

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Ohio Dental Association Political Action Committee

ADDRESS (number and street) 1370 Dublin Rd

Check if different than previously reported. (ACC)

Columbus OH 43215

2. **FEC IDENTIFICATION NUMBER ▼** C C00011544 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

01 / 01 / 2016 through 03 / 31 / 2016

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

Type or Print Name of Treasurer Dr. Bruce D Grbach

Signature of Treasurer Dr. Bruce D Grbach *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y Y Y

04 / 04 / 2016

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

**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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="560189.28"/>	<input type="text" value="560189.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="560189.28"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="126699.10"/>	<input type="text" value="126699.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="686888.38"/>	<input type="text" value="686888.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18870.72"/>	<input type="text" value="18870.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="668017.66"/>	<input type="text" value="668017.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ohio Dental Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	60040.00	60040.00
(ii) Unitemized	66659.10	66659.10
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	126699.10	126699.10
(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)	126699.10	126699.10
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))..... ▶	126699.10	126699.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	126699.10	126699.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1458.84	1458.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1458.84	1458.84
22. Transfers to Affiliated/Other Party Committees.....	8500.00	8500.00
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	8911.88	8911.88
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)) ..	18870.72	18870.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18870.72	18870.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	126699.10	126699.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	126699.10	126699.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1458.84	1458.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1458.84	1458.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 75
	(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

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 Danute Abriani
Full Name (Last, First, Middle Initial)
Mailing Address 37241 Euclid Ave

City Willoughby	State OH	Zip Code 44094-5656
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary	Aggregate Year-to-Date ▼ 325.00	

Date of Receipt
02 / 03 / 2016
Transaction ID : **SA11AI.11994**

Amount of Each Receipt this Period
325.00

Memo Item

B. Dr Fred A Alger
Full Name (Last, First, Middle Initial)
Mailing Address 221 N Hamilton Rd

City Gahanna	State OH	Zip Code 43230-2605
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
02 / 03 / 2016
Transaction ID : **SA11AI.12006**

Amount of Each Receipt this Period
500.00

Memo Item

C. Dr Safuratu Yetunde Aranmolate
Full Name (Last, First, Middle Initial)
Mailing Address 475 Wordsworth Ct

City Cleveland	State OH	Zip Code 44143-2782
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
01 / 05 / 2016
Transaction ID : **SA11AI.12066**

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1075.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. 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 Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.12025
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr David Ash
 Full Name (Last, First, Middle Initial)
 Mailing Address 4181 Holiday St NW
 City Canton State OH Zip Code 44718-2531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.12001
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dr Jon M. 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 Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : SA11AI.11430
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 75
	<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 R Barnes
Full Name (Last, First, Middle Initial)

Mailing Address 1935 Newark Granville Road

City Granville State OH Zip Code 43023-9167

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 08 / 2016**

Transaction ID : SA11AI.12230

Amount of Each Receipt this Period **250.00**

Memo Item

B. Dr Richard B Barry
Full Name (Last, First, Middle Initial)

Mailing Address 1960 Bethel Rd Ste 240

City Columbus State OH Zip Code 43220-1815

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2016**

Transaction ID : SA11AI.11749

Amount of Each Receipt this Period **500.00**

Memo Item

C. Dr Rodney J Beckett
Full Name (Last, First, Middle Initial)

Mailing Address 324 Vernonview Dr

City Mount Vernon State OH Zip Code 43050-2940

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 17 / 2016**

Transaction ID : SA11AI.11347

Amount of Each Receipt this Period **375.00**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 75
	(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 Stephen J Belli
Full Name (Last, First, Middle Initial)

Mailing Address 647 Rustic Knoll Dr

City Kent State OH Zip Code 44240-2451

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **500.00**

Date of Receipt
01 / 21 / 2016

Transaction ID : SA11AI.11787

Amount of Each Receipt this Period
500.00

Memo Item

B. 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 Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
03 / 03 / 2016

Transaction ID : SA11AI.12218

Amount of Each Receipt this Period
250.00

Memo Item

c. 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 Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 25 / 2016

Transaction ID : SA11AI.11961

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 75
	(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 Jeremy Joseph Borsky
Full Name (Last, First, Middle Initial)
Mailing Address 7521 State Rd
City Cincinnati State OH Zip Code 45255-2438
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.12070
Amount of Each Receipt this Period **250.00**
 Memo Item

B. 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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **625.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11901
Amount of Each Receipt this Period **625.00**
 Memo Item

C. Dr Michele Lee Botti
Full Name (Last, First, Middle Initial)
Mailing Address 9100 Marketplace Drive
City Miamisburg State OH Zip Code 45342-4671
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11471
Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11694
 Amount of Each Receipt this Period
375.00
 Memo Item

B. Dr Daniel T Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 State Route 28
 City Milford State OH Zip Code 45150-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : SA11AI.12119
 Amount of Each Receipt this Period
250.00
 Memo Item

C. 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11717
 Amount of Each Receipt this Period
250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Richard H Burns Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Ray Ave NE
 City New Philadelphia State OH Zip Code 44663-2845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 03 / 2016**
Transaction ID : SA11AI.12199
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr Jeffrey S Caldwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 E 5th St
 City East Liverpool State OH Zip Code 43920-3132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11865
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Constance Camman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7219 Sawmill Rd Ste 205
 City Dublin State OH Zip Code 43016-5006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.12005
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr Charles P Canepa
Full Name (Last, First, Middle Initial)

Mailing Address 20024 Detroit Rd

City	State	Zip Code
Rocky River	OH	44116-2459

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : SA11AI.12209

Amount of Each Receipt this Period

250.00

 Memo Item

B. Dr Joe Lynn Carpenter
Full Name (Last, First, Middle Initial)

Mailing Address 6653 Frank Ave NW

City	State	Zip Code
North Canton	OH	44720-7259

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11AI.11941

Amount of Each Receipt this Period

250.00

 Memo Item

C. Dr Alexander G Cassinelli
Full Name (Last, First, Middle Initial)

Mailing Address 6571 Heritage Club Dr

City	State	Zip Code
Mason	OH	45040-4647

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : SA11AI.11384

Amount of Each Receipt this Period

500.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. Dr John Arthur Cheek
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 Old Woods Rd
 City State Zip Code
 Worthington OH 43085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : SA11AI.12112
 Amount of Each Receipt this Period
500.00
 Memo Item

B. Dr David Graham Chesnut
 Full Name (Last, First, Middle Initial)
 Mailing Address 1150 W Locust St Ste 400
 City State Zip Code
 Wilmington OH 45177-2063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11642
 Amount of Each Receipt this Period
375.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : SA11AI.11398
 Amount of Each Receipt this Period
500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. Dr Andrew J Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 1565 Yorkshire Trce SE
 City Canton State OH Zip Code 44709-4855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 24 / 2016**
Transaction ID : SA11AI.12185
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr Benjamin R Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 3702 Cleveland Ave SW
 City Canton State OH Zip Code 44707-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11473
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr James H Cottle
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 S Otterbein Ave
 City Westerville State OH Zip Code 43081-2951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.12125
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 26 / 2016
Transaction ID : SA11AI.11962
 Amount of Each Receipt this Period
250.00
 Memo Item

B. Dr Jonathon W Coyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1749 Delco Park Dr
 City Dayton State OH Zip Code 45420-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11658
 Amount of Each Receipt this Period
250.00
 Memo Item

C. Dr William E Coyne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1749 Delco Park Dr
 City Dayton State OH Zip Code 45420-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2016
Transaction ID : SA11AI.11533
 Amount of Each Receipt this Period
250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 17 OF 75
(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 Lisa Marie Davison
 Full Name (Last, First, Middle Initial)
 Mailing Address 11240 Santa Barbara Dr
 City State Zip Code
 Plain City OH 43064-9414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : SA11AI.12136
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr Francesco R DeCarlo
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 N Miller Rd
 City State Zip Code
 Akron OH 44333-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11955
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr David E Dennis
 Full Name (Last, First, Middle Initial)
 Mailing Address 738 S Cleveland Ave
 City State Zip Code
 Mogadore OH 44260-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : SA11AI.11392
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 75
	<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 Ketki Desai
Full Name (Last, First, Middle Initial)
Mailing Address 5212 W Broad St
City Columbus State OH Zip Code 43228-1642
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.11601
Amount of Each Receipt this Period **375.00**
 Memo Item

B. Dr S. Marc DiBenedetto
Full Name (Last, First, Middle Initial)
Mailing Address 3398 Dayton Xenia Rd
City Dayton State OH Zip Code 45432-2747
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2016**
Transaction ID : SA11AI.11972
Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Thomas J Dietrich
Full Name (Last, First, Middle Initial)
Mailing Address 4774 Munson St NW
City Canton State OH Zip Code 44718-3634
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11660
Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 75
	<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 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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.11591
Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr Eugene Vincent Dugan
Full Name (Last, First, Middle Initial)
Mailing Address 1707 Allentown Rd
City Lima State OH Zip Code 45805-1844
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : SA11AI.11334
Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Cynthia A Dull
Full Name (Last, First, Middle Initial)
Mailing Address 1056 N Broad St
City Fairborn State OH Zip Code 45324-5253
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 28 / 2016**
Transaction ID : SA11AI.11963
Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 75
	(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 Kyle S Eberhardt
Full Name (Last, First, Middle Initial)

Mailing Address 1655 W Market St Ste 540

City Akron State OH Zip Code 44313-7025

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016

Transaction ID : SA11AI.11491

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3985 Medina Rd Ste 160

City Medina State OH Zip Code 44256-5968

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016

Transaction ID : SA11AI.11916

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr James E Ellashek
Full Name (Last, First, Middle Initial)

Mailing Address 3665 Stutz Dr # 2

City Canfield State OH Zip Code 44406-9144

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016

Transaction ID : SA11AI.11716

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 75
	<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 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2016
Transaction ID : SA11AI.11570

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 1225 S Main St Ste A

City State Zip Code
North Canton OH 44720-4247

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2016
Transaction ID : SA11AI.11747

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr Sam Fick
Full Name (Last, First, Middle Initial)

Mailing Address 3075 Villa Dr

City State Zip Code
Toledo OH 43614-5265

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2016
Transaction ID : SA11AI.12126

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 75
	<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 Martin G Fitz
Full Name (Last, First, Middle Initial)
Mailing Address 296 Kenderton Trail
City Dayton State OH Zip Code 45430
FEC ID number of contributing federal political committee. C
Name of Employer Self-Employed
Occupation Dentist
Receipt For: Primary General Other (specify) Primary
Aggregate Year-to-Date 250.00

Date of Receipt 01 / 28 / 2016
Transaction ID : SA11AI.11971
Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr Steven C Fox
Full Name (Last, First, Middle Initial)
Mailing Address 4447 Talmadge Rd Ste F
City Toledo State OH Zip Code 43623-3517
FEC ID number of contributing federal political committee. C
Name of Employer Self-Employed
Occupation Dentist
Receipt For: Primary General Other (specify) Primary
Aggregate Year-to-Date 325.00

Date of Receipt 01 / 05 / 2016
Transaction ID : SA11AI.12123
Amount of Each Receipt this Period 325.00
 Memo Item

C. Dr Jonathan H Frankel
Full Name (Last, First, Middle Initial)
Mailing Address 5012 Talmadge Rd Ste 100
City Toledo State OH Zip Code 43623-2168
FEC ID number of contributing federal political committee. C
Name of Employer Self-Employed
Occupation Dentist
Receipt For: Primary General Other (specify) Primary
Aggregate Year-to-Date 375.00

Date of Receipt 01 / 28 / 2016
Transaction ID : SA11AI.11964
Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 825.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 75
	<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 Bruce A Fraser
Full Name (Last, First, Middle Initial)
Mailing Address 463 Waterbury Ct Ste A
City Gahanna State OH Zip Code 43230-5311
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2016**
Transaction ID : SA11AI.11978
Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr Robert L Fulton
Full Name (Last, First, Middle Initial)
Mailing Address 1756 Portage Trl
City Cuyahoga Falls State OH Zip Code 44223-1739
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 03 / 2016**
Transaction ID : SA11AI.12208
Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Felix Alexander Gen
Full Name (Last, First, Middle Initial)
Mailing Address 9964 Vail Dr Ste 2
City Twinsburg State OH Zip Code 44087-2972
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 17 / 2016**
Transaction ID : SA11AI.11357
Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Larry J Gessner
 Full Name (Last, First, Middle Initial)
 Mailing Address 290 S Canfield Niles Rd
 City Austintown State OH Zip Code 44515-4017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11726
 Amount of Each Receipt this Period
250.00
 Memo Item

B. 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2016
Transaction ID : SA11AI.11532
 Amount of Each Receipt this Period
250.00
 Memo Item

C. Dr Stephen P Girdlestone
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 Whipple Ave NW Ste 4
 City Canton State OH Zip Code 44718-4802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2016
Transaction ID : SA11AI.11414
 Amount of Each Receipt this Period
250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 75
	<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 Veronica Coleman Glogowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 11311 Springfield Pike
 City Cincinnati State OH Zip Code 45246-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11900
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 12 / 2016**
Transaction ID : SA11AI.11441
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11725
 Amount of Each Receipt this Period **500.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 75
	(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

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 Adel H Hanna
Full Name (Last, First, Middle Initial)
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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11831
Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr David L Harnett
Full Name (Last, First, Middle Initial)
Mailing Address 500 Wakefield Dr
City Cortland State OH Zip Code 44410-1504
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.11542
Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr David J Harris Jr
Full Name (Last, First, Middle Initial)
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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 03 / 2016**
Transaction ID : SA11AI.12211
Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Michael S Hauser
 Full Name (Last, First, Middle Initial)
 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11478
 Amount of Each Receipt this Period
 375.00
 Memo Item

B. Dr Edwin J Hawk
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Fair Ave NE
 City New Philadelphia State OH Zip Code 44663-2827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11898
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr Ned Barney Hein
 Full Name (Last, First, Middle Initial)
 Mailing Address 3949 Sunforest Ct Ste 208
 City Toledo State OH Zip Code 43623-4454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : SA11AI.12115
 Amount of Each Receipt this Period
 325.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 75
	(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 Ned Barney Hein
Full Name (Last, First, Middle Initial)
Mailing Address 3949 Sunforest Ct Ste 208

City Toledo	State OH	Zip Code 43623-4454
----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2016

Transaction ID : SA11AI.12183

Amount of Each Receipt this Period

125.00

 Memo Item

B. Dr Bradford R Hendrickson
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 386

City Ashland	State OH	Zip Code 44805-0386
-----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11AI.11654

Amount of Each Receipt this Period

500.00

 Memo Item

C. Dr Roger Hess
Full Name (Last, First, Middle Initial)
Mailing Address 29001 Cedar Rd Ste 450

City Lyndhurst	State OH	Zip Code 44124-6028
-------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2016

Transaction ID : SA11AI.11444

Amount of Each Receipt this Period

250.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. Dr Brian N Hockenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 4312 S. Cleveland Massillon Rd Ste
 City Norton State OH Zip Code 44203-5732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2016
Transaction ID : SA11AI.11973
 Amount of Each Receipt this Period
250.00
 Memo Item

B. Dr Vicki M Houck
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Huber Village Blvd
 City Westerville State OH Zip Code 43081-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11956
 Amount of Each Receipt this Period
250.00
 Memo Item

C. Dr Kenneth G Hudak
 Full Name (Last, First, Middle Initial)
 Mailing Address 748 Elma St
 City Akron State OH Zip Code 44310-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11903
 Amount of Each Receipt this Period
375.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.12002
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11700
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2016
Transaction ID : SA11AI.12170
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.12073
 Amount of Each Receipt this Period **250.00**
 Memo Item

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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 29 / 2016**
Transaction ID : SA11AI.11389
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Burton W Job
 Full Name (Last, First, Middle Initial)
 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.12010
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. Dr Gary E Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Grand Blvd
 City Shelby State OH Zip Code 44875-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11885
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11765
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Christopher Kayafas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1958 Four Seasons Dr
 City Akron State OH Zip Code 44333-1872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.12093
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 33 OF 75
(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 Richard W Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1246 Nilles Rd Ste B3
 City State Zip Code
 Fairfield OH 45014-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2016
Transaction ID : SA11AI.12053
 Amount of Each Receipt this Period
 375.00
 Memo Item

B. Dr Linda K Kerata
 Full Name (Last, First, Middle Initial)
 Mailing Address 13952 Chippewa Trl
 City State Zip Code
 Middleburg Heights OH 44130-6709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11791
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr Julia R Kinlaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Wyoming Ave
 City State Zip Code
 Cincinnati OH 45215-4421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11653
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 75
	<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 Laura Remsberg Kinlaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Wyoming Ave
 City Cincinnati State OH Zip Code 45215-4469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11492
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr Russell Kiser
 Full Name (Last, First, Middle Initial)
 Mailing Address 750 Woodhill Rd
 City Mansfield State OH Zip Code 44907-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11643
 Amount of Each Receipt this Period
 225.00
 Memo Item

C. Dr Robert Edward Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 554-B White Bird Dr
 City Akron State OH Zip Code 44320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.12008
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 75
	<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 Larry Kluener
Full Name (Last, First, Middle Initial)
Mailing Address 1149 Stone Dr Ste 300
City Harrison State OH Zip Code 45030-2730
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.12105
Amount of Each Receipt this Period **250.00**
 Memo Item

B. 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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11890
Amount of Each Receipt this Period **1000.00**
 Memo Item

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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11786
Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 75
	<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 Franklin State OH Zip Code 45005-5186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11470
 Amount of Each Receipt this Period
375.00
 Memo Item

B. Dr James George Kotapish Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3075 Smith Rd Ste 201
 City Fairlawn State OH Zip Code 44333-4454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : SA11AI.11970
 Amount of Each Receipt this Period
250.00
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11883
 Amount of Each Receipt this Period
250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 24 / 2016
Transaction ID : SA11AI.11396
 Amount of Each Receipt this Period
1000.00
 Memo Item

B. Dr Raj Kulkarni
 Full Name (Last, First, Middle Initial)
 Mailing Address 566 N Main St
 City Springboro State OH Zip Code 45066-9552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 28 / 2016
Transaction ID : SA11AI.11975
 Amount of Each Receipt this Period
250.00
 Memo Item

C. Dr Edward George Kurz
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 N Chestnut St
 City Ravenna State OH Zip Code 44266-2287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11873
 Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 75
	<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 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 Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016
Transaction ID : SA11AI.11764
 Amount of Each Receipt this Period
250.00
 Memo Item

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 Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
02 / 24 / 2016
Transaction ID : SA11AI.11419
 Amount of Each Receipt this Period
250.00
 Memo Item

C. Dr Lesia J Langston-McKenna
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 400
 City Hillsboro State OH Zip Code 45133-0400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **1125.00**

Date of Receipt
02 / 03 / 2016
Transaction ID : SA11AI.11511
 Amount of Each Receipt this Period
1125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr Martin W Layman
Full Name (Last, First, Middle Initial)

Mailing Address 9330 Market Square Dr Ste 100

City	State	Zip Code
Streetsboro	OH	44241-3958

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 17 / 2016
Transaction ID : SA11AI.11364

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2858 S Arlington Rd Ste 200

City	State	Zip Code
Akron	OH	44312-4746

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 03 / 2016
Transaction ID : SA11AI.12009

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr William Gilmor Leffler
Full Name (Last, First, Middle Initial)

Mailing Address 2300 Wales Ave NW Ste 205

City	State	Zip Code
Massillon	OH	44646-2323

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 24 / 2016
Transaction ID : SA11AI.11391

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 40 OF 75
(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 Neal Erik Lemmerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1299 Kemper Meadow Dr
 City Cincinnati State OH Zip Code 45240-1633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.12100
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.11561
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Gregory Anthony Lis
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 E Elm St
 City Kent State OH Zip Code 44240-3822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11708
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 41 OF 75
(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 Edward T Marshall Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 3075 Smith Rd Ste 102
 City State Zip Code
 Fairlawn OH 44333-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11893
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr Thomas Matanzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Fernwood Rd
 City State Zip Code
 Wintersville OH 43953-9616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.11569
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016
Transaction ID : SA11AI.12198
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

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

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11722
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11709
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Thomas S McCune
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 LedgeWood Dr
 City Medina State OH Zip Code 44256-7666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 10 / 2016**
Transaction ID : SA11AI.12232
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 75
	(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 Joseph Thomas Mellion
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Roundhill Rd

City Akron State OH Zip Code 44333-2272

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 05 / 2016

Transaction ID : SA11AI.12079

Amount of Each Receipt this Period
500.00

Memo Item

B. Dr Matthew J Messina
Full Name (Last, First, Middle Initial)

Mailing Address 20390 Lorain Rd

City Fairview Park State OH Zip Code 44126-3411

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : SA11AI.11423

Amount of Each Receipt this Period
250.00

Memo Item

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

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 Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : SA11AI.11527

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 44 OF 75
(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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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 Robert A Miller
Full Name (Last, First, Middle Initial)
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 Occupation
Self-Employed Dentist
Receipt For:
 Primary General
 Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt
02 / 03 / 2016
Transaction ID : SA11AI.11580
Amount of Each Receipt this Period
250.00
 Memo Item

B. 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 Occupation
Self-Employed Dentist
Receipt For:
 Primary General
 Other (specify) **Primary**
Aggregate Year-to-Date **500.00**

Date of Receipt
01 / 21 / 2016
Transaction ID : SA11AI.11925
Amount of Each Receipt this Period
500.00
 Memo Item

C. 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 Occupation
Self-Employed Dentist
Receipt For:
 Primary General
 Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt
02 / 23 / 2016
Transaction ID : SA11AI.12176
Amount of Each Receipt this Period
250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 45 OF 75
(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 Steven R Moore

Mailing Address 6962 Tylersville Rd

City State Zip Code
 West Chester OH 45069-1511

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

Name of Employer Occupation
 Self-Employed Dentist

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

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.11562

Amount of Each Receipt this Period
 500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr Elizabeth S Mueller

Mailing Address 9200 Montgomery Rd Ste 4B

City State Zip Code
 Cincinnati OH 45242-7730

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

Name of Employer Occupation
 Self-Employed Dentist

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

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11647

Amount of Each Receipt this Period
 250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr James Crawford Murphy

Mailing Address 2010 Jewett Dr

City State Zip Code
 Columbus OH 43229-2047

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

Name of Employer Occupation
 Self-Employed Dentist

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

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11678

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 75
	(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 Michael Earl Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 525 N Cleveland Massillon Rd Ste 1

City	State	Zip Code
Akron	OH	44333-3332

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : SA11AI.12012

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr Scott Harold Nightingale
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Monroe St Ste G2

City	State	Zip Code
Sylvania	OH	43560-2211

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11AI.11704

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr Mark S. Obernesser
Full Name (Last, First, Middle Initial)

Mailing Address 484 S Miller Rd

City	State	Zip Code
Fairlawn	OH	44333-4176

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : SA11AI.12011

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 75
	<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 Frank F Omerza
Full Name (Last, First, Middle Initial)

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016

Transaction ID : SA11AI.11803

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr James M Palermo
Full Name (Last, First, Middle Initial)

Mailing Address 7535 E Main St

City Reynoldsburg State OH Zip Code 43068-1207

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

Name of Employer Self-Employed
Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016

Transaction ID : SA11AI.11673

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr Matthew Michael Parker
Full Name (Last, First, Middle Initial)

Mailing Address 3 Oxford Ave

City Terrace Park State OH Zip Code 45174-1149

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

Name of Employer Self-Employed
Occupation Dentist

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

Aggregate Year-to-Date **500.00**

Date of Receipt
01 / 21 / 2016

Transaction ID : SA11AI.11465

Amount of Each Receipt this Period
500.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 75
	<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 Steven E Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 3817 Lincoln Way E
 City Massillon State OH Zip Code 44646-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11792
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr J Douglas Paulus
 Full Name (Last, First, Middle Initial)
 Mailing Address 6662 Amblewood St NW
 City Canton State OH Zip Code 44718-1389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.11540
 Amount of Each Receipt this Period **375.00**
 Memo Item

C. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.12120
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 75
	<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 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 Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **500.00**

Date of Receipt
01 / 21 / 2016
Transaction ID : SA11AI.11793
 Amount of Each Receipt this Period
500.00
 Memo Item

B. Dr Brett S Pelok
 Full Name (Last, First, Middle Initial)
 Mailing Address 4333 Monroe St Ste B
 City Toledo State OH Zip Code 43606-1937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016
Transaction ID : SA11AI.11830
 Amount of Each Receipt this Period
250.00
 Memo Item

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 Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **500.00**

Date of Receipt
02 / 03 / 2016
Transaction ID : SA11AI.11510
 Amount of Each Receipt this Period
500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Mark S Perlman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7124 Brookwood Dr
 City Brookfield State OH Zip Code 44403-8701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 03 / 2016**
Transaction ID : SA11AI.12197
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr Kathleen A Petit
 Full Name (Last, First, Middle Initial)
 Mailing Address 9374 Paulding St NW
 City Massillon State OH Zip Code 44646-9361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 24 / 2016**
Transaction ID : SA11AI.11404
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 28 / 2016**
Transaction ID : SA11AI.11965
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 24 / 2016**
Transaction ID : SA11AI.11411
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr Faisal A Quereshy
 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **625.00**

Date of Receipt **03 / 08 / 2016**
Transaction ID : SA11AI.12231
 Amount of Each Receipt this Period **500.00**
 Memo Item

c. Dr Richard R Ragozine
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 E Main St
 City Girard State OH Zip Code 44420-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.11563
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 52 OF 75
(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 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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11677
Amount of Each Receipt this Period **250.00**
 Memo Item

B. 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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11929
Amount of Each Receipt this Period **250.00**
 Memo Item

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: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 23 / 2016**
Transaction ID : SA11AI.12173
Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 03 / 2016**
Transaction ID : SA11AI.11530
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr John E Rhodes Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 480 Rona Pkwy
 City Brookville State OH Zip Code 45309-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11736
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Elliott F Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 248 N Chestnut St
 City Jefferson State OH Zip Code 44047-1128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11958
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Shelley M Ridenour
 Full Name (Last, First, Middle Initial)
 Mailing Address 398 Highgate Ave
 City State Zip Code
 Worthington OH 43085-3019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 05 / 2016
Transaction ID : SA11AI.12057
 Amount of Each Receipt this Period
250.00
 Memo Item

B. Dr Christopher Michael Rogish
 Full Name (Last, First, Middle Initial)
 Mailing Address 5406 Mayfield Rd
 City State Zip Code
 Lyndhurst OH 44124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2016
Transaction ID : SA11AI.12159
 Amount of Each Receipt this Period
250.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11735
 Amount of Each Receipt this Period
250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 75
	(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 John N Santin
Full Name (Last, First, Middle Initial)
Mailing Address 3503 Fortuna Dr Ste 1
City Akron State OH Zip Code 44312-5285
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **Primary**
Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 28 / 2016**
Transaction ID : SA11AI.11967
Amount of Each Receipt this Period **500.00**
 Memo Item

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

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11681
Amount of Each Receipt this Period **500.00**
 Memo Item

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

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11457
Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr Lawrence P Schmakel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4343 N Holland Sylvania Road
 City Toledo State OH Zip Code 43623-2507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2016
Transaction ID : SA11AI.11564
 Amount of Each Receipt this Period
375.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11479
 Amount of Each Receipt this Period
250.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2016
Transaction ID : SA11AI.12023
 Amount of Each Receipt this Period
250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 75
	<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 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : SA11AI.11711

Amount of Each Receipt this Period
375.00

Memo Item

B. 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : SA11AI.11672

Amount of Each Receipt this Period
375.00

Memo Item

C. 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : SA11AI.11684

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 58 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 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: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11794
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Dr Michael E Skerl
 Full Name (Last, First, Middle Initial)
 Mailing Address 1611 S Green Rd Ste 157
 City South Euclid State OH Zip Code 44121-4122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 03 / 2016**
Transaction ID : SA11AI.12210
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dr Samuel E Smiley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5156 Blazer Pkwy Ste 200
 City Dublin State OH Zip Code 43017-7318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11770
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 Jack Spratt Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1335 N Cable Rd
 City State Zip Code
 Lima OH 45805-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.11528
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr Ronald Stanich
 Full Name (Last, First, Middle Initial)
 Mailing Address 6730 Wales Ave NW
 City State Zip Code
 Massillon OH 44646-9006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2016
Transaction ID : SA11AI.12040
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dr Bryan Stephens
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 Ravenshollow Dr
 City State Zip Code
 Cuyahoga Falls OH 44223-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.12013
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 60 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Richard T Stroom
 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.11607
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Dr David J Striebel
 Full Name (Last, First, Middle Initial)
 Mailing Address 4031 S Dixie Dr Ste C
 City Dayton State OH Zip Code 45439-2152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11917
 Amount of Each Receipt this Period
 375.00
 Memo Item

C. Dr Erwin T Su
 Full Name (Last, First, Middle Initial)
 Mailing Address 6655 Frank Ave NW
 City North Canton State OH Zip Code 44720-7259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11906
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 75
	(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 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:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11957
 Amount of Each Receipt this Period
250.00
 Memo Item

B. Dr Lee B Swearingen
 Full Name (Last, First, Middle Initial)
 Mailing Address 48959 Calcutta Smith Ferry Rd
 City East Liverpool State OH Zip Code 43920-9637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016
Transaction ID : SA11AI.11358
 Amount of Each Receipt this Period
275.00
 Memo Item

C. Dr Anitha Ramalingam Ta
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Wales Ave NW Ste B
 City Massillon State OH Zip Code 44646-2366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2016
Transaction ID : SA11AI.11413
 Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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 62 OF 75
	(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 Evan David Tetelman
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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2016
Transaction ID : SA11AI.11554

Amount of Each Receipt this Period
 250.00

Memo Item

B. 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11758

Amount of Each Receipt this Period
 250.00

Memo Item

C. Dr Darren K Thomas
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 730

City Westfield Center State OH Zip Code 44251-0730

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2016
Transaction ID : SA11AI.11835

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 75
	(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 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2016

Transaction ID : SA11AI.12017

Amount of Each Receipt this Period
250.00

Memo Item

B. 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : SA11AI.11827

Amount of Each Receipt this Period
1000.00

Memo Item

C. Dr Jeffrey A Tilson
Full Name (Last, First, Middle Initial)

Mailing Address 426 Beecher Rd

City Columbus State OH Zip Code 43230-1797

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : SA11AI.12174

Amount of Each Receipt this Period
125.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. Dr Jeffrey A Tilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 426 Beecher Rd
 City Columbus State OH Zip Code 43230-1797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **375.00**

Date of Receipt **03 / 29 / 2016**
Transaction ID : SA11AI.11388
 Amount of Each Receipt this Period **125.00**
 Memo Item

B. Dr Thomas Arthur Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1655 W Market St Ste 530
 City Akron State OH Zip Code 44313-7004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 21 / 2016**
Transaction ID : SA11AI.11712
 Amount of Each Receipt this Period **250.00**
 Memo Item

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

Date of Receipt **01 / 06 / 2016**
Transaction ID : SA11AI.11436
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 75
	(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 Ryan M Walton
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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 28 / 2016

Transaction ID : SA11AI.11966

Amount of Each Receipt this Period
250.00

Memo Item

B. Dr Wayne R Wauligman
Full Name (Last, First, Middle Initial)

Mailing Address 16 E Main St

City Addyston State OH Zip Code 45001-2519

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

Name of Employer Self-Employed
Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
03 / 03 / 2016

Transaction ID : SA11AI.12221

Amount of Each Receipt this Period
250.00

Memo Item

C. Dr Ira Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 3755 Orange PI Ste 100A

City Beachwood State OH Zip Code 44122-4426

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

Name of Employer Self-Employed
Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
02 / 24 / 2016

Transaction ID : SA11AI.11408

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 75
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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

A. Dr Reid Michael Wenger
 Full Name (Last, First, Middle Initial)
 Mailing Address 5825 Landerbrook Dr Ste 224
 City State Zip Code
 Mayfield Heights OH 44124-6533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11870
 Amount of Each Receipt this Period
1000.00
 Memo Item

B. Dr Mark S Wenzel
 Full Name (Last, First, Middle Initial)
 Mailing Address 7083 Corporate Way
 City State Zip Code
 Centerville OH 45459-4223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **565.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2016
Transaction ID : SA11AI.12219
 Amount of Each Receipt this Period
565.00
 Memo Item

C. Dr Todd W Westhafer
 Full Name (Last, First, Middle Initial)
 Mailing Address 667 W Turkeyfoot Lake Rd
 City State Zip Code
 Akron OH 44319-3452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **Primary**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016
Transaction ID : SA11AI.11795
 Amount of Each Receipt this Period
250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1815.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 75
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2016

Transaction ID : SA11AI.11447

Amount of Each Receipt this Period

250.00

 Memo Item

B. Dr Ronald Michael Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 3611 Darrow Rd

City	State	Zip Code
Stow	OH	44224-4012

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11AI.11911

Amount of Each Receipt this Period

250.00

 Memo Item

C. 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:
 Primary General
 Other (specify) **Primary**

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11AI.11714

Amount of Each Receipt this Period

250.00

 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 68 OF 75
(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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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 April A Yanda

Mailing Address 39 Milford Dr

City Hudson State OH Zip Code 44236-2727

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016
Transaction ID : SA11AI.11902

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Dr Jeffrey Allen Young

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

Aggregate Year-to-Date **250.00**

Date of Receipt
02 / 03 / 2016
Transaction ID : SA11AI.11512

Amount of Each Receipt this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Dr Charles J Yourstowsky

Mailing Address 3665 Stutz Dr Ste 1

City Canfield State OH Zip Code 44406-9144

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
01 / 21 / 2016
Transaction ID : SA11AI.11782

Amount of Each Receipt this Period
250.00

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 75
	<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 Robert A Zavodny
Full Name (Last, First, Middle Initial)

Mailing Address 2950 W Market St Ste N-O

City	State	Zip Code
Fairlawn	OH	44333-3614

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2016

Transaction ID : SA11AI.12175

Amount of Each Receipt this Period

250.00

 Memo Item

B. Dr Andrew W Zucker
Full Name (Last, First, Middle Initial)

Mailing Address 3708 Columbus Ave Ste 10

City	State	Zip Code
Sandusky	OH	44870-5776

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11AI.11934

Amount of Each Receipt this Period

250.00

 Memo Item

C. Dr William J Zucker
Full Name (Last, First, Middle Initial)

Mailing Address 5618 Cambridge Cir

City	State	Zip Code
Sandusky	OH	44870-9774

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2016

Transaction ID : SA11AI.11696

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	60040.00

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 M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SB21B.12248

Amount of Each Disbursement this Period

1458.84

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Memo Item

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

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

1458.84

1458.84

**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

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
01 / 31 / 2016

Transaction ID : SB22.12256

Amount of Each Disbursement this Period

8500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

8500.00

8500.00

**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. Edna Brown Campaign Comm.

Mailing Address Treas: Timothy Hutton
2461 Warren Street

City Toledo State OH Zip Code 43620

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SB29.12272

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of John Barnes Jr

Mailing Address Treas: Richard Drucker
4467 Lee Rd. Suite 303

City Cleveland State OH Zip Code 44128

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2016

Transaction ID : SB29.12274

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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:
 Primary General
 Other (specify) ▼
Primary

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SB29.12270

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

**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 Lou Terhar

Mailing Address Treas: Jennifer Terhar
5595 Boomer Rd.

City Cincinnati State OH Zip Code 45247

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : SB29.12271

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Sandra Williams

Mailing Address Treas: Genola Williams
12518 Fairhill Rd.

City Cleveland State OH Zip Code 44120

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2016

Transaction ID : SB29.12275

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Giant Eagle Grocery

Mailing Address 840 W 3rd Avenue

City Columbus State OH Zip Code 43212

Purpose of Disbursement
Fundraiser Supplies

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 19 / 2016

Transaction ID : SB29.12263

Amount of Each Disbursement this Period

411.88

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Larose For Senate

Mailing Address Treas: Michael George
533 Royal Crest

City Copley State OH Zip Code 44321

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
Primary

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

Transaction ID : SB29.12273

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ohio House Republican Organizational Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Fundraiser Expense

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
01 / 19 / 2016

Transaction ID : SB29.12262

Amount of Each Disbursement this Period

411.88

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

1911.88

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

8911.88

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.12262

In-Kind Contribution - See Giant Eagle Grocery SB29:12263

Form/Schedule:

Transaction ID: