

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

REC-115
FEDERAL ELECTION
COMMISSION
Oct 16 12 05 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
C00011544 091798 P 275
DR DAVID RUMMEL
OHIO DENTAL POLITICAL ACTION C
OMMITTEE
1370 DUBLIN ROAD
COLUMBUS OH 43215

2. FEC IDENTIFICATION NUMBER
C00011544
3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
 Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period		This Period	Calendar Year-to-Date
07-01-98 through 09-30-98			
6. (a)	Cash on Hand January 1, 1998		\$ 36,373.64
(b)	Cash on Hand at Beginning of Reporting Period	\$ 35,167.64	
(c)	Total Receipts (from Line 19)	\$ 10,771.00	\$ 86,440.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 45,938.64	\$ 122,813.64
7.	Total Disbursements (from Line 30)	\$ 28,000.00	\$ 104,875.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 17,938.64	\$ 17,938.64
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
David Rummel, DDS

Signature of Treasurer

David Rummel

Date

10/13/98

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(revised 8/83)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Ohio Dental Political Action-Committee		FROM 07-01-98	TO: 09-30-98
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		4,226.00	13,926.00
ii. Unitemized		6,545.00	72,514.00
iii. Total (add i and ii) >		10,771.00	86,440.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		10,771.00	86,440.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		10,771.00	86,440.00
20. Total Federal Receipts (subtract line 18 from line 19) >		10,771.00	86,440.00
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees		.00	33,425.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		200.00	200.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements		27,800.00	71,250.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		28,000.00	104,875.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		28,000.00	104,875.00
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		10,771.00	86,440.00
33. Total Contribution Refunds (from line 28d)		.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		10,771.00	86,440.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		.00	.00
36. Offsets to Operating Expenditures (from line 15)		.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) >		.00	.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a(i)

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Fred Alger 141 W Johnstown Rd Gahanna OH 43230	SELF EMPLOYED	07-07-98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	
Dr. E Willson Baker 418 S Clover St Fremont OH 43420	SELF EMPLOYED	08-05-98	\$ 425.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 425.00	
Dr. Robert Buchholz 5900 West Chester Rd West Chester OH 45069	SELF EMPLOYED	07-02-98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	
Dr. Mike Carpenter 1040 Chelsea Ave Napoleon OH 43545	SELF EMPLOYED	08-05-98	\$ 475.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 475.00	
Dr. Ronald Erkis 5350 E Main St Columbus OH 43213	SELF EMPLOYED	08-05-98	\$ 425.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 425.00	
Dr. Jeffrey Esterburg 1063 S Court St Medina OH 44256	SELF EMPLOYED	07-02-98	\$ 201.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 201.00	
Dr. Meredith Griffith 1507 Lincoln Blvd Lorain OH 44055	SELF EMPLOYED	08-17-98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DENTIST	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

\$ 2,126.00

TOTAL This Period (last page only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11a(i)

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 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Hinkle 196 E State St Columbus OH 43215	SELF EMPLOYED Occupation: DENTIST	09-01-98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Dennis Moody 7341 Eisenhower Dr Youngstown OH 44512	SELF EMPLOYED Occupation: DENTIST	09-16-98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William Peterson 1730 Holloway Road Holland OH 43528	SELF EMPLOYED Occupation: DENTIST	07-13-98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. William Reuter 900 S High St Columbus OH 43206	SELF EMPLOYED Occupation: DENTIST	08-21-98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ralph Snelson 3843 E Market St Warren OH 44484	SELF EMPLOYED Occupation: DENTIST	08-05-98	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. George Williams 4774 Nunson Ave NW Canton OH 44718	SELF EMPLOYED Occupation: DENTIST	08-05-98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	SELF EMPLOYED Occupation: DENTIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$ 2100.00

TOTAL This Period (last page this line number only)

\$ 4200.00

Information shown from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial uses, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

OHIO DENTAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
DRAKE FOR CONGRESS TREAS: SUSAN KYLE PO BOX 23861, 57 E. GAY S COLUMBUS, OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-31-98	\$ 200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

TOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be used 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 POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR AMSTUTZ TREAS: DALE LONG 1169 N. CROWN HILL ROAD ORRVILLE, OH 44867	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 150.00
AUSTRIA FOR STATE REP TREAS: ARNOLD FIFE 2937 DBETZ DRIVE BEAVERCREEK, OH 48434	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 50.00
COMM TO ELECT ANN BENJAMIN 362 ELDRIDGE, BOX 122 AURORA, OH 44202 TREAS: DR. LARRY OSWICK	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 150.00
CITIZENS FOR BRUCE JOHNSON TREAS: KURT TUNNEL 160 S. THIRD STREET COLUMBUS, OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 500.00
OHIOANS FOR BLACKWELL TREAS: WILLIAM CURLIS 75 E. BAY STREET COLUMBUS, OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 500.00
COMMITTEE TO ELECT BLESSING 3159 MCGILL LANE CINCINNATI, OH 45251	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09-31-98	\$ 1000.00
JIM BUCHY FOR STATE REP. 755 GARDENWOOD GREENVILLE, OH 46931 TREAS: JANE WILLIAMSON	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-26-98	\$ 250.00
CITIZENS FOR CALLENDER TREA: JOHN FAXSON 29227 DAKDALE WILLOWICK, OH 44095	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 200.00
CITIZENS FOR CAREY TREAS: DONALD WALTON 196 OAK RIDGE ADDITION WELLSTON, OH 46692	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 200.00
SUBTOTAL of Disbursements This Page (optional)			\$ 3100.00
TOTAL This Period (list page no line number only)			

CHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 4
FOR LINE NUMBER 79

Information copied from such Records 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 contributors.

NAME OF COMMITTEE (in Full)

OHIO DENIAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF KEVIN COUGHLIN TREAS: DAVID STOFKA 2324 IDTA AVENUE CUYAHOGA FALLS, OH 44221	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 500.00
DAVIDSON FOR ST REP COMMITTEE 865 HACON ALLEY COLUMBUS, OH 43268 TREAS: WILLIAM CURTIS	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 2500.00
CONN. FOR A DEMOCRATIC MAJOR. TREAS: STEVE CAMPBELL 43 HANLTON PARK COLUMBUS, OH 43283	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 500.00
FINAN FOR STATE SENATE CONN TREAS: TOM SIEMANS 6927 WHIPPOWILL DRIVE CINCINNATI, OH 45239	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 2500.00
FRIENDS OF FISHER COMMITTEE TREAS: S. DEUTCH 629 EUCLID AVENUE CLEVELAND, OH 44114	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 2500.00
CITIZEN'S FOR GARDNER CONN. 431 NORTH PROSPECT STREET BOWLING GREEN, OH 43402 TREAS: MIKE SIBBERSON	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 500.00
CIT FOR STATE REP RON GERBERRY 2948 WHISPERING PINES DR CAMFIELD, OHIO 44406 X. GERBERRY, TREASURER	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 200.00
COMMITTEE TO ELECT D. GOODMAN TREAS: CHARLES SAXBE 875 S. REMINGTON ROAD BEXLEY, OH 43209	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 200.00
THE CONN. TO ELECT BILL HARRIS 1238 TOWNSHIP RD 1686 ASHLAND, OH 44805 TREAS: JIM WFRS	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 1000.00
TOTAL of Disbursements This Page (optional)			\$ 10,400.00
TOTAL This Period (last page this line number only)			

MODULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 4
FOR LINE NUMBER 70

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 POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONCERNED CITIZENS FOR HARTLEY TREAS: JAMES A. MITCHELL 2117 ELNWOOD PLACE SPRINGFIELD, OH 45504	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 150.00
B. Full Name, Mailing Address and ZIP Code CITIZENS FOR HOTTINGER 386 SABRECUY DRIVE NEWARK, OH 43065 TREAS: LARRY MTSF	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 250.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF GREG JOLIVETTE TREAS: AL EDMUNDS 125 FAIRWAY DRIVE HAMILTON, OH 45013	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 200.00
D. Full Name, Mailing Address and ZIP Code THE KEARNS COMMITTEE PO BOX 1774 SPRINGFIELD, OH 45502 TREAS: GLENDA S GREENWOOD	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-26-98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code FRIENDS OF SEAN LOGAN TREAS: DILDRES HOCK 342 EDGEWOOD DRIVE COLUMBIANA, OH 44400	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 200.00
F. Full Name, Mailing Address and ZIP Code LARRY MUMPER FOR STATE SENATE TREAS: MARK RADEBAUGH CPA 165 W. CENTER STREET #401 MARION, OH 43302	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 500.00
G. Full Name, Mailing Address and ZIP Code OHIO HOUSE REP CAMPAIGN COM 211 SOUTH FIFTH STREET COLUMBUS, OHIO 43215 TREAS: J.N. YUSKIEWICH	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 5000.00
H. Full Name, Mailing Address and ZIP Code CITIZENS FOR OLHAM TREAS: CLAYTON HOLT PO BOX 496 NAUREE, OH 43697	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code ROY RAY RE-ELECTION COMMITTEE 292 SAND RUN ROAD AKRON, OH 44313 TREAS: POLLY DORRTH	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 1000.00

TOTAL of Disbursements This Page (optional)

\$ 8300.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 4
FOR LINE NUMBER 79

No information 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 POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COM to RELECT ROSS BOGDS JR TREAS: GARY DOUGHERTY P.O. BOX 2982 COLUMBUS, OH 43218-2982	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code COMM TO KEEP TOM ROBERTS 131 B. WILKSON STREET DAYTON, OH 45402 TREAS: ELEZIE MCINTYRE	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 200.00
C. Full Name, Mailing Address and ZIP Code CITIZENS FOR SCHAFRATH TREAS: JOHN SLAYBOUGH 12 E. MAIN STREET LEXINGTON, OH 44904	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 200.00
D. Full Name, Mailing Address and ZIP Code THE SHOEMAKER COMMITTEE 336 SYLVAN CIRCLE CIRCLEVILLE, OH 43113 TREAS: DWIGHT RADCLIFF	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 250.00
E. Full Name, Mailing Address and ZIP Code TAFT-O'DONNOR '98 TREAS: MARK LAPLACE 16 EAST BROAD STREET COLUMBUS, OH 43215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-27-98	\$ 2000.00
F. Full Name, Mailing Address and ZIP Code Friends of Iberi Treas: M. L. Curle 866 Mason Alley Columbus, OH 43206	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08-31-98	\$ 2500.00
G. Full Name, Mailing Address and ZIP Code CITIZENS FOR RANDY WESTON TREAS: JIM TEMPLE 1498 IRVIN-SHOOTS ROAD W NORRAL, OH 43337	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 200.00
H. Full Name, Mailing Address and ZIP Code FRIENDS OF RON YOUNG TREAS: ART WADDING 6893 WILDON DRIVE PAINESVILLE, OH 44077	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07-30-98	\$ 150.00
I. Full Name, Mailing Address and ZIP Code	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

TOTAL of Disbursements This Page (optional) \$ 6000.00

TOTAL This Period (must agree with line number only) \$ 27,800.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10/13/98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
AA PREPARER	10/16/98 DATE PREPARED