, A, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8030 Corporate Circle
 City North Royalton State OH Zip Code 44133-1245
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.14244
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jackson, Kyle, R, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7058 Corporate Way Ste 3
 City Dayton State OH Zip Code 45459-4243
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 460.00

Date of Receipt 01 / 03 / 2017
Transaction ID : SA11AI.13882
 Amount of Each Receipt this Period 460.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	960.00
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 29 OF 107
	(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"/> 15
	<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. Jacob, Hubert, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7554 Bridgetown Rd
 City Cincinnati State OH Zip Code 45248-2015
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.13980
 Amount of Each Receipt this Period 250.00
 Memo Item

B. James, Bart, L, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 Warren Sharon Rd
 City Vienna State OH Zip Code 44473
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 16 / 2017
Transaction ID : SA11AI.14490
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Jarmoszuk, Sonja, Ann, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21590 Center Ridge Rd Ste B
 City Rocky River State OH Zip Code 44116-3945
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.14215
 Amount of Each Receipt this Period 250.00
 Memo Item

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 30 OF 107
	<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. Job, Burton, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2017

Transaction ID : SA11AI.14344

Amount of Each Receipt this Period
250.00

Memo Item

B. Johnson, Gary, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 Grand Blvd

City Shelby	State OH	Zip Code 44875-1326
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14239

Amount of Each Receipt this Period
250.00

Memo Item

C. Johnson, Richard, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1140 Hicks Blvd

City Fairfield	State OH	Zip Code 45014-2846
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14033

Amount of Each Receipt this Period
250.00

Memo Item

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 31 OF 107
<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. Katz, Steven, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3690 Orange Pl Ste 520

City Beachwood	State OH	Zip Code 44122-4466
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2017

Transaction ID : SA11AI.14502

Amount of Each Receipt this Period

500.00

 Memo Item

B. Kaur, Surpreet, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2026 Orchard Lakes Pl Apt 21

City Toledo	State OH	Zip Code 43615
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2017

Transaction ID : SA11AI.14565

Amount of Each Receipt this Period

250.00

 Memo Item

C. Kayafas, Christopher, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1958 Four Seasons Dr

City Akron	State OH	Zip Code 44333-1872
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14115

Amount of Each Receipt this Period

250.00

 Memo Item

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 32 OF 107
	<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. Kelly, Thomas, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 Park East Dr
Suite 180

City Beachwood	State OH	Zip Code 44122-4339
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

Transaction ID : SA11AI.14623

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kennedy, Richard, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1246 Nilles Rd Ste B3

City Fairfield	State OH	Zip Code 45014-2912
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13908

Amount of Each Receipt this Period
375.00

Memo Item

C. Kerata, Linda, K, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13952 Chippewa Trl

City Middleburg Heights	State OH	Zip Code 44130-6709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14160

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1625.00
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 107
	<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. Kimberly, David, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 554 White Pond Dr Ste B

City Akron	State OH	Zip Code 44320-1146
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2017

Transaction ID : SA11AI.14127

Amount of Each Receipt this Period

250.00

 Memo Item

B. Kinlaw, Julia, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Wyoming Ave

City Cincinnati	State OH	Zip Code 45215-4421
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13899

Amount of Each Receipt this Period

250.00

 Memo Item

C. Kinlaw, Laura, Remsberg, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 Wyoming Ave

City Cincinnati	State OH	Zip Code 45215-4469
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14297

Amount of Each Receipt this Period

250.00

 Memo Item

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 34 OF 107
	<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. Kirlough, Matthew, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1623 Rivers Edge Dr

City Valley City	State OH	Zip Code 44280-9442
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11AI.14527

Amount of Each Receipt this Period
250.00

Memo Item

B. Kluener, Larry, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1149 Stone Dr Ste 300

City Harrison	State OH	Zip Code 45030-2730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11AI.14506

Amount of Each Receipt this Period
250.00

Memo Item

C. Kmieck, Ken, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5593 Overlook Rd

City Parma	State OH	Zip Code 44129-2451
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14440

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 107
	<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. Kori, Mamta, Manoj, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3420 Atrium Blvd Ste 100

City Franklin	State OH	Zip Code 45005-5186
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11AI.14534

Amount of Each Receipt this Period

375.00

 Memo Item

B. Kotapish, James, George, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3075 Smith Rd Ste 201

City Fairlawn	State OH	Zip Code 44333-4454
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14026

Amount of Each Receipt this Period

250.00

 Memo Item

C. Kozlow, James, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 S Main St

City Poland	State OH	Zip Code 44514-2070
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2017

Transaction ID : SA11AI.13539

Amount of Each Receipt this Period

250.00

 Memo Item

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 36 OF 107
	(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. Kramer, John, N, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 N 4th St

City Martins Ferry	State OH	Zip Code 43935
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11AI.14581

Amount of Each Receipt this Period
1000.00

Memo Item

B. Kurz, Edward, George, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14229

Amount of Each Receipt this Period
250.00

Memo Item

C. Kyger, Billie, Sue, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 178 Crestview Dr

City Gallipolis	State OH	Zip Code 45631-8101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼ Primary

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2017

Transaction ID : SA11AI.14122

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 107
	<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. Laing, Kevin, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

Transaction ID : SA11AI.14580

Amount of Each Receipt this Period
250.00

Memo Item

B. Landry, Joseph, Gerald, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5076 Park Ave W

City Seville	State OH	Zip Code 44273-8916
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14303

Amount of Each Receipt this Period
250.00

Memo Item

C. Lang, Lisa, Ann, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2124 Cornell Rd

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13915

Amount of Each Receipt this Period
260.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	760.00
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 107
	<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. Langston-McKenna, Lesia, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 400

City Hillsboro	State OH	Zip Code 45133-0400
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1115.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2017

Transaction ID : SA11AI.15393

Amount of Each Receipt this Period
1115.00

Memo Item

B. Lanik, Craig, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 823

City Uniontown	State OH	Zip Code 44685-0823
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼
 Primary

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2017

Transaction ID : SA11AI.14619

Amount of Each Receipt this Period
250.00

Memo Item

C. Lawrence, Kenneth, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8857 Mentor Ave

City Mentor	State OH	Zip Code 44060-6211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼
 Primary

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14257

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1615.00
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 39 OF 107
	<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. Lazarow, Robert, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2858 S Arlington Rd Ste 200

City Akron	State OH	Zip Code 44312-4746
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2017

Transaction ID : SA11AI.14112

Amount of Each Receipt this Period
250.00

Memo Item

B. Lee, Michael, B, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2017

Transaction ID : SA11AI.13010

Amount of Each Receipt this Period
500.00

Memo Item

C. Leffler, William, Gilmor, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 Wales Ave NW

City Massillon	State OH	Zip Code 44646-2323
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14003

Amount of Each Receipt this Period
250.00

Memo Item

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 40 OF 107
	<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. Lehky, Lisa, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 S Miller Rd Ste 101

City Fairlawn	State OH	Zip Code 44333-4167
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2017

Transaction ID : SA11AI.14559

Amount of Each Receipt this Period
250.00

Memo Item

B. Lessick, James, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8371 Misty Ridge Trl

City Youngstown	State OH	Zip Code 44514-5818
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2017

Transaction ID : SA11AI.14378

Amount of Each Receipt this Period
250.00

Memo Item

C. Markowski, Elaine, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14142

Amount of Each Receipt this Period
250.00

Memo Item

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 41 OF 107
	<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. Marshall, Edward, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3075 Smith Rd Ste 102
 City Fairlawn State OH Zip Code 44333-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 24 / 2017**
Transaction ID : SA11AI.14245
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Masoner, Christopher, Dix, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 N Harding Rd
 City Columbus State OH Zip Code 43209-1583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 24 / 2017**
Transaction ID : SA11AI.13969
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Matanzo, Thomas, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 Fernwood Rd
 City Wintersville State OH Zip Code 43953-9616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 24 / 2017**
Transaction ID : SA11AI.14141
 Amount of Each Receipt this Period **500.00**
 Memo Item

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 42 OF 107
<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. Maxwell, James, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2210 Olympic St
 City Springfield State OH Zip Code 45503-2737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 24 / 2017**
Transaction ID : SA11AI.14002
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Mayo, John, Louis, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 Boardman Poland Rd
 City Youngstown State OH Zip Code 44512-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 24 / 2017**
Transaction ID : SA11AI.13989
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Mazzola, Robert, L, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 26 / 2017**
Transaction ID : SA11AI.14340
 Amount of Each Receipt this Period **250.00**
 Memo Item

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 43 OF 107
	<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. McCune, Thomas, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4800 Ledgewood Dr

City Medina	State OH	Zip Code 44256-7666
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2017

Transaction ID : SA11AI.14062

Amount of Each Receipt this Period

500.00

 Memo Item

B. Mellion, Joseph, Thomas, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2820 Roundhill Rd

City Akron	State OH	Zip Code 44333-2272
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14238

Amount of Each Receipt this Period

500.00

 Memo Item

C. Milewski, Allan, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 E Washington Street Ste D1

City Medina	State OH	Zip Code 44256-2137
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2017

Transaction ID : SA11AI.14411

Amount of Each Receipt this Period

250.00

 Memo Item

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: (check only one)	PAGE 44 OF 107
<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. Miller, Jeffrey, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 24 / 2017
Transaction ID : SA11AI.14189

Amount of Each Receipt this Period
250.00

Memo Item

B. Minnillo, Paul, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1212 Abbe Rd N

City Elyria	State OH	Zip Code 44035-1649
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 26 / 2017
Transaction ID : SA11AI.14346

Amount of Each Receipt this Period
125.00

Memo Item

C. Montgomery, Julie, Frankland, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 W Bridge St

City Dublin	State OH	Zip Code 43017-1162
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 24 / 2017
Transaction ID : SA11AI.14268

Amount of Each Receipt this Period
250.00

Memo Item

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 107
	<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. Moore, Patrick, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49933 Lantz Ct

City East Liverpool	State OH	Zip Code 43920-8937
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : SA11AI.14067

Amount of Each Receipt this Period
500.00

Memo Item

B. Moore, Stephen, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1212 Portage Trl

City Cuyahoga Falls	State OH	Zip Code 44223-2128
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2017

Transaction ID : SA11AI.14065

Amount of Each Receipt this Period
250.00

Memo Item

C. Moore, Steven, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6962 Tylersville Rd

City West Chester	State OH	Zip Code 45069-1511
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14390

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2750.00
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 107
	<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. Mueller, Elizabeth, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9200 Montgomery Rd Ste 4B

City Cincinnati	State OH	Zip Code 45242-7730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13895

Amount of Each Receipt this Period

250.00

 Memo Item

B. Murphy, James, Crawford, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2010 Jewett Dr

City Columbus	State OH	Zip Code 43229-2047
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14417

Amount of Each Receipt this Period

250.00

 Memo Item

C. Myers, Gregory, Stuart, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6175 Som Center Rd Ste 150

City Solon	State OH	Zip Code 44139-2966
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2017

Transaction ID : SA11AI.14347

Amount of Each Receipt this Period

250.00

 Memo Item

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 47 OF 107
	<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. Najem, Wade, J, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 S Miller Rd Ste 101
 City Fairlawn State OH Zip Code 44333-4167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 04 / 20 / 2017
Transaction ID : SA11AI.14560
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Nakfoor, Matthew, William, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 Sunforest Ct Ste 232
 City Toledo State OH Zip Code 43623-4440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.13918
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Nichols, Jennie, E, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 243 S Broadway St
 City Medina State OH Zip Code 44256-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify) Primary
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 24 / 2017
Transaction ID : SA11AI.13936
 Amount of Each Receipt this Period 250.00
 Memo Item

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 48 OF 107
	<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. Nightingale, Scott, Harold, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13983

Amount of Each Receipt this Period
260.00

Memo Item

B. Norwalk, Keith, Alan, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 103 W 5th St

City Genoa	State OH	Zip Code 43430-1701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13897

Amount of Each Receipt this Period
250.00

Memo Item

C. Nusstein, John, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 305 W 12th Ave
Postle Hall - 3058

City Columbus	State OH	Zip Code 43210-1267
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		26		2017

Transaction ID : SA11AI.13880

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	760.00
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 107
	<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. Obernesser, Mark, S., Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14116

Amount of Each Receipt this Period
250.00

Memo Item

B. Olson, Gary, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 157 W Cedar St Ste 206

City Akron	State OH	Zip Code 44307-2563
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14109

Amount of Each Receipt this Period
250.00

Memo Item

C. Parker, Matthew, Michael, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Oxford Ave

City Terrace Park	State OH	Zip Code 45174-1149
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13924

Amount of Each Receipt this Period
500.00

Memo Item

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 50 OF 107
<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. Parker, Steven, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3817 Lincoln Way E

City Massillon	State OH	Zip Code 44646-3722
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14161

Amount of Each Receipt this Period
250.00

Memo Item

B. Patel, Jesal, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3500 Siaron Way

City Hamilton	State OH	Zip Code 45011-2683
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14212

Amount of Each Receipt this Period
250.00

Memo Item

C. Paumier, Thomas, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2900 Whipple Ave NW

City Canton	State OH	Zip Code 44708-1534
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14162

Amount of Each Receipt this Period
250.00

Memo Item

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 51 OF 107
	<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. Pelok, Brett, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4333 Monroe St Ste B

City Toledo	State OH	Zip Code 43606-1937
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14194

Amount of Each Receipt this Period

250.00

 Memo Item

B. Perko, Mark, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 673 E Wilbeth Rd

City Akron	State OH	Zip Code 44306-3455
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14412

Amount of Each Receipt this Period

500.00

 Memo Item

C. Perlman, Mark, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14013

Amount of Each Receipt this Period

250.00

 Memo Item

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 52 OF 107
	<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. Perry, Robert, Thomas, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5335 Far Hills Ave Ste 118

City Dayton	State OH	Zip Code 45429-2317
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2017

Transaction ID : SA11AI.14369

Amount of Each Receipt this Period
500.00

Memo Item

B. Petit, Kathleen, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9374 Paulding St NW

City Massillon	State OH	Zip Code 44646-9361
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14457

Amount of Each Receipt this Period
250.00

Memo Item

C. Petry, Loren, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 E Exchange St

City Akron	State OH	Zip Code 44304-1865
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11AI.14518

Amount of Each Receipt this Period
250.00

Memo Item

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 53 OF 107
	<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. Pullella, Leone, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3681 South Green Rd Ste 400

City Beachwood	State OH	Zip Code 44122-5716
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14445

Amount of Each Receipt this Period

250.00

 Memo Item

B. Quereshy, Faisal, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2124 Cornell Rd
CWRU Dept of Maxiofacial Surgery

City Cleveland	State OH	Zip Code 44106-3804
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2017

Transaction ID : SA11AI.14329

Amount of Each Receipt this Period

500.00

 Memo Item

C. Repasky, Michael, John, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 W Bridge St

City Dublin	State OH	Zip Code 43017-1162
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14216

Amount of Each Receipt this Period

250.00

 Memo Item

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 107
	<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. Resnick, Jay, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29001 Cedar Rd Ste 660

City Lyndhurst	State OH	Zip Code 44124-4041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13964

Amount of Each Receipt this Period
250.00

Memo Item

B. Rhodes, John, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 480 Rona Pkwy

City Brookville	State OH	Zip Code 45309-1118
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14016

Amount of Each Receipt this Period
250.00

Memo Item

C. Rice, Elliott, F, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 248 N Chestnut St

City Jefferson	State OH	Zip Code 44047-1128
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		27		2017

Transaction ID : SA11AI.14626

Amount of Each Receipt this Period
250.00

Memo Item

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 55 OF 107
	<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. Ridenour, Shelley, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 398 Highgate Ave

City Worthington	State OH	Zip Code 43085-3019
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13919

Amount of Each Receipt this Period

250.00

 Memo Item

B. Rogish, Christopher, Michael, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5406 Mayfield Rd

City Lyndhurst	State OH	Zip Code 44124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2017

Transaction ID : SA11AI.14091

Amount of Each Receipt this Period

250.00

 Memo Item

C. Rohrbach, Paul, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4322 Cleveland Massillon Rd

City Norton	State OH	Zip Code 44203-5718
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14015

Amount of Each Receipt this Period

250.00

 Memo Item

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 56 OF 107
	<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. Santin, John, N, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3503 Fortuna Dr Ste 1

City Akron	State OH	Zip Code 44312-5285
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2017

Transaction ID : SA11AI.14064

Amount of Each Receipt this Period

500.00

 Memo Item

B. Schaeffer, Michael, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 522 Batavia Pike

City Cincinnati	State OH	Zip Code 45244-2119
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13954

Amount of Each Receipt this Period

500.00

 Memo Item

C. Schirmer, James, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4393 Village Ridge Dr

City Mason	State OH	Zip Code 45040-6617
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14085

Amount of Each Receipt this Period

250.00

 Memo Item

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: (check only one)	PAGE 57 OF 107
	<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. Schmakel, Lawrence, P, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14034

Amount of Each Receipt this Period
375.00

Memo Item

B. Schmidt, Brian, Paul, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14289

Amount of Each Receipt this Period
250.00

Memo Item

C. Scott, Darrel, Lynn, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 N Union St

City Loudonville	State OH	Zip Code 44842-1074
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13991

Amount of Each Receipt this Period
375.00

Memo Item

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 58 OF 107
	<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. Showalter, Philip, Marvin, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 43 N Main St

City Germantown	State OH	Zip Code 45327-1349
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13947

Amount of Each Receipt this Period

375.00

 Memo Item

B. Shumaker, L Don, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 E 12th St Ste 502

City Cleveland	State OH	Zip Code 44114-3236
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14486

Amount of Each Receipt this Period

250.00

 Memo Item

C. Sims, James, Lee, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1374 W Main St

City Troy	State OH	Zip Code 45373-2552
--------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13962

Amount of Each Receipt this Period

250.00

 Memo Item

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 59 OF 107
	<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. Smeltzer, David, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3705 Olentangy River Rd Ste 200

City Columbus	State OH	Zip Code 43214-3467
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	11	/	2017

Transaction ID : SA11AI.13538

Amount of Each Receipt this Period

250.00

 Memo Item

B. Smiley, Samuel, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14040

Amount of Each Receipt this Period

1000.00

 Memo Item

C. Spratt, Jack, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.13966

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 60 OF 107
	<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. Stream, Richard, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29001 Cedar Rd Ste 660

City Lyndhurst	State OH	Zip Code 44124-4041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14228

Amount of Each Receipt this Period

250.00

 Memo Item

B. Striebel, David, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4031 S Dixie Dr Ste C

City Dayton	State OH	Zip Code 45439-2152
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2017

Transaction ID : SA11AI.14350

Amount of Each Receipt this Period

375.00

 Memo Item

C. Su, Erwin, T, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6655 Frank Ave NW

City North Canton	State OH	Zip Code 44720-7259
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2017

Transaction ID : SA11AI.14496

Amount of Each Receipt this Period

250.00

 Memo Item

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 61 OF 107
	<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. Subramanian, Kumar, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161 Clint Dr Ste 300

City Pickerington	State OH	Zip Code 43147-7794
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2017

Transaction ID : SA11AI.13885

Amount of Each Receipt this Period
500.00

Memo Item

B. Sundheimer, Richard, Neil, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 789 White Pond Dr Ste B

City Akron	State OH	Zip Code 44320-4203
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2017

Transaction ID : SA11AI.14625

Amount of Each Receipt this Period
250.00

Memo Item

C. Swearingen, Lee, B, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48959 Calcutta Smith Ferry Rd

City East Liverpool	State OH	Zip Code 43920-9637
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14395

Amount of Each Receipt this Period
275.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1025.00
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 107
	<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. Ta, Anitha, Ramalingam, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2400 Wales Ave NW Ste B

City Massillon	State OH	Zip Code 44646-2366
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14456

Amount of Each Receipt this Period
250.00

Memo Item

B. Tepe, Jan, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3427 Glenmore Ave

City Cincinnati	State OH	Zip Code 45211-5434
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13999

Amount of Each Receipt this Period
250.00

Memo Item

C. Tepe, Lawrence, John, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13992

Amount of Each Receipt this Period
250.00

Memo Item

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 63 OF 107
<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. Tetelman, Evan, David, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29001 Cedar Rd Ste 660

City Lyndhurst	State OH	Zip Code 44124-4041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14010

Amount of Each Receipt this Period
250.00

Memo Item

B. Thielen, Chris, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4254 Hamilton Ave

City Cincinnati	State OH	Zip Code 45223-2048
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	09	/	2017

Transaction ID : SA11AI.14404

Amount of Each Receipt this Period
250.00

Memo Item

C. Thomas, Darren, K, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 730

City Westfield Center	State OH	Zip Code 44251-0730
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14196

Amount of Each Receipt this Period
250.00

Memo Item

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 64 OF 107
	<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. Thomas, Gary, Allen, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1220 E Home Rd

City Springfield	State OH	Zip Code 45503-2728
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14382

Amount of Each Receipt this Period
250.00

Memo Item

B. Thomas, Kurt, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25300 Lorain Rd Ste 3C

City North Olmsted	State OH	Zip Code 44070-2059
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14248

Amount of Each Receipt this Period
250.00

Memo Item

C. Thomas, Michael, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1421 Portage St NW

City North Canton	State OH	Zip Code 44720-2289
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14193

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 107
	<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. Treiber, Bruce, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2221 Whipple Ave NW

City Canton	State OH	Zip Code 44708-1501
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.14039

Amount of Each Receipt this Period

250.00

 Memo Item

B. Turner, Thomas, Arthur, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2017

Transaction ID : SA11AI.13993

Amount of Each Receipt this Period

250.00

 Memo Item

C. Valentine, Dwaine, Edward, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2330 Crestridge Dr

City Dayton	State OH	Zip Code 45414
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		05		2017

Transaction ID : SA11AI.13883

Amount of Each Receipt this Period

250.00

 Memo Item

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 66 OF 107
	<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. Van Hala, Brent, Addison, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 181 Hudson St

City Hudson	State OH	Zip Code 44236-2930
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

Transaction ID : SA11AI.14616

Amount of Each Receipt this Period

250.00

 Memo Item

B. Waldman, David, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 127 Churchill Hubbard Rd

City Youngstown	State OH	Zip Code 44505-1386
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14235

Amount of Each Receipt this Period

250.00

 Memo Item

C. Walton, Ryan, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 508 E Exchange St

City Akron	State OH	Zip Code 44304-1865
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2017

Transaction ID : SA11AI.14519

Amount of Each Receipt this Period

250.00

 Memo Item

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 67 OF 107
	<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. Weiss, Ira, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

Transaction ID : SA11AI.14075

Amount of Each Receipt this Period
250.00

Memo Item

B. Wenger, Reid, Michael, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5825 Landerbrook Dr Ste 224

City Mayfield Heights	State OH	Zip Code 44124-6533
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2017

Transaction ID : SA11AI.14225

Amount of Each Receipt this Period
1000.00

Memo Item

C. Wensink, James, Maurice, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2017

Transaction ID : SA11AI.14577

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 68 OF 107
	<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. Wenzel, Mark, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7083 Corporate Way
City Centerville State OH Zip Code 45459-4223
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **625.00**

Date of Receipt **05 / 19 / 2017**
Transaction ID : SA11AI.13879
Amount of Each Receipt this Period **625.00**
 Memo Item

B. Westhafer, Todd, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 667 W Turkeyfoot Lake Rd
City Akron State OH Zip Code 44319-3452
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 24 / 2017**
Transaction ID : SA11AI.14163
Amount of Each Receipt this Period **250.00**
 Memo Item

C. Winick, Michael, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 4883 Dressler Rd NW Ste 201
City Canton State OH Zip Code 44718-3666
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 09 / 2017**
Transaction ID : SA11AI.14451
Amount of Each Receipt this Period **250.00**
 Memo Item

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: (check only one)	PAGE 69 OF 107
<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. Wynn, Mary, Ellen, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3650 Muddy Creek Rd Ste 200

City Cincinnati	State OH	Zip Code 45238-2058
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2017

Transaction ID : SA11AI.13995

Amount of Each Receipt this Period

250.00

 Memo Item

B. Yanda, April, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Milford Dr

City Hudson	State OH	Zip Code 44236-2727
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2017

Transaction ID : SA11AI.14256

Amount of Each Receipt this Period

250.00

 Memo Item

C. Young, Jeffrey, Allen, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29001 Cedar Rd Ste 660

City Lyndhurst	State OH	Zip Code 44124-4041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2017

Transaction ID : SA11AI.13916

Amount of Each Receipt this Period

250.00

 Memo Item

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 70 OF 107
	<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. Yourstowsky, Charles, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3665 Stutz Dr Ste 1

City Canfield	State OH	Zip Code 44406-9144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2017

Transaction ID : SA11AI.14443

Amount of Each Receipt this Period
250.00

Memo Item

B. Zavodny, Robert, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 W Market St Ste N-O

City Fairlawn	State OH	Zip Code 44333-3614
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2017

Transaction ID : SA11AI.14111

Amount of Each Receipt this Period
250.00

Memo Item

C. Zavodny, Robert, A, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 W Market St Ste N-O

City Fairlawn	State OH	Zip Code 44333-3614
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Transaction ID : SA11AI.14624

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	64520.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Chase Bank NA

Mailing Address 100 E Board Street

City Columbus State OH Zip Code 43215

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

MM / DD / YYYY
06 / 30 / 2017

FEC Identification Number

C

Transaction ID : SB21B.15545
Amount of Each Disbursement this Period

1697.18

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1697.18

1697.18

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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. ADPAC

Mailing Address 1111 Fourteenth St. NW
11th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2017

FEC Identification Number

C
Transaction ID : SB22.15533
Amount of Each Disbursement this Period
8225.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

8225.00
8225.00

**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"/> 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. Bill Dean for Ohio

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

Mailing Address Treasurer: Mark Bidwell
649 N Monroe Drive

City Xenia State OH Zip Code 45385

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

State: District:

FEC Identification Number

C []
Transaction ID : SB29.15420
 Amount of Each Disbursement this Period
 [] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brenner For Ohio

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

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

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

State: District:

FEC Identification Number

C []
Transaction ID : SB29.15413
 Amount of Each Disbursement this Period
 [] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brian D. Hill for State Representative

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

Mailing Address Treas:Megan Durst
2585 Ashbury Chapel Rd.

City Zanesville State OH Zip Code 43701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

State: District:

FEC Identification Number

C []
Transaction ID : SB29.15424
 Amount of Each Disbursement this Period
 [] 500.00

Memo Item

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"/> 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

A. Brinkman Campaign Committee

Full Name (Last, First, Middle Initial)
Mailing Address Treas: Cathy Brinkman
3215 Hardisty Ave.

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB29.15494
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Butler for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address Treas: Bryan Michel
1401 Devereux Drive

City Oakwood State OH Zip Code 45419

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB29.15445
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Citiz. With Ashford

Full Name (Last, First, Middle Initial)
Mailing Address Treas: Michael Ashford
2910 Collingwood Blvd.

City Toledo State OH Zip Code 43610

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) Primary

Date of Disbursement: 06 / 30 / 2017

FEC Identification Number: C
Transaction ID : SB29.15464
Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2250.00

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"/> 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

A. Citizens. for Schuring Comm.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas: Delores Loomis
330 Third St. NW

M M M	/	D D D	/	Y Y Y Y Y
03		15		2017

City Canton State OH Zip Code 44702

FEC Identification Number

Purpose of Disbursement
Contribution

C

Candidate Name

Transaction ID : SB29.15452

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

2000.00

State: District:

Memo Item

B. Citizens For Anne Gonzales

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas: William Curlis
865 Macon Alley

M M M	/	D D D	/	Y Y Y Y Y
03		15		2017

City Columbus State OH Zip Code 43206

FEC Identification Number

Purpose of Disbursement
Contribution

C

Candidate Name

Transaction ID : SB29.15415

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

1000.00

State: District:

Memo Item

C. Citizens for Bill Beagle

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas: Rick Mains
115 S.Tippecanoe Dr.POB342

M M M	/	D D D	/	Y Y Y Y Y
03		15		2017

City Tipp City State OH Zip Code 45371

FEC Identification Number

Purpose of Disbursement
Contribution

C

Candidate Name

Transaction ID : SB29.15529

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

1000.00

State: District:

Memo Item

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

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

4000.00

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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"/> 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 Blessing		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: Louis Blessing 3378 Dolomar Dr.		FEC Identification Number C [] Transaction ID : SB29.15459 Amount of Each Disbursement this Period [] 1000.00
City Cincinnati	State OH	Zip Code 45239
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Citizens For Duffey		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: Angela White 645 Farrington Dr.		FEC Identification Number C [] Transaction ID : SB29.15468 Amount of Each Disbursement this Period [] 500.00
City Worthington	State OH	Zip Code 43085
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Citizens for Gardner Comm.		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: Michael Sibbersen 431 N. Prospect Street		FEC Identification Number C [] Transaction ID : SB29.15520 Amount of Each Disbursement this Period [] 1000.00
City Bowling Green	State OH	Zip Code 43402
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2500.00
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"/> 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 GAVARONE

Mailing Address **TREASURER DOUGLAS RUCK
1537 CEDAR LANE**

City **BOWLING GREEN** State **OH** Zip Code **43402**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15490
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Hottinger

Mailing Address **Treas: Kathy Wise
2135 Horns Hill Rd.**

City **Newark** State **OH** Zip Code **43055**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15508
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Kevin Bacon

Mailing Address **Treas: Suzanne Marshall
260 N. Cassady Ave.**

City **Columbus** State **OH** Zip Code **43209**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15511
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3500.00

**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"/> 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 Larry Obhof		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Roger Beckett 5206 Crown Pointe Drive		FEC Identification Number C Transaction ID : SB29.15513 Amount of Each Disbursement this Period 5000.00
City Medina	State OH	
Purpose of Disbursement Contribution	Zip Code 44256	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens for Larry Obhof		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address Treas:Roger Beckett 5206 Crown Pointe Drive		FEC Identification Number C Transaction ID : SB29.15514 Amount of Each Disbursement this Period 1200.00
City Medina	State OH	
Purpose of Disbursement Contribution	Zip Code 44256	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. Citizens for McColley		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: Jeff Brubaker 15 Lemans Dr.		FEC Identification Number C Transaction ID : SB29.15477 Amount of Each Disbursement this Period 1500.00
City Napoleon	State OH	
Purpose of Disbursement Contribution	Zip Code 43545	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:		

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

7700.00

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"/> 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

A. Citizens for Niraj Antani

Full Name (Last, First, Middle Initial)

Mailing Address Treasurer: Scott Ryan
8547 White Cedar Drive, Unit 321

City Miamisburg State OH Zip Code 45342

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.15470

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Citizens for Perales

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Patrick Wendling
2766 Chatham Ct.

City Beavercreek State OH Zip Code 45431

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.15408

Amount of Each Disbursement this Period: 750.00

Memo Item

C. Citizens for Rezabek

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Gloria M.Marano
111 W. First St. Ste 519

City Dayton State OH Zip Code 45402

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.15444

Amount of Each Disbursement this Period: 500.00

Memo Item

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"/> 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 SCOTT RYAN		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address TREASURER ROY VANATTA 612 LENA LANE		FEC Identification Number C [REDACTED] Transaction ID : SB29.15485 Amount of Each Disbursement this Period [REDACTED] 1000.00
City HEATH	State OH	Zip Code 43056
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Citizens to Elect Craig Riedel		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treasurer: William Small 1246 Hilton Head Court		FEC Identification Number C [REDACTED] Transaction ID : SB29.15433 Amount of Each Disbursement this Period [REDACTED] 500.00
City Defiance	State OH	Zip Code 43512
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Citizens to Elect Kyle Koehler		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Larry L. Shaw 4674 Hominy Ridge Rd.		FEC Identification Number C [REDACTED] Transaction ID : SB29.15455 Amount of Each Disbursement this Period [REDACTED] 500.00
City Springfield	State OH	Zip Code 45502
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

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

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

[REDACTED] 2000.00
[REDACTED]

**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"/> 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		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address Treas: William Curlis 865 Macon Alley		FEC Identification Number C [] Transaction ID : SB29.15524 Amount of Each Disbursement this Period [] 1000.00	
City Columbus	State OH	Zip Code 43206	Category/ Type []
Purpose of Disbursement Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Comm.to Elect Cliff Rosenberger		Date of Disbursement MM / DD / YYYY 01 / 15 / 2017	
Mailing Address Treas: Bret Dixon 7027 St. Rt. 350 W.		FEC Identification Number C [] Transaction ID : SB29.15429 Amount of Each Disbursement this Period [] 1000.00	
City Clarksville	State OH	Zip Code 45113	Category/ Type []
Purpose of Disbursement Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Comm.to Elect Cliff Rosenberger		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address Treas: Bret Dixon 7027 St. Rt. 350 W.		FEC Identification Number C [] Transaction ID : SB29.15430 Amount of Each Disbursement this Period [] 5000.00	
City Clarksville	State OH	Zip Code 45113	Category/ Type []
Purpose of Disbursement Contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7000.00
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"/> 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 Cliff Rosenberger		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017
Mailing Address Treas: Bret Dixon 7027 St. Rt. 350 W.		FEC Identification Number C Transaction ID : SB29.15431 Amount of Each Disbursement this Period 500.00
City Clarksville	State OH	
Zip Code 45113		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	

Full Name (Last, First, Middle Initial) B. Comm. to Elect Joe Uecker		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Joseph Uecker 298 Indianview Drive		FEC Identification Number C Transaction ID : SB29.15509 Amount of Each Disbursement this Period 1000.00
City Loveland	State OH	
Zip Code 45140		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	

Full Name (Last, First, Middle Initial) C. Comm. to Elect Manning		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Bradley Herdman 5380 Barton Rd.		FEC Identification Number C Transaction ID : SB29.15507 Amount of Each Disbursement this Period 2500.00
City North Ridgeville	State OH	
Zip Code 44039		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	

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

4000.00

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"/> 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. Committee for Jim Hughes

Mailing Address Treas:Bradley Sinnott
260 N Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15441
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Committee for Wiggam

Mailing Address Treasurer: Matthew Yuskewich
4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15487
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Committee to Elect Doug Green

Mailing Address Treas:Gail DeClaire
708 South High Street

City Mt. Orab State OH Zip Code 45154

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15405
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

2000.00

**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"/> 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. Conservatives for Candice Keller

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

Mailing Address Treasurer: Tryone Thomas
3430 Central Avenue

FEC Identification Number

C []
Transaction ID : SB29.15426
Amount of Each Disbursement this Period
[] 500.00

City Middletown State OH Zip Code 45044

Purpose of Disbursement
Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼
Primary

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. Cupp for State Rep Committee

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

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

FEC Identification Number

C []
Transaction ID : SB29.15476
Amount of Each Disbursement this Period
[] 500.00

City Lima State OH Zip Code 45806

Purpose of Disbursement
Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼
Primary

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. Darrell Kick for State Rep

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

Mailing Address Treasurer: Erin Kick
133 S Market Street

FEC Identification Number

C []
Transaction ID : SB29.15435
Amount of Each Disbursement this Period
[] 250.00

City Loudonville State OH Zip Code 44842

Purpose of Disbursement
Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼
Primary

Memo Item

State: District:

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

[] 1250.00

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"/> 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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2017

Mailing Address **Treas:M. Yuskewich
4679 Winterset Drive**

FEC Identification Number

C

Transaction ID : SB29.15416

Amount of Each Disbursement this Period

1500.00

City **Columbus** State **OH** Zip Code **43220**

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼ **Primary**

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends for Allen Landis

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2017

Mailing Address **Treas:Debby Landis
4570 Harrold St. NW**

FEC Identification Number

C

Transaction ID : SB29.15412

Amount of Each Disbursement this Period

500.00

City **Dover** State **OH** Zip Code **44622**

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼ **Primary**

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Becker

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2017

Mailing Address **Treas: John Becker
925 Locust Lane**

FEC Identification Number

C

Transaction ID : SB29.15407

Amount of Each Disbursement this Period

250.00

City **Cincinnati** State **OH** Zip Code **45245**

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼ **Primary**

Memo Item

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

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

2250.00

**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"/> 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

A. Friends of Bill Coley

Full Name (Last, First, Middle Initial)
Treas:Carolyn Coley
8265 Cherry Laurel Drive

Mailing Address

City: Liberty Township State: OH Zip Code: 45044

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB29.15499
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Friends of Bill Reineke

Full Name (Last, First, Middle Initial)
Treas:Christopher English
122 Sunny Lane

Mailing Address

City: Tiffin State: OH Zip Code: 44883

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB29.15421
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Friends of Dave Greenspan

Full Name (Last, First, Middle Initial)
Treasurer: George Phillips
31058 Durham Drive

Mailing Address

City: Westlake State: OH Zip Code: 44145

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB29.15437
Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3250.00

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"/> 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 DEREK MERRIN		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address TREASURER NORMA MERRIN 8129 BRIDGEHAMPTON DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB29.15395 Amount of Each Disbursement this Period [REDACTED] 250.00
City WATERVILLE	State OH	Zip Code 43566
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Friends of Faber		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Dale Schwieterman 7706 State Route 703		FEC Identification Number C [REDACTED] Transaction ID : SB29.15450 Amount of Each Disbursement this Period [REDACTED] 1500.00
City Celina	State OH	Zip Code 45822
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Friends of Gary Scherer		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Jeffrey A. Harr 19920 Commerical Point POB 123		FEC Identification Number C [REDACTED] Transaction ID : SB29.15406 Amount of Each Disbursement this Period [REDACTED] 750.00
City Circleville	State OH	Zip Code 43113
Purpose of Disbursement Contribution		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

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

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

[REDACTED] 2500.00
[REDACTED]

**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"/> 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

A. Friends of J.Eklund

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Greg Schmidt
12040 Burlington Glen Dr.

City Chardon State OH Zip Code 44024

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement 03 / 15 / 2017

FEC Identification Number C
Transaction ID : SB29.15510
Amount of Each Disbursement this Period 1000.00

Memo Item

B. Friends of Jay Edwards

Full Name (Last, First, Middle Initial)

Mailing Address Treasurer: Alicia Porter
10304 State Route 682

City Athens State OH Zip Code 45701

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement 03 / 15 / 2017

FEC Identification Number C
Transaction ID : SB29.15443
Amount of Each Disbursement this Period 500.00

Memo Item

C. Friends of Jonathan Dever

Full Name (Last, First, Middle Initial)

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: Primary General Other (specify) ▼ Primary

Date of Disbursement 03 / 15 / 2017

FEC Identification Number C
Transaction ID : SB29.15446
Amount of Each Disbursement this Period 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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"/> 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 Jonathan Dever

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2017

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

FEC Identification Number

C []
Transaction ID : SB29.15447
Amount of Each Disbursement this Period
[] 1000.00

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼
Primary

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Kris Jordan

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2017

Mailing Address Treas:Patrick Grubbe
7740 Marysville Rd.

FEC Identification Number

C []
Transaction ID : SB29.15498
Amount of Each Disbursement this Period
[] 1000.00

City Ostrander State OH Zip Code 43061

Purpose of Disbursement Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼
Primary

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LARRY HOUSEHOLDER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2017

Mailing Address TREASURER GARY WILLS
138 E HIGH STREET

FEC Identification Number

C []
Transaction ID : SB29.15456
Amount of Each Disbursement this Period
[] 5000.00

City GLENFORD State OH Zip Code 43739

Purpose of Disbursement Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼
Primary

Memo Item

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

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

[] 7000.00
[]

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"/> 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 LARRY HOUSEHOLDER

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	1	7		

Mailing Address **TREASURER GARY WILLS**
138 E HIGH STREET

City **GLENFORD** State **OH** Zip Code **43739**

Purpose of Disbursement
Contribution In-Kind

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

FEC Identification Number

C

Transaction ID : SB29.15536
Amount of Each Disbursement this Period

447.47

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Lou Terhar

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	1	7		

Mailing Address **Treas:Jennifer Terhar**
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:
 Primary General
 Other (specify) ▼

Category/
Type

FEC Identification Number

C

Transaction ID : SB29.15515
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Lou Terhar

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	7		

Mailing Address **Treas:Jennifer Terhar**
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:
 Primary General
 Other (specify) ▼

Category/
Type

FEC Identification Number

C

Transaction ID : SB29.15516
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2447.47

**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"/> 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 Margy Conditt		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: David Bruno 6959 Rock Springs Dr.		FEC Identification Number C [] Transaction ID : SB29.15460 Amount of Each Disbursement this Period [] 250.00
City Liberty Township	State OH	Zip Code 45011
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Friends of Marlene Anielski		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017
Mailing Address Treas: Grace Drake 17150 Alexander Rd.		FEC Identification Number C [] Transaction ID : SB29.15463 Amount of Each Disbursement this Period [] 500.00
City Walton Hills	State OH	Zip Code 44146
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Friends of Matthew J. Dolan		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: Norbert O'Brien 2226 Edgeview Drive		FEC Identification Number C [] Transaction ID : SB29.15519 Amount of Each Disbursement this Period [] 1000.00
City Hudson	State OH	Zip Code 44236
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

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"/> 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		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: William Driver 8447 Diamond Mill Road		FEC Identification Number C Transaction ID : SB29.15465 Amount of Each Disbursement this Period 1000.00
City Clayton	State OH	
Zip Code 45315		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	State: District:	

Full Name (Last, First, Middle Initial) B. Friends of Ron Young		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Cindy Adams 9110 Tyler Blvd.		FEC Identification Number C Transaction ID : SB29.15481 Amount of Each Disbursement this Period 750.00
City Mentor	State OH	
Zip Code 44060		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	State: District:	

Full Name (Last, First, Middle Initial) C. Friends of Ryan Smith		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Troy Johnson 63 Cedar Street		FEC Identification Number C Transaction ID : SB29.15396 Amount of Each Disbursement this Period 2500.00
City Gallipolis	State OH	
Zip Code 45631		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	4250.00
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"/> 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 Ryan Smith		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address Treas:Troy Johnson 63 Cedar Street		FEC Identification Number C Transaction ID : SB29.15397 Amount of Each Disbursement this Period 2500.00
City Gallipolis	State OH	
Purpose of Disbursement Contribution	Zip Code 45631	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF SCOTT LIPPS		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address TREAS: RONALD MAAG 418 PARK AVENUE		FEC Identification Number C Transaction ID : SB29.15484 Amount of Each Disbursement this Period 1000.00
City FRANKLIN	State OH	
Purpose of Disbursement Contribution	Zip Code 45005	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF STEVE ARNDT		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 17689 W RAVINE DRIVE TREASURER JOHN FLETCHER		FEC Identification Number C Transaction ID : SB29.15530 Amount of Each Disbursement this Period 250.00
City ELMORE	State OH	
Purpose of Disbursement Contribution	Zip Code 43416	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3750.00
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"/> 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 Tom Patton

Mailing Address Treas: Peter Corrigan
17157 Rabbit Run Dr.

City Strongsville State OH Zip Code 44136

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15495
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Wes Goodman

Mailing Address Treasurer: Wesley Goodman
139 Gilead Street

City Cardington State OH Zip Code 43315

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15497
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15409
Amount of Each Disbursement this Period
1000.00

Memo Item

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"/> 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. Giant Eagle Market District		Date of Disbursement MM / DD / YYYY 04 / 26 / 2017	
Mailing Address 3061 Kingsdale Center		FEC Identification Number C [REDACTED] Transaction ID : SB29.15541 Amount of Each Disbursement this Period [REDACTED] 447.47	
City Columbus	State OH	Zip Code 43221	Category/ Type [REDACTED]
Purpose of Disbursement Food			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Giant Eagle Market District		Date of Disbursement MM / DD / YYYY 05 / 17 / 2017	
Mailing Address 3061 Kingsdale Center		FEC Identification Number C [REDACTED] Transaction ID : SB29.15542 Amount of Each Disbursement this Period [REDACTED] 398.15	
City Columbus	State OH	Zip Code 43221	Category/ Type [REDACTED]
Purpose of Disbursement Food for Ohio House Republican Org			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Giant Eagle Market District		Date of Disbursement MM / DD / YYYY 05 / 17 / 2017	
Mailing Address 3061 Kingsdale Center		FEC Identification Number C [REDACTED] Transaction ID : SB29.15543 Amount of Each Disbursement this Period [REDACTED] 160.15	
City Columbus	State OH	Zip Code 43221	Category/ Type [REDACTED]
Purpose of Disbursement Food for Republican Senate Campaign Committee			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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

A. Hackett for Ohio

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Phyllis Alder
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: Primary General Other (specify) ▼ Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.15522

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Hagan for State Rep.

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Tina Hagan
11301 Marlboro Ave.

City Alliance State OH Zip Code 44601

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.15427

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Hoagland For Ohio

Full Name (Last, First, Middle Initial)

Mailing Address Attn: Treasurer Alyse Ciardelli
5751 Township Road 120

City Adena State OH Zip Code 43901

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.15505

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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"/> 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. Husted for Ohio

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		20		2017

Mailing Address Treas: Carl Wick
211 S. Fifth Street

FEC Identification Number

C []
Transaction ID : SB29.15399
Amount of Each Disbursement this Period
[] 5000.00

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: Primary

Memo Item

Full Name (Last, First, Middle Initial)

B. John Bocchieri for OH Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2017

Mailing Address Treas: Stacey Bocchieri
2951 Autumnwood Trail

FEC Identification Number

C []
Transaction ID : SB29.15411
Amount of Each Disbursement this Period
[] 750.00

City Poland State OH Zip Code 44514

Purpose of Disbursement Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: Primary

Memo Item

Full Name (Last, First, Middle Initial)

C. Kathleen Clyde Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2017

Mailing Address Treas: Don McTigue
545 E Town Street

FEC Identification Number

C []
Transaction ID : SB29.15449
Amount of Each Disbursement this Period
[] 250.00

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

[]
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District: Primary

Memo Item

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

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

[] 6000.00
[]

**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"/> 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

A. Kent for Ohio

Full Name (Last, First, Middle Initial)

Mailing Address **Tres: Sye Cunningham**
2868 Stelzer Rd #221

City **Columbus** State **OH** Zip Code **43219**

Purpose of Disbursement **Contribution**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) **Primary**

Date of Disbursement: **06 / 30 / 2017**

FEC Identification Number: **C**
Transaction ID : SB29.15418
Amount of Each Disbursement this Period: **250.00**

Memo Item

B. Kristina Daley Roegner For Ohio

Full Name (Last, First, Middle Initial)

Mailing Address **Treas:Daniel Fess**
1556 East Hines Hill Road

City **Hudson** State **OH** Zip Code **44236**

Purpose of Disbursement **Contribution**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) **Primary**

Date of Disbursement: **03 / 15 / 2017**

FEC Identification Number: **C**
Transaction ID : SB29.15453
Amount of Each Disbursement this Period: **500.00**

Memo Item

C. Lanese for Ohio

Full Name (Last, First, Middle Initial)

Mailing Address **Treasurer: Suzanne Marshall**
260 N Cassady Avenue

City **Columbus** State **OH** Zip Code **43209**

Purpose of Disbursement **Contribution**

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) **Primary**

Date of Disbursement: **03 / 15 / 2017**

FEC Identification Number: **C**
Transaction ID : SB29.15458
Amount of Each Disbursement this Period: **250.00**

Memo Item

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

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

1000.00

**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"/> 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. Larose For Senate

Mailing Address Treas: Michael George
533 Royal Crest

City Copley State OH Zip Code 44321

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15506
Amount of Each Disbursement this Period
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Latourette for Ohio

Mailing Address Treas: Scott Coleman
7082 Oak Street

City Bainbridge State OH Zip Code 44022

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15482
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Latourette for Ohio

Mailing Address Treas: Scott Coleman
7082 Oak Street

City Bainbridge State OH Zip Code 44022

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15483
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

3000.00

**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"/> 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. Lepore-Hagan for State Representative

Mailing Address Treas: Carol Morris
562 Madera Ave.

City Youngstown State OH Zip Code 44504

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2017

FEC Identification Number

C
Transaction ID : SB29.15467
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Manning for Ohio

Mailing Address Treas: Alex Heyd
7064 Avon Beldon Rd.

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15402
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Matt Huffman for Ohio

Mailing Address Treas: Robert Sielschott
540 W. Market St.

City Lima State OH Zip Code 45801

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) Primary

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15517
Amount of Each Disbursement this Period
2500.00

Memo Item

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

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

3750.00

**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"/> 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

A. Mike Dewine For Ohio

Full Name (Last, First, Middle Initial)

Mailing Address 2587 Conley Road
Treasurer: Jennifer Best

City Cedarville State OH Zip Code 45314

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement: 04 / 20 / 2017

FEC Identification Number: C
Transaction ID : SB29.15401
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Oelslager for Ohio Comm.

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Christine Holder
6706 Lake Cable Avenue NW

City North Canton State OH Zip Code 44720

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C
Transaction ID : SB29.15523
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Ohio House Republican Organizational Committee

Full Name (Last, First, Middle Initial)

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution In-Kind

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement: 05 / 17 / 2017

FEC Identification Number: C
Transaction ID : SB29.15538
Amount of Each Disbursement this Period: 398.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7898.15

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"/> 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

A. Pelanda for Ohio

Full Name (Last, First, Middle Initial)

Mailing Address: **Treas:J. Yuskewich**
4679 Winterset Dr.

City: **Columbus** State: **OH** Zip Code: **43220**

Purpose of Disbursement: **Contribution**

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) **Primary**

Date of Disbursement: **03 / 15 / 2017**

FEC Identification Number: **C**
Transaction ID : SB29.15439
Amount of Each Disbursement this Period: **1000.00**

Memo Item

B. Peterson For Good Government

Full Name (Last, First, Middle Initial)

Mailing Address: **Treas:Lisa Peterson**
5564 Grassy Branch Rd.

City: **Sabina** State: **OH** Zip Code: **45169**

Purpose of Disbursement: **Contribution**

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) **Primary**

Date of Disbursement: **03 / 15 / 2017**

FEC Identification Number: **C**
Transaction ID : SB29.15501
Amount of Each Disbursement this Period: **1500.00**

Memo Item

C. Peterson For Good Government

Full Name (Last, First, Middle Initial)

Mailing Address: **Treas:Lisa Peterson**
5564 Grassy Branch Rd.

City: **Sabina** State: **OH** Zip Code: **45169**

Purpose of Disbursement: **Contribution**

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) **Primary**

Date of Disbursement: **05 / 15 / 2017**

FEC Identification Number: **C**
Transaction ID : SB29.15502
Amount of Each Disbursement this Period: **400.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... **2900.00**

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"/> 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. Romanchuk for State Rep.		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treasurer: Karl Milliron 3306 Oakstone Drive		FEC Identification Number C [] Transaction ID : SB29.15462 Amount of Each Disbursement this Period [] 500.00
City Mansfield	State OH	Zip Code 44903
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Ron Hood for Ohio		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas:Michal Hood 14553 Walnut Creek Pike		FEC Identification Number C [] Transaction ID : SB29.15480 Amount of Each Disbursement this Period [] 250.00
City Ashville	State OH	Zip Code 43103
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Seitz for Ohio		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: Steve Geiler 4401 Abby Court		FEC Identification Number C [] Transaction ID : SB29.15423 Amount of Each Disbursement this Period [] 2000.00
City Cincinnati	State OH	Zip Code 45248
Purpose of Disbursement Contribution		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
State: District:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2750.00
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"/> 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 Ohio

Mailing Address Treas:Matthew Yuskewich
4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) Primary

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15479
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stein for State Representative

Mailing Address Treasurer: Debra Reed
2854 State Route 61

City Norwalk State OH Zip Code 44857

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) Primary

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15472
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Huffman for State Rep

Mailing Address Treas:John A.Stickel
PO Box 739

City Troy State OH Zip Code 45373

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) Primary

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15488
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

1750.00

**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"/> 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. Steve Wilson for Ohio		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Attn: Treasurer Matthew Nolan 102 E Orchard Ave		FEC Identification Number C Transaction ID : SB29.15526 Amount of Each Disbursement this Period 1000.00
City Lebanon	State OH	
Zip Code 45036		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	

Full Name (Last, First, Middle Initial) B. Team Burke		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas: Michael Rose 275 W 4th St.		FEC Identification Number C Transaction ID : SB29.15503 Amount of Each Disbursement this Period 2500.00
City Marysville	State OH	
Zip Code 43040		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	

Full Name (Last, First, Middle Initial) C. Terry Johnson for State Rep		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address Treas. Klara Reynolds 74 A McDaniel Road		FEC Identification Number C Transaction ID : SB29.15489 Amount of Each Disbursement this Period 1000.00
City McDermott	State OH	
Zip Code 45652		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
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"/> 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. The Comm to elect Rick Carfagna

Mailing Address Treasurer: Lauren Kresge
P.O. Box 2242

City Westerville State OH Zip Code 43086

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Primary

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15474
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Ginter for State Representative

Mailing Address Treas:Charles Leedy
846 Homewood Ave.

City Salem State OH Zip Code 44460

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Primary

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15491
Amount of Each Disbursement this Period
750.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Schaffer for State Rep

Mailing Address Treas:Linda Sheridan
1173 Stone Run Court

City Lancaster State OH Zip Code 43130

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) Primary

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : SB29.15492
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

1750.00

**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"/> 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

A. Troy Balderson for State Senator

Full Name (Last, First, Middle Initial)

Mailing Address Attn: Treasurer Paul Hill
601 Underwood Street

City Zanesville State OH Zip Code 43702

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼ Primary

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : SB29.15528

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	113445.62