

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

2000 OCT 16 P 1:43

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | |
|---|---|
| 1. NAME OF COMMITTEE (in full) Ohio Dental Association Political Action Comm | |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1370 Dublin Rd | 2. FEC IDENTIFICATION NUMBER 000011544 |
| CITY, STATE and ZIP CODE Columbus OH 43215 | 3. <input type="checkbox"/> This committee has qualified as a multiple candidate committee. (see FEC FORM 1M) |

4. TYPE OF REPORT

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

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

- (b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 5. Covering Period <u>7-1-00</u> through <u>9-30-00</u> | | \$ 39,473.51 |
| 6. (a) Cash on Hand January 1, 19 <u>2000</u> | \$ 82,028.51 | |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 41,271.00 | \$ 124,991.00 |
| (c) Total Receipts (from Line 19) | \$ 123,299.51 | \$ 164,464.51 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 38,365.00 | \$ 84,934.51 |
| 7. Total Disbursements (from Line 20) | \$ 84,934.51 | \$ 84,934.51 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ - 0 - | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - 0 - | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - 0 - | |

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

| | |
|--|-------------------------|
| Type or Print Name of Treasurer David G. Rummel, DDS | Date 10-12-00 |
| Signature of Treasurer <i>David G. Rummel</i> | |

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

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

FEC FORM 3X
(revised 8/98)

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

[revised 1/1/91]

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|-------|
| | FROM | TO | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | 11(a) |
| i. Itemized (use Schedule A) | 18,132.00 | 24,982.00 | 11(b) |
| ii. Unitemized | 20,639.00 | 97,509.00 | 11(c) |
| iii. Total (add i and ii) > | 38,771.00 | 122,491.00 | 11(d) |
| b. Political Party Committees | 2,500.00 | 2,500.00 | 11(e) |
| c. Other Political Committees (such as PACs) | | | 11(f) |
| d. Total Contributions (add a ii, b and c) > | 41,271.00 | 124,991.00 | 11(g) |
| 12. Transfers From Affiliated/Other Party Committees | | | 12 |
| 13. All Loans Received | | | 13 |
| 14. Loan Repayments Received | | | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 41,271.00 | 124,991.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 41,271.00 | 124,991.00 | 20 |
| II Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | 21(a) |
| i. Federal Share | | | 21(b) |
| ii. Non-Federal Share | | | 21(c) |
| b. Other Federal Operating Expenditures | | | 21(d) |
| c. Total Operating Expenditures (add a i, ii, and b) > | 2,115.00 | 13,415.00 | 21 |
| 22. Transfers to Affiliated/Other Party Committees | | | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | 23 |
| 24. Independent Expenditures (use Schedule E) | | | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 25 |
| 26. Loan Repayments Made | | | 26 |
| 27. Loans Made | | | 27 |
| 28. Refunds of Contributions To: | | | 28(a) |
| a. Individual/Persons Other Than Political Committees | | | 28(b) |
| b. Political Party Committees | | | 28(c) |
| c. Other Political Committees (such as PACs) | - 0 - | 2,500.00 | 28(d) |
| d. Total Contribution Refunds (add a, b and c) > | 36,850.00 | 63,615.00 | 28 |
| 29. Other Disbursements | 38,365.00 | 79,530.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 38,365.00 | 79,580.00 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | | 31 |
| III Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans) (from line 11d) | 41,271.00 | 124,991.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | - 0 - | 2,500.00 | 33 |
| 34. Net Contributions (other than loans) (subtract line 33 from 32) | 41,271.00 | 122,491.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | - 0 - | - 0 - | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | - 0 - | - 0 - | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | - 0 - | - 0 - | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 & 12

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. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---------------------|------------------------------------|------------------------------------|
| Anthony Anoloni 1820 E Market St Warren OH 44463 | Self-employed | 8/28/2000 | \$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation: Dentist | Aggregate Year-to-Date > \$ 225.00 | |
| Richard Amstutz 20620 N Park Blvd Cleveland OH 44118 | Self-employed | 8/23/2000 | \$250.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation: Dentist | Aggregate Year-to-Date > \$ 250.00 | |
| N. Kent Berg 1040 Trump Rd Canton OH 44615 | Self-employed | 8/22/2000 | \$175.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation: Dentist | Aggregate Year-to-Date > \$ 225.00 | |
| Kenneth Brandt 2751 Blue Rock Rd Cincinnati OH 45239 | Self-employed | 8/22/2000 8/22/2000 | \$50.00 \$110.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation: Dentist | Aggregate Year-to-Date > \$ 210.00 | |
| William J Britton 7 Medical Dr PO Box 6156 Chillicothe OH 45601 | Self-employed | 8/28/2000 | \$600.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation: Dentist | Aggregate Year-to-Date > \$ 600.00 | |
| Richard Buchanan 201 N Broadway Spencerville OH 45687 | Self-employed | 8/24/2000 8/18/2000 | \$260.00 \$200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation: Dentist | Aggregate Year-to-Date > \$ 500.00 | |
| Kenneth Clements 2115 Allentown Rd Lima OH 45805 | Self-employed | 8/28/2000 8/28/2000 | \$100.00 \$200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Occupation: Dentist | Aggregate Year-to-Date > \$ 300.00 | |

SUBTOTAL of Receipts This Page (optional) _____

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

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 9
FOR LINE NUMBER 11 & 12

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------------|-------------------------|------------------------------------|
| George Cochran 1086 Chelsea Ave Napoleon OH 43545 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$485.00 |
| | Aggregate Year-to-Date | \$ 5745.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Joseph Crowley 3475 N Bend Rd Cincinnati OH 45239 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/23/2000 8/23/2000 | \$200.00 \$50.00 |
| | Aggregate Year-to-Date | \$ 4450.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Philip Dixon 313 Canal Ave. SE New Philadelphia OH 44653 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$50.00 |
| | Aggregate Year-to-Date | \$ 3300.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ronald Erkis 5350 E Main St Columbus OH 43213 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/25/2000 | \$475.00 |
| | Aggregate Year-to-Date | \$ 475.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Jeffrey Esterburg 1063 S Court St Medina OH 44258 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 7/12/2000 9/22/2000 | \$500.00 \$50.00 |
| | Aggregate Year-to-Date | \$ 550.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William Evanko 970 E Washington Suite #402 Medina OH 44258 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 9/22/2000 | \$70.00 \$50.00 |
| | Aggregate Year-to-Date | \$ 220.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Marvin Fisk 8300 Hough Avenue Cleveland OH 44103 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 7/26/2000 | \$250.00 |
| | Aggregate Year-to-Date | \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8
FOR LINE NUMBER 11 & 12

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-----------------------|-------------------------|------------------------------------|
| Kim Gardner 13346 Ravenna Rd Chardon OH 44024 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/15/2000 | \$100.00 |
| Aggregate Year-to-Date > \$ 225.00 | | | |
| B. Full Name, Mailing Address and ZIP Code Jared Goldberg 2123 Abington Rd Cleveland OH 44106 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/24/2000 8/25/2000 | \$125.00 \$100.00 |
| Aggregate Year-to-Date > \$ 225.00 | | | |
| C. Full Name, Mailing Address and ZIP Code John Grady 29001 Cedar Rd Suite 453 Lyndhurst OH 44124 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$85.00 |
| Aggregate Year-to-Date > \$ 285.00 | | | |
| D. Full Name, Mailing Address and ZIP Code Thomas Graham 3940 Fulton Dr NW Carroll OH 44718 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$100.00 |
| Aggregate Year-to-Date > \$ 225.00 | | | |
| E. Full Name, Mailing Address and ZIP Code Davere Grappy Jr 21 Pittsburgh St Columbiana OH 44408 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/14/2000 | \$50.00 |
| Aggregate Year-to-Date > \$ 250.00 | | | |
| F. Full Name, Mailing Address and ZIP Code Robert Hinkle 198 E. State St Columbus OH 43215 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/14/2000 | \$250.00 |
| Aggregate Year-to-Date > \$ 300.00 | | | |
| G. Full Name, Mailing Address and ZIP Code Billie Sue Kyger 126 Second Ave Gallipolis OH 45631-9803 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/21/2000 9/28/2000 | \$200.00 \$200.00 |
| Aggregate Year-to-Date > \$ 600.00 | | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 9
FOR LINE NUMBER 1142

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|------------------------------------|----------------------------------|------------------------------------|
| Donald Mackay 33 Merz Blvd Fairlawn OH 44333 | Self-employed | | |
| | Occupation Dentist | 8/25/2000 8/31/2000 | \$125.00 \$50.00 |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Richard Marcucci 5000 Oberlin Ave Lorain OH 44053 | Self-employed | | |
| | Occupation Dentist | 9/11/2000 9/22/2000 | \$50.00 \$250.00 |
| | Aggregate Year-to-Date > \$ 425.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Edward Meckler 5900 Landerbrook Dr #100 Suite 100 Mayfield Heights OH 44124 | Self-employed | | |
| | Occupation Dentist | 9/22/2000 | \$50.00 |
| | Aggregate Year-to-Date > \$ 200.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| James Mercer 7 W Bowery St #806 Akron OH 44308 | Self-employed | | |
| | Occupation Dentist | 9/28/2000 | \$50.00 |
| | Aggregate Year-to-Date > \$ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Dennis Moody 7341 Eisenhower Dr Youngstown OH 44512 | Self-employed | | |
| | Occupation Dentist | 9/7/2000 9/7/2000 9/7/2000 | \$50.00 \$72.00 \$500.00 |
| | Aggregate Year-to-Date > \$ 522.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| T Michael Murphy 1134 Independence Marion OH 43302 | Self-employed | | |
| | Occupation Dentist | 7/26/2000 8/26/2000 | \$500.00 \$250.00 |
| | Aggregate Year-to-Date > \$ 750.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Jeanne Nicolatte 799 Eastwind Dr Westerville OH 43081 | Self-employed | | |
| | Occupation Dentist | 8/23/2000 8/24/2000 | \$100.00 \$50.00 |
| | Aggregate Year-to-Date > \$ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 9
FOR LINE NUMBER 11 a L

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------------|-------------------------|------------------------------------|
| Scott Null 1339 W Main St Newark, OH 43055 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 7/26/2000 8/14/2000 | \$125.00 \$250.00 |
| | Aggregate Year-to-Date | \$ 375.00 | |
| Ronald L Occilomero 5241 Wilson Mills Rd Richmond Heights OH 44143 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/11/2000 | \$50.00 |
| | Aggregate Year-to-Date | \$ 250.00 | |
| Jerry Patrilarca 128 Mentor Ave Painesville OH 44077 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/11/2000 | \$200.00 |
| | Aggregate Year-to-Date | \$ 200.00 | |
| Theodore Pope 18 W Wenger Rd Englewood OH 45322 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$50.00 |
| | Aggregate Year-to-Date | \$ 250.00 | |
| J M Samovskiy 1220 E Elm St #204 Lima OH 45804 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/11/2000 | \$200.00 |
| | Aggregate Year-to-Date | \$ 200.00 | |
| Michael Schaeffer 522 Cincinnati-Batavia Pk Cincinnati OH 45244 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/25/2000 8/25/2000 | \$50.00 \$50.00 |
| | Aggregate Year-to-Date | \$ 200.00 | |
| | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | | |
| | Aggregate Year-to-Date | \$ | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
FOR LINE NUMBER 1146

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

| | | | |
|---|--|--|---|
| A. Full Name, Mailing Address and ZIP Code Michael Schumacher 3600 Olentangy River Rd Suite 600 Columbus OH 43214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-employed | Date (month, day, year) 9/11/2000 | Amount of Each Receipt this Period \$150.00 |
| | Occupation Dentist Aggregate Year-to-Date > 9 \$200.00 | | |
| B. Full Name, Mailing Address and ZIP Code Stephen Small 4447 Talmadge Rd #A Toledo OH 43623 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-employed | Date (month, day, year) 7/20/2000 8/22/2000 9/14/2000 | Amount of Each Receipt this Period \$50.00 \$100.00 \$100.00 |
| | Occupation Dentist Aggregate Year-to-Date > 8 \$225.00 | | |
| C. Full Name, Mailing Address and ZIP Code Ralph E Snelson 3919 E Market St Warren OH 44484 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-employed | Date (month, day, year) 9/7/2000 8/28/2000 9/28/2000 8/29/2000 | Amount of Each Receipt this Period \$50.00 \$100.00 \$125.00 \$150.00 |
| | Occupation Dentist Aggregate Year-to-Date > 8 \$475.00 | | |
| D. Full Name, Mailing Address and ZIP Code Ronald Stanich 6730 Wales Ave NW Massillon OH 44846 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-employed | Date (month, day, year) 8/9/2000 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Dentist Aggregate Year-to-Date > 8 \$500.00 | | |
| E. Full Name, Mailing Address and ZIP Code James Steiner 240 Bethesda Ave Cincinnati OH 45229 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-employed | Date (month, day, year) 9/8/2000 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Dentist Aggregate Year-to-Date > 6 \$250.00 | | |
| F. Full Name, Mailing Address and ZIP Code Robert Stevenson III 3600 Olentangy River Rd Columbus OH 43214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-employed | Date (month, day, year) 8/14/2000 9/28/2000 | Amount of Each Receipt this Period \$50.00 \$300.00 |
| | Occupation Dentist Aggregate Year-to-Date > 8 \$550.00 | | |
| G. Full Name, Mailing Address and ZIP Code Timothy Tilton 124 Third Street Marietta OH 45750 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self-employed | Date (month, day, year) 8/25/2000 | Amount of Each Receipt this Period \$475.00 |
| | Occupation Dentist Aggregate Year-to-Date > 8 \$475.00 | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 8
FOR LINE NUMBER 11 R L

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

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-----------------------|-------------------------------------|------------------------------------|
| Terrence Wenger 6801 Mayfield Rd STE 293 Mayfield Hts OH 44124 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/23/2000 | \$250.00 |
| | | Aggregate Year-to-Date > \$ | \$250.00 |
| Frank Williams 3729 Lee Rd Cleveland OH 44120 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/22/2000 | \$50.00 |
| | | Aggregate Year-to-Date > \$ | \$250.00 |
| George Williams 4774 Munson Ave NW Canton OH 44718 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/30/2000 7/26/2000 | \$50.00 \$500.00 |
| | | Aggregate Year-to-Date > \$ | \$550.00 |
| Roger Winland 715 W Union St PO Box 140 Athens OH 45701-0140 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 7/26/2000 8/15/2000 9/14/2000 | \$250.00 \$100.00 \$250.00 |
| | | Aggregate Year-to-Date > \$ | \$800.00 |
| Michael Zetz 789 White Pond Drive Suite b Akron OH 44320 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/17/2000 | \$200.00 |
| | | Aggregate Year-to-Date > \$ | \$200.00 |
| Michael Zimmerman 6100 E Main St Suite 110 Columbus OH 43213 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$1,000.00 |
| | | Aggregate Year-to-Date > \$ | \$1,100.00 |
| James Zimmerman Jr 5650 W Central Ave Bldg D Toledo OH 43615 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 8/25/2000 | \$475.00 |
| | | Aggregate Year-to-Date > \$ | \$525.00 |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
FOR LINE NUMBER 11 A L

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. Full Name, Mailing Address and ZIP Code Ronald Lemino 2776 Bishop Rd Suite A Wiloughby Hills OH 44092 | Name of Employer Self-employed Occupation Dentist | Date (month, day, year) 7/25/2000 9/25/2000 | Amount of Each Receipt this Period \$500.00 \$50.00 |
|--|--|---|--|
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 550.00 | | |
| B. Full Name, Mailing Address and ZIP Code David Swartz 6827 N High St #115 Worthington OH 43085 | Name of Employer Self-employed Occupation Dentist | Date (month, day, year) 9/14/2000 | Amount of Each Receipt this Period \$150.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| C. Full Name, Mailing Address and ZIP Code Julia Roberts 107 W Main St Norwalk OH 44857-1439 | Name of Employer Self-employed Occupation Dentist | Date (month, day, year) 9/22/2000 | Amount of Each Receipt this Period \$200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| D. Full Name, Mailing Address and ZIP Code Ronald Grycko 9050 Plainfield Road Blue Ash OH 45236 | Name of Employer Self-employed Occupation Dentist | Date (month, day, year) 9/22/2000 | Amount of Each Receipt this Period \$530.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 530.00 | | |
| E. Full Name, Mailing Address and ZIP Code Judy Robinson 15 Southmoore Circle NE Kettering OH 45429 | Name of Employer Self-employed Occupation Dentist | Date (month, day, year) 8/25/2000 9/14/2000 | Amount of Each Receipt this Period \$125.00 \$125.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 250.00 | | |
| F. Full Name, Mailing Address and ZIP Code Linda Kabbas 2882 E Main St Columbus OH 43209 | Name of Employer Self-employed Occupation Dentist | Date (month, day, year) 9/23/2000 | Amount of Each Receipt this Period \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 350.00 | | |
| G. Full Name, Mailing Address and ZIP Code Nancy Lujan 1370 Dublin Road Columbus OH 43215 | Name of Employer Self-employed Occupation Dentist | Date (month, day, year) 9/28/2000 | Amount of Each Receipt this Period \$200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 200.00 | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
FOR LINE NUMBER 11 R L

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. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|-----------------------------|-------------------------|------------------------------------|
| Peg Cissell 1370 Dublin Road Columbus OH 43215 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/28/2000 | \$250.00 |
| | Aggregate Year-to-Date > \$ | \$250.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Bill Elk 701 Hill Rd N Pickerington OH 43147 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$295.00 |
| | Aggregate Year-to-Date > \$ | \$295.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Lloyd Hagedorn 7750 West Jefferson Blvd. Fort Wayne IN 46804 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/28/2000 | \$500.00 |
| | Aggregate Year-to-Date > \$ | \$500.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David Harris Jr 4506 Darrow Rd Stow OH 44224 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/23/2000 | \$250.00 |
| | Aggregate Year-to-Date > \$ | \$250.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| James Geslotto 350 S Wooster Ave Strasburg OH 44680 | Self-employed | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dentist | 9/22/2000 | \$1,000.00 |
| | Aggregate Year-to-Date > \$ | \$1,000.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional)

18,132.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 112

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. Full Name, Mailing Address and ZIP Code Ohio Society of Oral Maxillofacial Surgeons PAC E. Karl Schneider, Treasurer Mentor OH 4406-4585 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 2,500.00 | Date (month, day, year) 8/24/2000 | Amount of Each Receipt this Period 2,500.00 |
|---|---|--|--|
| B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | |
| TOTAL This Period (last page this line number only) | 2,500.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 19
FOR LINE NUMBER 22

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. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| American Dental Political Action Committee 1111 14th Street N.W. #1100 Washington DC 20005 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/1/00 | \$1,885.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| American Dental Political 1111 14th Street N.W. #1100 Washington DC 20005 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 6/29/00 | \$250.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,115.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9
FOR LINE NUMBER 29

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. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Citizens for Austria Committee Treas: Arnold Fife 2537 Obetz Drive Beavercreek OH 45424 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$250.00 |
| Citizens for Buehrer Treas: Sandra K. Barber 319 E. Elm Street Wauseon OH 43667 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$300.00 |
| Citizens for Callender Treas: John S. Paxson 29227 Oakdale Wilowick OH 44095 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| Citizens for Carey Treas: Donald Wallon 196 OakRidge Edillon Wadeston OH 45692 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$1,000.00 |
| Citizens for Dewine Treas: Jim Caldwell 3209 Roanoke Court Fairborn OH 45324 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| Citizens for Gardner Treas: Mike Sibberan 431 North Prospect Street Bowling Green OH 43402 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/29/00 | \$2,500.00 |
| Citizens for Geoffrey G. Smith Treas: Bill Curtis 866 Macon Alley Columbus OH 43206 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| Citizens for Greg L. DiDonato Treas: Linda Warner 615 N. Water Street Uhrichsville OH 44683 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$500.00 |
| Citizens for Lou Blessing Treas: Lou Blessing 3153 McGill Lane Cincinnati OH 45251 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

6,150.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Ohio Dental Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Citizens for Olman Treas: Clayton Hall 2 Marlina Plaza Tokoe OH 43604 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| B. Full Name, Mailing Address and ZIP Code Citizens for Reidelbach Treas: Ms. Susan Kyle 57 E. Gay Street Columbus OH 43215 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/29/00 | \$400.00 |
| C. Full Name, Mailing Address and ZIP Code Citizens for Salerno Treas: Sue Kick 58 E. Gay Street Columbus OH 43215 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| D. Full Name, Mailing Address and ZIP Code Citizens for Schuring Treas: Dolores Loomis 330 3rd Street N.W. Canton OH 44702 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$1,500.00 |
| E. Full Name, Mailing Address and ZIP Code Citizens to Elect James M. Hoops Treas: Maria Heitmeyer Oklawa OH 45875 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| F. Full Name, Mailing Address and ZIP Code Clancy Committee Treas: Peter Sciamanna 4474 Woodtrail Lane Cincinnati OH 45237 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$500.00 |
| G. Full Name, Mailing Address and ZIP Code Comm to Elect Kerry Metzger Treas: Doug Sopher 1186 Fourth Street SE New Philadelphia OH 44663 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$2,500.00 |
| H. Full Name, Mailing Address and ZIP Code Comm to Elect L. George Distel Treas: Dale A. Distel 495 Middle Road Conneaut OH 44030 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| I. Full Name, Mailing Address and ZIP Code Comm to Elect Shirley Smith Treas: Karen Evans 13901 Woodworth Avenue Cleveland OH 44112 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |

SUBTOTAL of Disbursements This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 46
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Ohio Dental Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Comm. to Elect Ambruster Treas: Helen Hurst 34421 Bainbridge Road North Ridgeville OH 44039 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/27/00 | \$150.00 |
| B. Full Name, Mailing Address and ZIP Code Comm. to Elect D. Goodman Treas: John Rosan 875 S. Remington Road Bexley OH 43209 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| C. Full Name, Mailing Address and ZIP Code Comm. to Elect Fred Strahm Treas: Tom Roberts 223 Kenwood Avenue Dayton OH 45405 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/29/00 | \$100.00 |
| D. Full Name, Mailing Address and ZIP Code Comm. to Re-Elect Jack Ford Treas: Cynthia Ford 1835 Shenandoah Toledo OH 43607 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$500.00 |
| E. Full Name, Mailing Address and ZIP Code Committee for Jim Hughes Treas: Brad Sinnott 372 Birchwood Lane Westerville OH 43081 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/29/00 | \$300.00 |
| F. Full Name, Mailing Address and ZIP Code Committee for Jan M. Peterson Treas: Shelby V. Hutchins 178 Hillside Drive Delaware OH 43015 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| G. Full Name, Mailing Address and ZIP Code Committee to Elect Treas George Metelsky 4808 Timberview Drive Lorain OH 44053 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$400.00 |
| H. Full Name, Mailing Address and ZIP Code Committee to Elect Ann Worner Benjamin Treas: Larry Oswick Aurora OH 44202 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| I. Full Name, Mailing Address and ZIP Code Committee to Elect Bill Harris Treas: Jim Hess 1238 Township Road 1506 Ashland OH 44805 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$2,500.00 |

SUBTOTAL of Disbursements This Page (optional)

4,600.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Ohio Dental Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Committee to Elect Calvert State Representative Treas: Gerry Smith Madira OH 44255 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$150.00 |
| B. Full Name, Mailing Address and ZIP Code Committee to Elect Ray Miller Treas: Stephanie Barnett 1325 Haddon Road Columbus OH 43209 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$200.00 |
| C. Full Name, Mailing Address and ZIP Code Committee to Re-elect Bill Hartnett Treas: Donna Selbert Mansfield OH 44903 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| D. Full Name, Mailing Address and ZIP Code Doug White For Good Government Wendell Rickey-Treasurer 18877 SR 136 Winchester OH 45897 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$1,750.00 |
| E. Full Name, Mailing Address and ZIP Code Friends of Dan Brady Treas: Dona Brady 1272 West Blvd. Cleveland OH 44102 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| F. Full Name, Mailing Address and ZIP Code Friends of Eileen Krupinski Treas: Jerry Krupinski 2713 Cleveland Avenue Staubenville OH 43952 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$100.00 |
| G. Full Name, Mailing Address and ZIP Code Friends of Fanger Treas: Ken Fanger 600 Superior Avenue #E Cleveland OH 44114 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/29/00 | \$100.00 |
| H. Full Name, Mailing Address and ZIP Code Friends of Greg Jolivetle Treas: Mike Jolivetle 520 Oakwood Drive Hamilton OH 45013 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| I. Full Name, Mailing Address and ZIP Code Friends of Jim Mettler Treas: Lynn Wilkins 5871 Eaglebrook Road Toledo OH 43615 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$100.00 |

SUBTOTAL of Disbursements This Page (optional)

3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 7
FOR LINE NUMBER 79

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. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Friends of Kevin Coughlin Treas: Donald Pond 2324 Jola Avenue Cuyahoga Falls OH 44223 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/5/00 | \$100.00 |
| Friends of Peter Lawson Jones Treas: Amos Z. Mahusa 3025 West Belvoir Oval Shaker Heights OH 44122-2838 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| Gardner for State Senate Comm Treas: Sue Kyle 57 E. Gay Street Columbus OH 43215 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$500.00 |
| Hollister for State Representative Treas: Dorothy Pulnam Marietta OH 45750 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| House Democratic Caucus Fund Treas: Otto Beatty, Jr. 271 E. State Street Columbus OH 43215 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$500.00 |
| House Democratic Caucus Fund Treas: Otto Beatty, Jr. 271 E. State Street Columbus OH 43215 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| Husted for State Representative Treas: Carl Wick 148 Sherbrooke Drive Kettering OH 45429 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| Jim Anastades for State Representative Committee Treas: Mervin J. Dixon Coshocton OH 43812 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$200.00 |
| Larry Mumper for State Senate Treas: Mark Radebaugh 1195 Chanteloop Drive Marion OH 43302 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$250.00 |

SUBTOTAL of Disbursements This Page (optional)

2,450.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Ohio Dental Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Ogg's Election Committee Treas: William K. Ogg 17 South Selgler Lane Stouff OH 45684 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$300.00 |
| Ogg's Election Committee Treas: William K. Ogg 17 South Selgler Lane Stouff OH 45684 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$200.00 |
| Ohio House Republican Campaign Committee Treas: Mathew Yuskowich Columbus OH 43215 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/5/00 | \$2,500.00 |
| Ohio House Republican Campaign Committee Treas: Mathew Yuskowich Columbus OH 43215 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$2,500.00 |
| Ohio Senate Democrats Treas: Olga M. Hesch 271 East State Street Columbus OH 43215 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/5/00 | \$1,000.00 |
| Ohio Senate Republicans Republican Senate Campaign Com. Treas: Sherry Wagner Columbus OH 43215 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$5,000.00 |
| Return 2000 Treas: Mark Mulligan 2736 East Sand Road Port Clinton OH 43452 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$100.00 |
| Republican State Committee Treas: James Compher 354 Arch Street Chillicothe OH 45601 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| Republican State Committee Treas: James Compher 354 Arch Street Chillicothe OH 45601 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$150.00 |

SUBTOTAL of Disbursements This Page (optional)

11,950.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Ohio Dental Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Roger Evans for State Rep. Com Treas: Dave Sanders 2525 N. Limestone Street Springfield OH 45503 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/29/00 | \$150.00 |
| B. Full Name, Mailing Address and ZIP Code Scott Nein for Good Government Treas: Michael D. Miller P.O. Box 414 Middletown OH 45044 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |
| C. Full Name, Mailing Address and ZIP Code Sen Leigh Harington Committee Treas: Dorothy Nettle P.O. box 18273 Columbus OH 43218-0273 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$500.00 |
| D. Full Name, Mailing Address and ZIP Code Taft - O'Connor Treas: Mark B. LaPlace 211 South Fifth Street Columbus OH 43215 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/29/00 | \$1,000.00 |
| E. Full Name, Mailing Address and ZIP Code The Committee to Elect Rep. Williamowski Treas: Ben E. Diepenbrock Lima, OH 45801 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$300.00 |
| F. Full Name, Mailing Address and ZIP Code The Friends of Gary W. Cabas Treas: Jill Gates 6542 Seminole Drive West Chester OH 45069 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$1,000.00 |
| G. Full Name, Mailing Address and ZIP Code The Friends of John E. Barnes Committee Treas: Ozie Smith Cleveland OH 44128 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/20/00 | \$150.00 |
| H. Full Name, Mailing Address and ZIP Code The Friends of John E. Barnes Committee Treas: Ozie Smith Cleveland OH 44128 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| I. Full Name, Mailing Address and ZIP Code The Shoemaker Committee Treas: Dwight Radcliff 330 Sylvan Circle Circleville OH 43113 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$250.00 |

SUBTOTAL of Disbursements This Page (optional)

3,800.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Ohio Dental Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Vota Damschroder Treas: Shiry Hauleshell 906 W. State Street Framont OH 43426 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Webster Running for State Representative Committee Treas: Sandra Caldwell Fairfield OH 45014 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$200.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Wilson for House Treas: Terry Lee 227 N. Lincoln Avenue Bridgeport OH 43912 | Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7/31/00 | \$300.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

Return of uncashed check

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Ohio Dental Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Contribution | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------------------|---|
| Finan Campaign Committee Tom Siemers, Treasurer 8827 Whipperwill Drive Cincinnati OH 45230 | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Original 4/30/00 WDCO 7/28/00 | (\$2,500.00) |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

(2,500.00)


TOTAL This Period (last page this line number only)

36,250.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) 10/18/00 |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
|  PREPARER | 10/16/00 DATE PREPARED |