

**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	

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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
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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.14445**

Amount of Each Receipt this Period  

250.00
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 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
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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 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
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 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
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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
01		24		2017

**Transaction ID : SA11AI.14216**

Amount of Each Receipt this Period  

250.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	