

**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	

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

Full Name (Last, First, Middle Initial) A. Dr Faisal A Qureshy		Date of Receipt M M / D D / Y Y Y Y Y 02 / 27 / 2014 Transaction ID : SA11AI.4146
Mailing Address 2124 Cornell Rd CWRU Dept of Maxiofacial Surgery		Amount of Each Receipt this Period 250.00
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr George Edward Ralph		Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014 Transaction ID : SA11AI.5228
Mailing Address 5078 Mahoning Ave Nw		Amount of Each Receipt this Period 250.00
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Loren A Raymond		Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014 Transaction ID : SA11AI.4888
Mailing Address 4322 Cleveland Massillon Rd		Amount of Each Receipt this Period 250.00
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 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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