



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Ohio Dental Association Political Action Committee

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  |                         | 440767.76                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 440767.76               |                                   |
| (c) Total Receipts (from Line 19) .....  | 109813.00               | 109813.00                         |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 550580.76               | 550580.76                         |
| 7. Total Disbursements (from Line 31).....   | 24827.77                | 24827.77                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 525752.99               | 525752.99                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 46425.00                      | 46425.00                          |
| (ii) Unitemized .....   | 63388.00                      | 63388.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 109813.00                     | 109813.00                         |
| (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) .....  | 109813.00                     | 109813.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 109813.00                     | 109813.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 109813.00                     | 109813.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 577.77                        | 577.77                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 577.77                        | 577.77                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 11000.00                      | 11000.00                          |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 13250.00                      | 13250.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 24827.77                      | 24827.77                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 24827.77                      | 24827.77                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 109813.00                     | 109813.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 109813.00                     | 109813.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 577.77                        | 577.77                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 577.77                        | 577.77                            |

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 6 OF 65  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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

**A. Dr Roderick H Adams Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1464 E 105th St Ste 203  
 City Cleveland State OH Zip Code 44106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2014  
**Transaction ID : SA11AI.4633**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr F Charles Arens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6827 N High St Ste 115  
 City Columbus State OH Zip Code 43085-2517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4420**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Brian Charles Ash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4777 Higbee Ave NW  
 City Canton State OH Zip Code 44718-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11AI.5443**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 7 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Dorene Ash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4884 Higbee Ave Nw Ste 116  
 City State Zip Code  
 Canton OH 44718-2580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5018**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Jon M. Ash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4777 Higbee Ave NW  
 City State Zip Code  
 Canton OH 44718-2551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5020**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Andrew G Babinec**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Market St Ste 907  
 City State Zip Code  
 Youngstown OH 44503-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5094**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Joseph J Baytosh**

Mailing Address 136 S State St

City State Zip Code  
 Girard OH 44420-2947

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

Name of Employer Occupation  
 Self-Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4610**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr C Kip Beals III**

Mailing Address 396 E Church St

City State Zip Code  
 Marion OH 43302-4106

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

Name of Employer Occupation  
 Self-Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4596**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr John B Bennet Jr**

Mailing Address 5606 Bridgetown Rd

City State Zip Code  
 Cincinnati OH 45248-4334

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

Name of Employer Occupation  
 Self-Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11AI.4546**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 OF 65                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Arthur Scott Benson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3618 W Market St Ste 101

City Fairlawn State OH Zip Code 44333-2425

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014

**Transaction ID : SA11AI.4376**

Amount of Each Receipt this Period  
250.00

**B. Dr Kyle D Bogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 5208 Kentland Ct

City Columbus State OH Zip Code 43221-5605

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : SA11AI.4922**

Amount of Each Receipt this Period  
250.00

**C. Dr Shelly L Boss**  
Full Name (Last, First, Middle Initial)

Mailing Address 4097 Fulton Dr NW

City Canton State OH Zip Code 44718-2817

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : SA11AI.4831**

Amount of Each Receipt this Period  
625.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1125.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Kenneth C Brandt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2751 Blue Rock Rd  
City Cincinnati State OH Zip Code 45239-6332  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014  
**Transaction ID : SA11AI.5399**  
Amount of Each Receipt this Period  
375.00

**B. Dr Donald J Brunetti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5671 Mahoning Ave  
City Youngstown State OH Zip Code 44515-2319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4524**  
Amount of Each Receipt this Period  
250.00

**C. Dr Joe Lynn Carpenter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6653 Frank Ave NW  
City North Canton State OH Zip Code 44720-7259  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4902**  
Amount of Each Receipt this Period  
250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Chris D Carrico**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5889 Alder Ct  
City Liberty Township State OH Zip Code 45044-5780  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5280**  
Amount of Each Receipt this Period  
500.00

**B. Dr Martin J Chambers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21990 Lorain Rd  
City Fairview Park State OH Zip Code 44126-3335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2014  
**Transaction ID : SA11AI.4637**  
Amount of Each Receipt this Period  
500.00

**C. Dr Christopher M Connell**  
Full Name (Last, First, Middle Initial)  
Mailing Address Lyndhurst Commons  
5406 Mayfield Rd  
City Lyndhurst State OH Zip Code 44124-2912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4320**  
Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Gary John Cortesi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Sheffield St NW

City North Canton State OH Zip Code 44720-7815

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 14 / 2014  
**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
250.00

**B. Dr Timothy B Cox**  
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 14 / 2014  
**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
250.00

**C. Dr Joseph P Crowley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3475 N Bend Rd

City Cincinnati State OH Zip Code 45239-8602

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
01 / 27 / 2014  
**Transaction ID : SA11AI.4510**

Amount of Each Receipt this Period  
1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1500.00 |
| <b>TOTAL</b> 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 65                |
|   | <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"/>                | <input type="checkbox"/> 17  |

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

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

**A. Dr Philip H Dixon**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2014  
**Transaction ID : SA11AI.4618**  
Amount of Each Receipt this Period  
300.00

**B. Dr Andrew J Dorr**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5030**  
Amount of Each Receipt this Period  
250.00

**C. Dr Gregory T W Droba**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 10 / 2014  
**Transaction ID : SA11AI.4105**  
Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 800.00 |
| <b>TOTAL</b> 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 65 |
|   | <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**

Full Name (Last, First, Middle Initial)  
**A. Dr Kyle S Eberhardt**

Mailing Address 1655 W Market St Ste 540

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Akron | State<br>OH | Zip Code<br>44313-7025 |
|---------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 27    | / | 2014        |

**Transaction ID : SA11AI.4927**

Amount of Each Receipt this Period  

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**B. Dr Kyle S Eberhardt**

Mailing Address 1655 W Market St Ste 540

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Akron | State<br>OH | Zip Code<br>44313-7025 |
|---------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 13    | / | 2014        |

**Transaction ID : SA11AI.4641**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**C. Dr Nivine Y El-Refai-Hassan**

Mailing Address 3985 Medina Rd Ste 160

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Medina | State<br>OH | Zip Code<br>44256-5968 |
|----------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 27    | / | 2014        |

**Transaction ID : SA11AI.4877**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

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

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

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

FOR LINE NUMBER: PAGE 15 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr James E Ellashek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3665 Stutz Dr # 2  
 City State Zip Code  
 Canfield OH 44406-9144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4522**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Jon R Ewig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3585 Wendleton Ln  
 City State Zip Code  
 Beavercreek OH 45432-2753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5072**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Stephen T Fabry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 E Bath Rd  
 City State Zip Code  
 Cuyahoga Falls OH 44223-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4302**  
 Amount of Each Receipt this Period  
 250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Dr David J Farinacci**  
Full Name (Last, First, Middle Initial)

Mailing Address 1225 S Main St Ste A

City North Canton State OH Zip Code 44720-4247

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : SA11AI.5244**

Amount of Each Receipt this Period  
250.00

**B. Dr Dale Anne Featheringham**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Browning Ct

City Dublin State OH Zip Code 43017-1177

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 20 / 2014

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3757 Woodford Pl

City Dayton State OH Zip Code 45430-1671

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : SA11AI.4661**

Amount of Each Receipt this Period  
250.00

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

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Gregory R Garey**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4653**  
Amount of Each Receipt this Period  
500.00

**B. Dr James D George**  
Full Name (Last, First, Middle Initial)  
Mailing Address 620 Ridgewood Xing Dr Ste K  
City Fairlawn State OH Zip Code 44333  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4552**  
Amount of Each Receipt this Period  
250.00

**C. Dr Gary L Giammarco**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5288**  
Amount of Each Receipt this Period  
375.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1125.00 |
| <b>TOTAL</b> 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 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dr Veronica Coleman Glogowski</b>  |                                    | Date of Receipt<br>03 / 11 / 2014<br><b>Transaction ID : SA11AI.4622</b> |
| Mailing Address 11311 Springfield Pike  |                                    | Amount of Each Receipt this Period<br>250.00                             |
| City Cincinnati   | State OH                           | Zip Code 45246-4201  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>Self-Employed   | Occupation<br>Dentist              |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr Jerold S Goldberg</b>   |                                    | Date of Receipt<br>03 / 11 / 2014<br><b>Transaction ID : SA11AI.4635</b> |
| Mailing Address 10900 Euclid Ave  |                                    | Amount of Each Receipt this Period<br>250.00                             |
| City Cleveland  | State OH                           | Zip Code 44106   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>Self-Employed   | Occupation<br>Dentist              |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr Mark C Gorman</b>   |                                    | Date of Receipt<br>02 / 20 / 2014<br><b>Transaction ID : SA11AI.4129</b> |
| Mailing Address 29001 Cedar Rd Ste 453  |                                    | Amount of Each Receipt this Period<br>250.00                             |
| City Lyndhurst  | State OH                           | Zip Code 44124-6501  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>Self-Employed   | Occupation<br>Dentist              |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 19 OF 65  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

**A. Dr Sheilah M Gray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 64 N Walnut St  
City Chillicothe State OH Zip Code 45601-2420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2014  
**Transaction ID : SA11AI.4135**  
Amount of Each Receipt this Period  
125.00

**B. Dr. Bruce D Grbach**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1370 Dublin Rd  
City Columbus State OH Zip Code 43215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2014  
**Transaction ID : SA11AI.4631**  
Amount of Each Receipt this Period  
1000.00

**C. Dr David Gregory Haas**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014  
**Transaction ID : SA11AI.5437**  
Amount of Each Receipt this Period  
250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Maria C Haas**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014  
**Transaction ID : SA11AI.5413**  
Amount of Each Receipt this Period  
250.00

**B. Dr Lawrence W Hagen II**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4998 Glenway Ave  
City Cincinnati State OH Zip Code 45238-3902  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4530**  
Amount of Each Receipt this Period  
500.00

**C. Dr Michael H Halasz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 229 E Stroop Rd  
City Kettering State OH Zip Code 45429  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 09 / 2014  
**Transaction ID : SA11AI.4847**  
Amount of Each Receipt this Period  
250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> 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 65                |
|   | <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**

Full Name (Last, First, Middle Initial)  
**A. Dr Adel H Hanna**

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**01 / 27 / 2014**

**Transaction ID : SA11AI.5024**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**B. Dr David J Harris Jr**

Mailing Address 3869 Darrow Rd Ste 209

City Stow State OH Zip Code 44224-2677

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
**02 / 28 / 2014**

**Transaction ID : SA11AI.5433**

Amount of Each Receipt this Period  
**625.00**

Full Name (Last, First, Middle Initial)  
**C. Dr Michael S Hauser**

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**01 / 27 / 2014**

**Transaction ID : SA11AI.4912**

Amount of Each Receipt this Period  
**375.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 22 OF 65  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Denise L Hering**

Mailing Address 7643 E Main St

City Reynoldsburg      State OH      Zip Code 43068-1209

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

Name of Employer Self-Employed      Occupation Dentist

Receipt For: 2014  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 27 / 2014  
**Transaction ID : SA11AI.4990**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Robert M Hinkle**

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 Self-Employed      Occupation Dentist

Receipt For: 2014  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 27 / 2014  
**Transaction ID : SA11AI.4988**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Michael J Hoffman**

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 Self-Employed      Occupation Dentist

Receipt For: 2014  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 27 / 2014  
**Transaction ID : SA11AI.4731**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Russell E Hudoba**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5346**  
Amount of Each Receipt this Period  
250.00

**B. Dr Philip H Iffland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4912 Hills And Dales Rd NW  
City Canton State OH Zip Code 44708-1406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4396**  
Amount of Each Receipt this Period  
250.00

**C. Dr Hubert Joseph Jacob Jr**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4246**  
Amount of Each Receipt this Period  
300.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 800.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Bart L James**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 05 / 2014  
**Transaction ID : SA11AI.4843**  
Amount of Each Receipt this Period  
250.00

**B. Dr Jennifer Jean Jerome**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1865 Brown Street  
City Akron State OH Zip Code 44301-3107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2014  
**Transaction ID : SA11AI.4645**  
Amount of Each Receipt this Period  
250.00

**C. Dr Richard E Johnson**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014  
**Transaction ID : SA11AI.5405**  
Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr James A Karlowicz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1401 Parkdale Dr  
City Dover State OH Zip Code 44622-1115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2014  
**Transaction ID : SA11AI.4202**  
Amount of Each Receipt this Period  
375.00

**B. Dr Michael J Kastner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3231 Central Park W Ste 201  
City Toledo State OH Zip Code 43617-3009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4123**  
Amount of Each Receipt this Period  
250.00

**C. Dr Lawrence Bruce Kaye**  
Full Name (Last, First, Middle Initial)  
Mailing Address 227 W Bowery St  
City Akron State OH Zip Code 44308-1003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4382**  
Amount of Each Receipt this Period  
250.00

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

**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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Thomas S Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 3700 Park East Dr  
Suite 180

City Beachwood State OH Zip Code 44122-4339

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 02 / 2014  
Transaction ID : SA11AI.4143

Amount of Each Receipt this Period  
500.00

**B. Dr Linda K Kerata**  
Full Name (Last, First, Middle Initial)

Mailing Address 13952 Chippewa Trl

City Middleburg Heights State OH Zip Code 44130-6709

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 28 / 2014  
Transaction ID : SA11AI.5411

Amount of Each Receipt this Period  
250.00

**C. Dr Michael A Kimberly**  
Full Name (Last, First, Middle Initial)

Mailing Address 472 Rachel Ct

City Akron State OH Zip Code 44321-3021

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 14 / 2014  
Transaction ID : SA11AI.4366

Amount of Each Receipt this Period  
250.00

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Ken T Kmieck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5593 Overlook Rd  
City Parma State OH Zip Code 44129-2451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2014  
**Transaction ID : SA11AI.4809**  
Amount of Each Receipt this Period  
250.00

**B. Dr Donald Joseph Kne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 N Main St  
City Chagrin Falls State OH Zip Code 44022-3016  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2014  
**Transaction ID : SA11AI.5461**  
Amount of Each Receipt this Period  
250.00

**C. Dr Joseph Albert Koberlein**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3869 Darrow Rd Ste 201  
City Stow State OH Zip Code 44224-2677  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2014  
**Transaction ID : SA11AI.5467**  
Amount of Each Receipt this Period  
250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Dr Mamta Manoj Kori**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3420 Atrium Blvd Ste 100  
 City State Zip Code  
 Franklin OH 45005-5186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5200**  
 Amount of Each Receipt this Period  
 375.00

**B. Dr James Kozlow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 S Main St  
 City State Zip Code  
 Poland OH 44514-2070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11AI.5429**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr John N Kramer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 N 4th St  
 City State Zip Code  
 Martins Ferry OH 43935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 13 / 2014  
**Transaction ID : SA11AI.4851**  
 Amount of Each Receipt this Period  
 1000.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1625.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Billie Sue Kyger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 178 Crestview Dr  
 City Gallipolis State OH Zip Code 45631-8101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4689**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Joseph Gerald Landry II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 Center St  
 City Seville State OH Zip Code 44273-9580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5140**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Robert M Lazarow**  
 Full Name (Last, First, Middle Initial)  
 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 Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4380**  
 Amount of Each Receipt this Period  
 250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr William Gilmor Leffler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2300 Wales Ave NW  
City Massillon State OH Zip Code 44646-2323  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2014  
**Transaction ID : SA11AI.4600**  
Amount of Each Receipt this Period  
250.00

**B. Dr Lisa A Lehky**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4326**  
Amount of Each Receipt this Period  
250.00

**C. Dr James E Lessick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8371 Misty Ridge Trl  
City Youngstown State OH Zip Code 44514-5818  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4278**  
Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Angelo J Mariotti**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 W 12th Ave

City Columbus State OH Zip Code 43210-1267

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 27 / 2014  
Transaction ID : SA11AI.5126

Amount of Each Receipt this Period  
250.00

**B. Dr Edward T Marshall Jr**  
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 27 / 2014  
Transaction ID : SA11AI.4813

Amount of Each Receipt this Period  
250.00

**C. Dr Thomas Matanzo**  
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
02 / 14 / 2014  
Transaction ID : SA11AI.4298

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 32 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr James Matia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5237 Morning Song Dr  
 City State Zip Code  
 Medina OH 44256-6744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4540**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr James A Maxwell Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2210 Olympic St  
 City State Zip Code  
 Springfield OH 45503-2737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4528**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr John Louis Mayo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 Boardman Poland Rd  
 City State Zip Code  
 Youngstown OH 44512-5137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5338**  
 Amount of Each Receipt this Period  
 250.00

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



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 33 OF 65   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)  
**A. Dr Edward J Mc Donnell**

Mailing Address 554 White Pond Dr Ste B

City Akron State OH Zip Code 44320-1146

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11AI.5463**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Allan J Milewski**

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4691**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Robert A Miller**

Mailing Address 1900 W Market St

City Akron State OH Zip Code 44313-6927

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4996**

Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Patrick M Moore**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4430**  
Amount of Each Receipt this Period  
500.00

**B. Dr Stephen H Moore**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 04 / 2014  
**Transaction ID : SA11AI.4107**  
Amount of Each Receipt this Period  
250.00

**C. Dr Steven R Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6962 Tylersville Rd  
City West Chester State OH Zip Code 45069-1511  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4280**  
Amount of Each Receipt this Period  
500.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1250.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Donald R Murdock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5420 N Bend Rd  
 City Cincinnati State OH Zip Code 45247-7600  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4904**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Wade J Najem**  
 Full Name (Last, First, Middle Initial)  
 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 Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4324**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Matthew William Nakfoor**  
 Full Name (Last, First, Middle Initial)  
 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 Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5190**  
 Amount of Each Receipt this Period  
 375.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Dr Jeanne M. Nicolette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5783 Crighton Dr  
 City State Zip Code  
 Dublin OH 43016-6013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4260**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Keith Alan Norwalk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 W 5th St  
 City State Zip Code  
 Genoa OH 43430-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4119**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Richard Charles Nyzen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 416 College St  
 City State Zip Code  
 Wadsworth OH 44281-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4368**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 37 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr Gary D Olson**

Mailing Address 157 W Cedar St Ste 206

City Akron State OH Zip Code 44307-2563

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4955**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr Frank F Omerza**

Mailing Address 4412 Whipple Ave NW

City Canton State OH Zip Code 44718-2646

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4747**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Dr Maria M Papich-Forsyth**

Mailing Address 3672 Sanctuary Dr

City Akron State OH Zip Code 44333-1750

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4386**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr John L Parker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1978 Maple Ave

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Zanesville | State<br>OH | Zip Code<br>43701-2240 |
|--------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 13 / 2014  
**Transaction ID : SA11AI.4853**

Amount of Each Receipt this Period  
250.00

**B. Dr Matthew Michael Parker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Oxford Ave

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Terrace Park | State<br>OH | Zip Code<br>45174-1149 |
|----------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5194**

Amount of Each Receipt this Period  
375.00

**C. Dr Steven E Parker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3817 Lincoln Way E

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Massillon | State<br>OH | Zip Code<br>44646-3722 |
|-------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5000**

Amount of Each Receipt this Period  
250.00

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

**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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr William D Paulus**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1604 S Union Ave  
City Alliance State OH Zip Code 44601-4349  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4560**  
Amount of Each Receipt this Period  
375.00

**B. Dr Thomas M Paumier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2900 Whipple Ave NW  
City Canton State OH Zip Code 44708-1534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4735**  
Amount of Each Receipt this Period  
250.00

**C. Dr Mark W Perko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 673 E Wilbeth Rd  
City Akron State OH Zip Code 44306-3455  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed  
Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4127**  
Amount of Each Receipt this Period  
250.00

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

**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 65   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Dr Loren M Petry**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4372**  
Amount of Each Receipt this Period  
250.00

**B. Dr Steve H. Pick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9346 Towne Square Ave  
City Cincinnati State OH Zip Code 45242-6943  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5334**  
Amount of Each Receipt this Period  
250.00

**C. Dr Leone M Pullella**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5102**  
Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

**A. Dr Faisal A Qureshy**  
 Full Name (Last, First, Middle Initial)  
 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 Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2014  
**Transaction ID : SA11AI.4146**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr George Edward Ralph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5078 Mahoning Ave Nw  
 City Warren State OH Zip Code 44483-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5228**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Loren A Raymond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4322 Cleveland Massillon Rd  
 City Norton State OH Zip Code 44203-5718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4888**  
 Amount of Each Receipt this Period  
 250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Loren A Raymond**  
Full Name (Last, First, Middle Initial)

Mailing Address 4322 Cleveland Massillon Rd

City Norton State OH Zip Code 44203-5718

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
02 / 14 / 2014  
**Transaction ID : SA11AI.4370**

Amount of Each Receipt this Period  
250.00

**B. Dr Jay C Resnick**  
Full Name (Last, First, Middle Initial)

Mailing Address 29001 Cedar Rd Ste 660

City Lyndhurst State OH Zip Code 44124-4041

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 14 / 2014  
**Transaction ID : SA11AI.4230**

Amount of Each Receipt this Period  
250.00

**C. Dr James D River**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 Lawnwood Court

City Circleville State OH Zip Code 43113

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 13 / 2014  
**Transaction ID : SA11AI.4643**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Julie Spettel Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 W Main St

City Norwalk State OH Zip Code 44857-1439

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : SA11AI.4743**

Amount of Each Receipt this Period  
250.00

**B. Dr Christopher Michael Rogish**  
Full Name (Last, First, Middle Initial)

Mailing Address 5406 Mayfield Rd

City Lyndhurst State OH Zip Code 44124

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
125.00

**C. Dr Paul J Rohrbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 4322 Cleveland Massillon Rd

City Norton State OH Zip Code 44203-5718

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : SA11AI.5367**

Amount of Each Receipt this Period  
375.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 44 OF 65  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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

Full Name (Last, First, Middle Initial)  
**A. Dr Paul J Rohrbach**

Mailing Address 4322 Cleveland Massillon Rd

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Norton | State<br>OH | Zip Code<br>44203-5718 |
|----------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.4374**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**B. Dr Kelly Ann Roth**

Mailing Address 4124 Fulton Dr NW Ste 201

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Canton | State<br>OH | Zip Code<br>44718-2852 |
|----------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 27    | / | 2014        |

**Transaction ID : SA11AI.4148**

Amount of Each Receipt this Period  

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)  
**C. Dr Ronald J Saxon**

Mailing Address 2400 Wales Ave NW Ste E

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Massillon | State<br>OH | Zip Code<br>44646-2399 |
|-------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.4113**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1000.00</b> |
| <b>TOTAL</b> 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 45 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Michael T Schaeffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 522 Batavia Pike  
 City State Zip Code  
 Cincinnati OH 45244-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4564**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Karen E Schen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 W Streetsboro St Ste 12  
 City State Zip Code  
 Hudson OH 44236-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 14 / 2014  
**Transaction ID : SA11AI.4212**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Brian Paul Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5002 Foote Rd  
 City State Zip Code  
 Medina OH 44256-5396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4914**  
 Amount of Each Receipt this Period  
 250.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Bryan M Scott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1790 Town Park Blvd Ste E  
City Uniontown State OH Zip Code 44685-7972  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4428**  
Amount of Each Receipt this Period  
250.00

**B. Dr Darrel Lynn Scott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 633 N Union St  
City Loudonville State OH Zip Code 44842-1074  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5342**  
Amount of Each Receipt this Period  
375.00

**C. Dr R Gregory Shelhouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5685 Far Hills Ave  
City Dayton State OH Zip Code 45429-2226  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014  
**Transaction ID : SA11AI.5403**  
Amount of Each Receipt this Period  
250.00

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

**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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Philip Marvin Showalter**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4556**  
Amount of Each Receipt this Period  
375.00

**B. Dr James Lee Sims**  
Full Name (Last, First, Middle Initial)  
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 Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.5296**  
Amount of Each Receipt this Period  
250.00

**C. Dr Gerald Sisko**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 Metric Drive  
City Tallmadge State OH Zip Code 44278-2337  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Dentist  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4737**  
Amount of Each Receipt this Period  
375.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Paul E Staubitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 5536 Muddy Creek Rd

City Cincinnati State OH Zip Code 45238-2030

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 27 / 2014  
Transaction ID : SA11AI.4657

Amount of Each Receipt this Period  
250.00

**B. Dr Bryan Stephens**  
Full Name (Last, First, Middle Initial)

Mailing Address 249 Ravenshollow Dr

City Cuyahoga Falls State OH Zip Code 44223-3501

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 14 / 2014  
Transaction ID : SA11AI.4384

Amount of Each Receipt this Period  
250.00

**C. Dr Richard Neil Sundheimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 789 White Pond Dr Ste B

City Akron State OH Zip Code 44320-4203

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 14 / 2014  
Transaction ID : SA11AI.4378

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Lee B Swearingen**  
Full Name (Last, First, Middle Initial)

Mailing Address 48959 Calcutta Smith Ferry Rd

|                        |             |                        |
|------------------------|-------------|------------------------|
| City<br>East Liverpool | State<br>OH | Zip Code<br>43920-9637 |
|------------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 28    | / | 2014        |

**Transaction ID : SA11AI.5445**

Amount of Each Receipt this Period  
275.00

**B. Dr Nanette C Tertel**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12209

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Toledo | State<br>OH | Zip Code<br>43612 |
|----------------|-------------|-------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 27    | / | 2014        |

**Transaction ID : SA11AI.4208**

Amount of Each Receipt this Period  
250.00

**C. Dr Evan David Tetelman**  
Full Name (Last, First, Middle Initial)

Mailing Address 29001 Cedar Rd Ste 660

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lyndhurst | State<br>OH | Zip Code<br>44124-4041 |
|-------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.4266**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 775.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Dr Chris Thielen**  
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
01 / 27 / 2014  
Transaction ID : SA11AI.5252

Amount of Each Receipt this Period  
250.00

**B. Dr Kurt R Thomas**  
Full Name (Last, First, Middle Initial)

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 Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
02 / 14 / 2014  
Transaction ID : SA11AI.4404

Amount of Each Receipt this Period  
250.00

**C. Dr Michael L Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1421 Portage St NW

City North Canton State OH Zip Code 44720-2289

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
02 / 14 / 2014  
Transaction ID : SA11AI.4338

Amount of Each Receipt this Period  
1000.00

**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 51 OF 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Sarah J Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1450 Columbus Ave Ste 101  
 City State Zip Code  
 Washington Court House OH 43160-3701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4957**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr Bruce E Treiber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2221 Whipple Ave NW  
 City State Zip Code  
 Canton OH 44708-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4973**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Dwaine Edward Valentine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 Crestridge Dr  
 City State Zip Code  
 Dayton OH 45414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2014  
**Transaction ID : SA11AI.4849**  
 Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 52 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Patricia S Walter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2101 Grandin Rd # C11  
 City Cincinnati State OH Zip Code 45208-3371  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2014  
**Transaction ID : SA11AI.4152**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr Robert E Lee Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5463 Headgates Rd  
 City Hamilton State OH Zip Code 45011-2044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5344**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr Todd W Westhafer**  
 Full Name (Last, First, Middle Initial)  
 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 Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4741**  
 Amount of Each Receipt this Period  
 250.00

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 53 OF 65                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. Dr George T Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4774 Munson St NW Ste 303

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Canton | State<br>OH | Zip Code<br>44718-3634 |
|----------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 21    | / | 2014        |

**Transaction ID : SA11AI.4204**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**B. Dr James C Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 E Franklin St

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Centerville | State<br>OH | Zip Code<br>45459-5914 |
|---------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 27    | / | 2014        |

**Transaction ID : SA11AI.4898**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

**C. Dr Michael J Wine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4194 Times Square Blvd

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dublin | State<br>OH | Zip Code<br>43016-7101 |
|----------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    | / | 27    | / | 2014        |

**Transaction ID : SA11AI.4516**

Amount of Each Receipt this Period  

|        |
|--------|
| 250.00 |
|--------|

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Michael S Winick**  
Full Name (Last, First, Middle Initial)

Mailing Address 4883 Dressler Rd NW Ste 201

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Canton | OH    | 44718-3666 |

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 27  | / | 2014    |

**Transaction ID : SA11AI.4697**

Amount of Each Receipt this Period  
250.00

**B. Dr Mary Ellen Wynn**  
Full Name (Last, First, Middle Initial)

Mailing Address 3650 Muddy Creek Rd Ste 200

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Cincinnati | OH    | 45238-2058 |

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 27  | / | 2014    |

**Transaction ID : SA11AI.4520**

Amount of Each Receipt this Period  
250.00

**C. Dr April A Yanda**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 Milford Dr

|        |       |            |
|--------|-------|------------|
| City   | State | Zip Code   |
| Hudson | OH    | 44236-2727 |

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 27  | / | 2014    |

**Transaction ID : SA11AI.4833**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 65                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Dr Jeffrey Allen Young**  
Full Name (Last, First, Middle Initial)  
Mailing Address 29001 Cedar Rd Ste 660

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lyndhurst | State<br>OH | Zip Code<br>44124-4041 |
|-------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2014  
**Transaction ID : SA11AI.4210**

Amount of Each Receipt this Period  
250.00

**B. Dr Charles J Yourstowsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3665 Stutz Dr Ste 1

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Canfield | State<br>OH | Zip Code<br>44406-9144 |
|------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014  
**Transaction ID : SA11AI.4992**

Amount of Each Receipt this Period  
250.00

**C. Dr Robert A Zavodny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2950 W Market St Ste N-O

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Fairlawn | State<br>OH | Zip Code<br>44333-3614 |
|------------------|-------------|------------------------|

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

|                                   |                       |
|-----------------------------------|-----------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 11 / 2014  
**Transaction ID : SA11AI.4612**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> 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 56 OF 65  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr Andrew W Zucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3708 Columbus Ave Ste 10  
 City Sandusky State OH Zip Code 44870-5776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.4896**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr William J Zucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5618 Cambridge Cir  
 City Sandusky State OH Zip Code 44870-9774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Dentist  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014  
**Transaction ID : SA11AI.5316**  
 Amount of Each Receipt this Period  
 250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 46425.00 |



**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"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input 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

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SB21B.5524**

Amount of Each Disbursement this Period

577.77

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

577.77

577.77

# 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"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input 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  
Fund Transfer

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 5 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB22.5520

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

Category/  
Type

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) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Category/  
Type

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) ▼

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Category/  
Type

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1 | 1 | 0 | 0 | . | 0 | 0 |
|---|---|---|---|---|---|---|

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Barborak for Change**

Mailing Address 120 South Market St.

City Lisbon State OH Zip Code 44432

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2014

**Transaction ID : SB29.5483**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Citiz. For Anne Gonzales**

Mailing Address Treas: William Curlis  
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SB29.5493**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Bill Beagle**

Mailing Address Treas: Rick Mains  
115 S.Tippecanoe Dr.POB342

City Tipp City State OH Zip Code 45371

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SB29.5489**

Amount of Each Disbursement this Period

1000.00

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

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

2300.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Gerberry**

Mailing Address Treas: Ronald Gerberry  
2940 Whispering Pines Dr.

City Canfield State OH Zip Code 44406

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01    | / | 31    | / | 2014      |

**Transaction ID : SB29.5509**

Amount of Each Disbursement this Period

|        |
|--------|
| 250.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. Citizens For Hall**

Mailing Address Treas: Shirley Roberts  
31 N. Hillside Dr.

City Millersburg State OH Zip Code 44654

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 31    | / | 2014      |

**Transaction ID : SB29.5501**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 31    | / | 2014      |

**Transaction ID : SB29.5505**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

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

|         |
|---------|
| 2250.00 |
|---------|

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

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

Full Name (Last, First, Middle Initial)

**A. Citz.for Stephanie Kunze**

Mailing Address Treas: William Curlis  
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5487**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Com.to Elect Peter Stautberg**

Mailing Address Treas:Daniel Vogelpohl  
7571 Ayers Rd.

City Cincinnati State OH Zip Code 45255

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5507**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Comm. to Elect Cliff Hite**

Mailing Address Treas:Charlotte Johannigman  
2417 Westmoor Road

City Findlay State OH Zip Code 45840

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5497**

Amount of Each Disbursement this Period

Category/  
Type

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Comm. 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: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5479**

Amount of Each Disbursement this Period

**B. Comm. To Elect Patmon**

Mailing Address Treas: Linda Williams  
867 East Boulevard

City Cleveland State OH Zip Code 44108

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5495**

Amount of Each Disbursement this Period

**C. Comm.to Elect Rosenberger**

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

City Clarksville State OH Zip Code 45113

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5499**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Comm. to Elect Sean O'Brien**

Mailing Address Treas: Maria O'Brien  
7337 Warren-Sharon Rd.

City Brookfield State OH Zip Code 44403

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2014

**Transaction ID : SB29.5477**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends for Allen Landis**

Mailing Address Treas:Debby Landis  
4570 Harrold St. NW

City Dover State OH Zip Code 44622

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2014

**Transaction ID : SB29.5491**

Amount of Each Disbursement this Period

350.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of Gary Scherer**

Mailing Address Treas:Jeffrey A. Harr  
19920 Commerical Point POB 123

City Circleville State OH Zip Code 43113

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2014

**Transaction ID : SB29.5481**

Amount of Each Disbursement this Period

350.00

Category/  
Type

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

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

1200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Jonathan Dever**

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

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SB29.5471

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Shannon Jones**

Mailing Address Treas:Anne Stremanos  
800 Valley View Point

City Springboro State OH Zip Code 45066

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SB29.5511

Amount of Each Disbursement this Period

1000.00

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: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014

Transaction ID : SB29.5485

Amount of Each Disbursement this Period

750.00

**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"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

**A. Jack Cera for State Rep.**

Mailing Address Treas: Jack Cera  
63899 Violet Lane

City State Zip Code  
Bellaire OH 43906

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5473**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Kevin L. Boyce Comm.**

Mailing Address Treas: Mary Withrow  
1480 Dublin Road.

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5475**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Pelanda for State Rep.**

Mailing Address Treas: J. Yuskewich  
4679 Winterset Dr.

City State Zip Code  
Columbus OH 43220

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.5503**

Amount of Each Disbursement this Period

Category/  
Type

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

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