

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

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

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)