

**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

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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).....	