

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. Ohio Dental Association Political Action Committee

ADDRESS (number and street) 1370 Dublin Rd Columbus OH 43215 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00011544 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 01 / 13 / 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="2015"/>		<input type="text" value="530443.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="537639.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="76388.00"/>	<input type="text" value="184543.50"/>
(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="614027.47"/>	<input type="text" value="714987.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53838.19"/>	<input type="text" value="154797.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="560189.28"/>	<input type="text" value="560189.28"/>
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).....	57310.00	108695.00
(ii) Unitemized	19078.00	75848.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	76388.00	184543.50
(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)	76388.00	184543.50
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))..... ▶	76388.00	184543.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	76388.00	184543.50

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	895.84	1791.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	895.84	1791.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	7500.00
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	52942.35	145506.81
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)) ..	53838.19	154797.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53838.19	154797.81

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)	76388.00	184543.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76388.00	184543.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	895.84	1791.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	895.84	1791.00

**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 102
(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 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: Primary General Other (specify) **General**
 Aggregate Year-to-Date **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11AI.11005
 Amount of Each Receipt this Period
100.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11135
 Amount of Each Receipt this Period
500.00

C. Dr Brittany Beth Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7321 Seraphim Ct
 City Galena State OH Zip Code 43021-6003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.11311
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **850.00**
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 7 OF 102
(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 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: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 20 / 2015**
Transaction ID : SA11AI.10957
 Amount of Each Receipt this Period **250.00**

B. Dr Scott W Arndt
 Full Name (Last, First, Middle Initial)
 Mailing Address 33650 Center Ridge Rd
 City North Ridgeville State OH Zip Code 44039-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 08 / 2015**
Transaction ID : SA11AI.11206
 Amount of Each Receipt this Period **125.00**

C. Dr Gregory Austria
 Full Name (Last, First, Middle Initial)
 Mailing Address 1289 N Monroe Dr
 City Xenia State OH Zip Code 45385-1655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.11230
 Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 8 OF 102
	(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 Joseph J Baytosh
Full Name (Last, First, Middle Initial)

Mailing Address 136 S State St

City State Zip Code
Girard OH 44420-2947

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 08 / 2015
Transaction ID : SA11AI.11204

Amount of Each Receipt this Period
250.00

B. Dr Canise Y Bean
Full Name (Last, First, Middle Initial)

Mailing Address 1407 Haddon Rd

City State Zip Code
Columbus OH 43209-3103

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
375.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.11183

Amount of Each Receipt this Period
250.00

C. Dr Ted Beitelschees
Full Name (Last, First, Middle Initial)

Mailing Address 416 River Rd

City State Zip Code
Maumee OH 43537-3433

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 10 / 2015
Transaction ID : SA11AI.11226

Amount of Each Receipt this Period
125.00

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 9 OF 102
(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 M Beninger
 Full Name (Last, First, Middle Initial)
 Mailing Address 5002 Foote Rd
 City State Zip Code
 Medina OH 44256-5396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.11088
 Amount of Each Receipt this Period
 250.00

B. Dr Mark L Billy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5437 Mahoning Ave
 City State Zip Code
 Youngstown OH 44515-2437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.11192
 Amount of Each Receipt this Period
 250.00

C. Dr Michael A Blum
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 S Miller Rd Ste 102
 City State Zip Code
 Fairlawn OH 44333-4167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.11246
 Amount of Each Receipt this Period
 500.00

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 102
	(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 Donald F Bowers Jr
Full Name (Last, First, Middle Initial)

Mailing Address 2043 N EdGeneralemont Rd

City	State	Zip Code
Columbus	OH	43212-1065

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.11099

Amount of Each Receipt this Period

250.00

B. Dr Kathy Brisley-Sedon
Full Name (Last, First, Middle Initial)

Mailing Address 700 Berkshire Dr

City	State	Zip Code
Medina	OH	44256-2708

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

Transaction ID : SA11AI.11117

Amount of Each Receipt this Period

250.00

C. Dr Mark E Bronson
Full Name (Last, First, Middle Initial)

Mailing Address 4935 Paddock Rd

City	State	Zip Code
Cincinnati	OH	45237-5548

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : SA11AI.11245

Amount of Each Receipt this Period

500.00

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 11 OF 102
(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 Lisa Browning

Mailing Address 24300 Chagrin Blvd Ste 104

City State Zip Code
 Beachwood OH 44122-5629

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

Name of Employer Occupation
 Self-Employed Dentist

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

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.11031

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr Chris D Carrico

Mailing Address 5889 Alder Ct

City State Zip Code
 Liberty Township OH 45044-5780

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

Name of Employer Occupation
 Self-Employed Dentist

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

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.11281

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Dr Paul S Casamassimo

Mailing Address Nationwide Children Hospital
 Department of Dentistry

City State Zip Code
 Columbus OH 43205-2664

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

Name of Employer Occupation
 Self-Employed Dentist

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

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.10919

Amount of Each Receipt this Period
 250.00

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 12 OF 102
	(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 David Graham Chesnut
Full Name (Last, First, Middle Initial)
Mailing Address 1150 W Locust St Ste 400

City Wilmington	State OH	Zip Code 45177-2063
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
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Receipt For:
 Primary General
 Other (specify) **General**

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : SA11AI.11065

Amount of Each Receipt this Period

250.00

B. Dr Roger Lee Clouse
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 458

City Vienna	State OH	Zip Code 44473-0458
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FEC ID number of contributing federal political committee. **C**

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

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.11073

Amount of Each Receipt this Period

250.00

c. Dr George S Cochran
Full Name (Last, First, Middle Initial)
Mailing Address 1066 Chelsea Ave

City Napoleon	State OH	Zip Code 43545-1294
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dentist
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Receipt For:
 Primary General
 Other (specify) **General**

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SA11AI.11014

Amount of Each Receipt this Period

250.00

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 13 OF 102
	<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 George S Cochran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1066 Chelsea Ave
 City Napoleon State OH Zip Code 43545-1294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : SA11AI.11049
 Amount of Each Receipt this Period **250.00**

B. Dr George S Cochran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1066 Chelsea Ave
 City Napoleon State OH Zip Code 43545-1294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.11151
 Amount of Each Receipt this Period **250.00**

C. Dr Sheldon Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 35585 Lake Shore Blvd # 1
 City Eastlake State OH Zip Code 44095-1963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.10947
 Amount of Each Receipt this Period **250.00**

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 14 OF 102
(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 Andrea M Company
 Full Name (Last, First, Middle Initial)
 Mailing Address 1470 E Valentine Cir NW
 City State Zip Code
 Canton OH 44708-3100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11134
 Amount of Each Receipt this Period
 250.00

B. Dr Timothy W Conley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5188 Winton Rd
 City State Zip Code
 Fairfield OH 45014-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11136
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : SA11AI.11093
 Amount of Each Receipt this Period
 250.00

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 15 OF 102
	<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 M Cronley
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 675
 City State Zip Code
 Waynesville OH 45068-0675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2015
Transaction ID : SA11AI.10952
 Amount of Each Receipt this Period
250.00

B. Dr David N Croop
 Full Name (Last, First, Middle Initial)
 Mailing Address 3197 Linwood Ave
 City State Zip Code
 Cincinnati OH 45208-2962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 09 / 2015
Transaction ID : SA11AI.11217
 Amount of Each Receipt this Period
125.00

C. Dr Joseph P Crowley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3475 N Bend Rd
 City State Zip Code
 Cincinnati OH 45239-8602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 15 / 2015
Transaction ID : SA11AI.11242
 Amount of Each Receipt this Period
1000.00

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: PAGE 16 OF 102
(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 Milo Lawrence Danzeisen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4339 Sadalia Rd
 City Toledo State OH Zip Code 43623-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.11272
 Amount of Each Receipt this Period
125.00

B. Dr William R Davidson
 Full Name (Last, First, Middle Initial)
 Mailing Address 9365 Olde 8 Rd
 City Northfield State OH Zip Code 44067-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.11188
 Amount of Each Receipt this Period
250.00

C. Dr Daniel De Angelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 McKay Court
 City Boardman State OH Zip Code 44512-5790
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11AI.11152
 Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 17 OF 102
	<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 Gregory T W Droba
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 E Waterloo Rd
 City Akron State OH Zip Code 44319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA11AI.11209
 Amount of Each Receipt this Period
250.00

B. Dr Charles Du Bois
 Full Name (Last, First, Middle Initial)
 Mailing Address 65015 Old Twenty One Rd
 City Cambridge State OH Zip Code 43725-9621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : SA11AI.11058
 Amount of Each Receipt this Period
250.00

C. 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) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11AI.11012
 Amount of Each Receipt this Period
250.00

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 18 OF 102
(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 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) **General**
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.11255
 Amount of Each Receipt this Period
500.00

B. Dr Nancy Dysinger
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 Pheasant Run PI
 City Findlay State OH Zip Code 45840-7080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.11039
 Amount of Each Receipt this Period
250.00

C. Dr Karl G Espeleta
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 W Wenger Rd
 City Englewood State OH Zip Code 45322-2725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.10931
 Amount of Each Receipt this Period
250.00

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 19 OF 102
(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 Karl G Espeleta
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 W Wenger Rd
 City Englewood State OH Zip Code 45322-2725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.11250
 Amount of Each Receipt this Period
500.00

B. Dr Jeffrey C Esterburg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1063 S Court St
 City Medina State OH Zip Code 44256-2824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11130
 Amount of Each Receipt this Period
250.00

C. Dr Jon R Ewig
 Full Name (Last, First, Middle Initial)
 Mailing Address 3585 Wendleton Ln
 City Beavercreek State OH Zip Code 45432-2753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015
Transaction ID : SA11AI.10951
 Amount of Each Receipt this Period
500.00

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: PAGE 20 OF 102
(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 James T Fanno
 Full Name (Last, First, Middle Initial)
 Mailing Address 4811 Munson St NW
 City State Zip Code
 Canton OH 44718-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.10925
 Amount of Each Receipt this Period
 250.00

B. Dr Craig John Farrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 17040 Cooper Ct
 City State Zip Code
 Chagrin Falls OH 44023-9353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.10930
 Amount of Each Receipt this Period
 250.00

C. Dr Dale Anne Featheringham
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Browning Ct
 City State Zip Code
 Dublin OH 43017-1177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : SA11AI.11213
 Amount of Each Receipt this Period
 500.00

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 21 OF 102
(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 John Felton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Oakwood Dr
 City State Zip Code
 Tiffin OH 44883-1976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11124
 Amount of Each Receipt this Period
 250.00

B. Dr Henry W Fields Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 1393 Harrison Pond Dr
 City State Zip Code
 New Albany OH 43054-9592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11AI.11108
 Amount of Each Receipt this Period
 250.00

C. Dr Martin G Fitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 296 Kenderton Trail
 City State Zip Code
 Dayton OH 45430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11AI.11046
 Amount of Each Receipt this Period
 250.00

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 22 OF 102
	(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 Loren Frumker
Full Name (Last, First, Middle Initial)

Mailing Address 4212 State Route 306 Ste 206

City	State	Zip Code
Willoughby	OH	44094-9248

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.11007

Amount of Each Receipt this Period
250.00

B. Dr Philip Edward Gallagher
Full Name (Last, First, Middle Initial)

Mailing Address 2482 Ferry Rd

City	State	Zip Code
Bellbrook	OH	45305-8907

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SA11AI.11221

Amount of Each Receipt this Period
125.00

C. Dr Eric R Gallatin
Full Name (Last, First, Middle Initial)

Mailing Address 221 W Franklin St

City	State	Zip Code
Dayton	OH	45459-4703

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

Name of Employer	Occupation
Self-Employed	Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

Transaction ID : SA11AI.10927

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 23 OF 102
	<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

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 Eric R Gallatin		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2015 Transaction ID : SA11AI.11256
Mailing Address 221 W Franklin St		Amount of Each Receipt this Period 500.00
City Dayton	State OH	Zip Code 45459-4703
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) <input type="checkbox"/> General	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dr Juliane C Gallatin		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 04 / 2015 Transaction ID : SA11AI.10928
Mailing Address 221 W Franklin St		Amount of Each Receipt this Period 250.00
City Dayton	State OH	Zip Code 45459-4703
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) <input type="checkbox"/> General	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr Krikor P Ghazarian		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2015 Transaction ID : SA11AI.11263
Mailing Address 5635 Stonestrow Dr		Amount of Each Receipt this Period 250.00
City Wooster	State OH	Zip Code 44691-7442
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) <input type="checkbox"/> General	Aggregate Year-to-Date ▼ 250.00	

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 24 OF 102
	<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

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 Alissa Lauren Gibson
Full Name (Last, First, Middle Initial)
Mailing Address 1590 Crestview Dr Ste 2
City Ashland State OH Zip Code 44805-3560
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 22 / 2015**
Transaction ID : SA11AI.11273
Amount of Each Receipt this Period **125.00**

B. Dr Mark C Gorman
Full Name (Last, First, Middle Initial)
Mailing Address 29001 Cedar Rd Ste 453
City Lyndhurst State OH Zip Code 44124-6501
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 04 / 2015**
Transaction ID : SA11AI.10923
Amount of Each Receipt this Period **500.00**

C. Dr Scott E Gray
Full Name (Last, First, Middle Initial)
Mailing Address 214 W National Rd
City Englewood State OH Zip Code 45322-1430
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.11148
Amount of Each Receipt this Period **500.00**

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: (check only one)	PAGE 25 OF 102
	<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

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 J Gross
Full Name (Last, First, Middle Initial)

Mailing Address 34501 Aurora Rd Ste 303

City Solon State OH Zip Code 44139-3831

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.11103

Amount of Each Receipt this Period
250.00

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

Mailing Address 35100 Euclid Ave Ste 209

City Willoughby State OH Zip Code 44094-4510

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.10954

Amount of Each Receipt this Period
250.00

C. Dr Hans P Guter
Full Name (Last, First, Middle Initial)

Mailing Address 221 Players Club Ct.

City Commercial Pt. State OH Zip Code 43116

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11AI.11143

Amount of Each Receipt this Period
250.00

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 26 OF 102
	(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 Maria C 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
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 03 / 2015**
Transaction ID : SA11AI.11178
Amount of Each Receipt this Period **250.00**

B. Dr Michael H Halasz
Full Name (Last, First, Middle Initial)
Mailing Address 229 E Stroop Rd
City Kettering State OH Zip Code 45429
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 30 / 2015**
Transaction ID : SA11AI.11299
Amount of Each Receipt this Period **250.00**

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

Date of Receipt **08 / 20 / 2015**
Transaction ID : SA11AI.10962
Amount of Each Receipt this Period **250.00**

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 102
	<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 Dale Richard Hazelbaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 N Limestone St
 City Springfield State OH Zip Code 45503-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 08 / 2015**
Transaction ID : SA11AI.11015
 Amount of Each Receipt this Period **250.00**

B. Dr Daniel P Heffernan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6040 Harrison Ave
 City Cincinnati State OH Zip Code 45248-1608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **2000.00**

Date of Receipt **12 / 10 / 2015**
Transaction ID : SA11AI.11229
 Amount of Each Receipt this Period **1000.00**

C. Dr Jamison P Hendricks
 Full Name (Last, First, Middle Initial)
 Mailing Address 4181 Center Rd
 City Brunswick State OH Zip Code 44212-2935
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.11147
 Amount of Each Receipt this Period **250.00**

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 28 OF 102
	<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 Denise L Hering
Full Name (Last, First, Middle Initial)
Mailing Address 7643 E Main St
City Reynoldsburg State OH Zip Code 43068-1209
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Dentist
Receipt For:
 Primary General
 Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11AI.11300
Amount of Each Receipt this Period
250.00

B. Dr Annette M Hilaman
Full Name (Last, First, Middle Initial)
Mailing Address 2345 Cleveland Ave
City Columbus State OH Zip Code 43211-1611
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Dentist
Receipt For:
 Primary General
 Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt
08 / 20 / 2015
Transaction ID : SA11AI.10963
Amount of Each Receipt this Period
250.00

C. Dr Robert M Hinkle
Full Name (Last, First, Middle Initial)
Mailing Address 250 W Bridge St
City Dublin State OH Zip Code 43017-2123
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Dentist
Receipt For:
 Primary General
 Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt
12 / 17 / 2015
Transaction ID : SA11AI.11261
Amount of Each Receipt this Period
250.00

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 29 OF 102
	<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 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) **General**

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11AI.11047

Amount of Each Receipt this Period
250.00

B. Dr Michael J Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 57 Graham Rd

City Cuyahoga Falls State OH Zip Code 44223-1204

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2015
Transaction ID : SA11AI.11116

Amount of Each Receipt this Period
250.00

C. Dr Berta Howard
Full Name (Last, First, Middle Initial)

Mailing Address 257 Millville Oxford Rd

City Hamilton State OH Zip Code 45013-4476

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2015
Transaction ID : SA11AI.10966

Amount of Each Receipt this Period
250.00

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 30 OF 102
(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 Philip M Howard
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 Millville Oxford Rd
 City Hamilton State OH Zip Code 45013-4476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015
Transaction ID : SA11AI.10965
 Amount of Each Receipt this Period
250.00

B. 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) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 07 / 2015
Transaction ID : SA11AI.10938
 Amount of Each Receipt this Period
250.00

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) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.11297
 Amount of Each Receipt this Period
250.00

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 102
	<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 John A Hudec
Full Name (Last, First, Middle Initial)

Mailing Address Hudec Dental
3329 Broadview Road

City Cleveland State OH Zip Code 44109-3315

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **500.00**

Date of Receipt
08 / 04 / 2015

Transaction ID : SA11AI.11064

Amount of Each Receipt this Period
500.00

B. Dr Robert T Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 1999 Woodson Ct.

City Dayton State OH Zip Code 45459-1347

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **1000.00**

Date of Receipt
12 / 17 / 2015

Transaction ID : SA11AI.11251

Amount of Each Receipt this Period
500.00

C. 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) **General**

Aggregate Year-to-Date **250.00**

Date of Receipt
10 / 05 / 2015

Transaction ID : SA11AI.11048

Amount of Each Receipt this Period
250.00

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:	PAGE 32 OF 102
	(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 Harold S Jeter
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 517

City South Point	State OH	Zip Code 45680-0517
---------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2015

Transaction ID : SA11AI.11060

Amount of Each Receipt this Period
250.00

B. 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) **General**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : SA11AI.11033

Amount of Each Receipt this Period
250.00

C. Dr Stephen M. Joseph
Full Name (Last, First, Middle Initial)
Mailing Address 1654 S Smithville Rd

City Dayton	State OH	Zip Code 45410-3238
----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.11000

Amount of Each Receipt this Period
250.00

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 102
(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 Dania Kafri

Mailing Address 4774 Munson St NW
Ste 304

City State Zip Code
Canton OH 44718

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2015
Transaction ID : SA11AI.10969

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Jennifer A Kale

Mailing Address 10135 Darrow Rd

City State Zip Code
Twinsburg OH 44087-1411

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2015
Transaction ID : SA11AI.11094

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Dr Edith Y Kang

Mailing Address 896 Augusta Glen Dr

City State Zip Code
Columbus OH 43235-5014

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2015
Transaction ID : SA11AI.11017

Amount of Each Receipt this Period
250.00

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 34 OF 102
(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 Wade Karhan
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 N Main St
 City Rittman State OH Zip Code 44270-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2015
Transaction ID : SA11AI.11041
 Amount of Each Receipt this Period
250.00

B. Dr Wade Karhan
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 N Main St
 City Rittman State OH Zip Code 44270-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.11164
 Amount of Each Receipt this Period
125.00

C. Dr James A Karlowicz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 Parkdale Dr
 City Dover State OH Zip Code 44622-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2015
Transaction ID : SA11AI.11190
 Amount of Each Receipt this Period
750.00

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 35 OF 102
(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 James R Karpac
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 W Bridge St
 City State Zip Code
 Dublin OH 43017-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : SA11AI.11059
 Amount of Each Receipt this Period
 250.00

B. Dr Steven J Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3690 Orange Pl Ste 520
 City State Zip Code
 Beachwood OH 44122-4466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : SA11AI.11194
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.11260
 Amount of Each Receipt this Period
 250.00

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 36 OF 102
	(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 Thomas S Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 3700 Park East Dr
Suite 180

City Beachwood State OH Zip Code 44122-4339

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **1000.00**

Date of Receipt
12 / 14 / 2015

Transaction ID : SA11AI.11237

Amount of Each Receipt this Period
500.00

B. Dr Ruchika Khetarpal
Full Name (Last, First, Middle Initial)

Mailing Address 18 E 4th St Unit 1001

City Cincinnati State OH Zip Code 45202-3712

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
12 / 03 / 2015

Transaction ID : SA11AI.11166

Amount of Each Receipt this Period
125.00

C. Dr David R Kimberly
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) **General**

Aggregate Year-to-Date **250.00**

Date of Receipt
09 / 03 / 2015

Transaction ID : SA11AI.11095

Amount of Each Receipt this Period
250.00

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: PAGE 37 OF 102
(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 Gene Paul King
 Full Name (Last, First, Middle Initial)
 Mailing Address 5005 Horizons Dr
 City Columbus State OH Zip Code 43220-5287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 04 / 2015**
Transaction ID : SA11AI.10926
 Amount of Each Receipt this Period **250.00**

B. Dr Michael Dean Kinser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4102 Roosevelt Blvd
 City Middletown State OH Zip Code 45044-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.11022
 Amount of Each Receipt this Period **250.00**

C. 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) **General**
 Aggregate Year-to-Date **225.00**

Date of Receipt **08 / 04 / 2015**
Transaction ID : SA11AI.11067
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **600.00**
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 102
	<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 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) **General**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : SA11AI.10971

Amount of Each Receipt this Period
250.00

B. Dr Charlene B Krejci
Full Name (Last, First, Middle Initial)

Mailing Address 3609 Park East Dr Ste 411

City Beachwood	State OH	Zip Code 44122-4309
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FEC ID number of contributing federal political committee. **C**

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : SA11AI.11034

Amount of Each Receipt this Period
250.00

C. Dr Rebecca M Kucera
Full Name (Last, First, Middle Initial)

Mailing Address 9075 Town Centre Dr Ste 130

City Broadview HeiGeneralhts	State OH	Zip Code 44147-4045
---------------------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
-125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2015

Transaction ID : SA11AI.11316

Amount of Each Receipt this Period
-125.00

SUBTOTAL of Receipts This Page (optional).....	▶	375.00
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 102
	<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 Diana A Kyrkos
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Dover Center Rd Ste 17
 City State Zip Code
 Bay VillaGenerale OH 44140-2370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.10922
 Amount of Each Receipt this Period
 250.00

B. Dr Kevin M Laing
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 S Shannon St
 City State Zip Code
 Van Wert OH 45891-1926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : SA11AI.11056
 Amount of Each Receipt this Period
 250.00

C. Dr Cheryl J Lampe
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 780
 City State Zip Code
 Pataskala OH 43062-0780
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2015
Transaction ID : SA11AI.10972
 Amount of Each Receipt this Period
 250.00

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 40 OF 102
	<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 Lisa Ann Lang
Full Name (Last, First, Middle Initial)
Mailing Address 2124 Cornell Rd
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) **General**
Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 17 / 2015**
Transaction ID : SA11AI.11247
Amount of Each Receipt this Period **260.00**

B. Dr Matthew R Lark
Full Name (Last, First, Middle Initial)
Mailing Address 4315 N Holland Sylvania Rd
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) **General**
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 09 / 2015**
Transaction ID : SA11AI.11212
Amount of Each Receipt this Period **250.00**

C. Dr Kenneth H Lawrence
Full Name (Last, First, Middle Initial)
Mailing Address 8857 Mentor Ave
City Mentor State OH Zip Code 44060-6211
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 03 / 2015**
Transaction ID : SA11AI.11179
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **760.00**
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 41 OF 102
	<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 Lisa A Lehky
Full Name (Last, First, Middle Initial)
Mailing Address 55 S Miller Rd Ste 101

City Fairlawn	State OH	Zip Code 44333-4167
------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11AI.11129

Amount of Each Receipt this Period
250.00

B. Dr Lisa A Lehky
Full Name (Last, First, Middle Initial)
Mailing Address 55 S Miller Rd Ste 101

City Fairlawn	State OH	Zip Code 44333-4167
------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.11309

Amount of Each Receipt this Period
250.00

c. Dr Craig T Leland
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 356

City Greenville	State OH	Zip Code 45331-0356
--------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : SA11AI.10973

Amount of Each Receipt this Period
250.00

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 102
	<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 Craig T Leland
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 356

City Greenville State OH Zip Code 45331-0356

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.11243

Amount of Each Receipt this Period
 125.00

B. Dr Ronald P Lemmo
Full Name (Last, First, Middle Initial)

Mailing Address 2775 Bishop Rd Ste A

City Wickliffe State OH Zip Code 44092-2683

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11AI.11045

Amount of Each Receipt this Period
 250.00

C. Dr David A Lewicki
Full Name (Last, First, Middle Initial)

Mailing Address 7555 Fredle Dr Ste 120

City Painesville State OH Zip Code 44077-9417

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : SA11AI.11016

Amount of Each Receipt this Period
 250.00

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 43 OF 102
(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 Beth A Loew
 Full Name (Last, First, Middle Initial)
 Mailing Address 2204 Inchcliff Rd
 City Columbus State OH Zip Code 43221-2716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 03 / 2015**
Transaction ID : SA11AI.10997
 Amount of Each Receipt this Period **250.00**

B. Dr Mark Alan Logeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2761 Erie Ave
 City Cincinnati State OH Zip Code 45208-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 30 / 2015**
Transaction ID : SA11AI.11215
 Amount of Each Receipt this Period **250.00**

C. Dr Leland E Mac Donald
 Full Name (Last, First, Middle Initial)
 Mailing Address 16530 W River Rd
 City Bowling Green State OH Zip Code 43402-9267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 18 / 2015**
Transaction ID : SA11AI.11264
 Amount of Each Receipt this Period **125.00**

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 44 OF 102
	(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 David Mahilo
Full Name (Last, First, Middle Initial)

Mailing Address 102 N Hamilton Rd

City Gahanna	State OH	Zip Code 43230-2602
-----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

Transaction ID : SA11AI.10982

Amount of Each Receipt this Period

250.00

B. Dr James R Male
Full Name (Last, First, Middle Initial)

Mailing Address 55 Granville St

City Columbus	State OH	Zip Code 43230-3003
------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.11268

Amount of Each Receipt this Period

250.00

C. Dr Richard Louis Marcucci
Full Name (Last, First, Middle Initial)

Mailing Address 5000 Oberlin Ave
Westwood Dent Arts Bldg

City Lorain	State OH	Zip Code 44053-3432
----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.11306

Amount of Each Receipt this Period

125.00

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 45 OF 102
(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 Elaine J Markowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 E Waterloo Rd
 City Akron State OH Zip Code 44319-1240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : SA11AI.11210
 Amount of Each Receipt this Period
250.00

B. Dr Christopher Dix Masoner
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 N Harding Rd
 City Columbus State OH Zip Code 43209-1583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2015
Transaction ID : SA11AI.11163
 Amount of Each Receipt this Period
250.00

C. Dr Thomas Matanzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Fernwood Rd
 City Wintersville State OH Zip Code 43953-9616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2015
Transaction ID : SA11AI.10932
 Amount of Each Receipt this Period
500.00

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 102
(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 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) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2015
Transaction ID : SA11AI.11071
 Amount of Each Receipt this Period
 250.00

B. Dr Bryan Dewitt May
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 S Mulberry St
 City State Zip Code
 Logan OH 43138-1292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.11310
 Amount of Each Receipt this Period
 500.00

C. Dr Dewitt T May
 Full Name (Last, First, Middle Initial)
 Mailing Address 933 Military Rd
 City State Zip Code
 Zanesville OH 43701-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.11258
 Amount of Each Receipt this Period
 250.00

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 47 OF 102
	<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 Brittany Soden McCarthy
Full Name (Last, First, Middle Initial)

Mailing Address 106 S. Harding Rd.

City Columbus State OH Zip Code 43209-1583

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.11312

Amount of Each Receipt this Period **500.00**

B. Dr John S McDonald
Full Name (Last, First, Middle Initial)

Mailing Address Univ Medical Arts Bldg
222 Piedmont Ave Ste 8400

City Cincinnati State OH Zip Code 45219-4230

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 28 / 2015**

Transaction ID : SA11AI.11283

Amount of Each Receipt this Period **125.00**

C. Dr Alex T Mellion
Full Name (Last, First, Middle Initial)

Mailing Address 6508 Cross Creek Trl

City Brecksville State OH Zip Code 44141-3100

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 30 / 2015**

Transaction ID : SA11AI.11303

Amount of Each Receipt this Period **250.00**

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 48 OF 102
	<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 Zachary Joseph Mellion
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Baker Blvd
 City Fairlawn State OH Zip Code 44333-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : SA11AI.11276
 Amount of Each Receipt this Period
500.00

B. Dr Eric Richard Menke
 Full Name (Last, First, Middle Initial)
 Mailing Address 6827 N High St Ste 115
 City Worthington State OH Zip Code 43085-2517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2015
Transaction ID : SA11AI.10933
 Amount of Each Receipt this Period
250.00

C. Dr James E Metz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1271 E Broad St
 City Columbus State OH Zip Code 43205-1429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11125
 Amount of Each Receipt this Period
250.00

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 49 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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 Glen Richard Meyer

Full Name (Last, First, Middle Initial)
Mailing Address 105 E 4th St Suite 1175

City Cincinnati	State OH	Zip Code 45202-4021
--------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

Transaction ID : SA11AI.10940

Amount of Each Receipt this Period

125.00

B. Dr Glen Richard Meyer

Full Name (Last, First, Middle Initial)
Mailing Address 105 E 4th St Suite 1175

City Cincinnati	State OH	Zip Code 45202-4021
--------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : SA11AI.11072

Amount of Each Receipt this Period

125.00

C. Dr Glen Richard Meyer

Full Name (Last, First, Middle Initial)
Mailing Address 105 E 4th St Suite 1175

City Cincinnati	State OH	Zip Code 45202-4021
--------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

Transaction ID : SA11AI.11172

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....	500.00
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 50 OF 102
(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 Gregory C Michaels
 Full Name (Last, First, Middle Initial)
 Mailing Address 823 N Columbus St
 City Lancaster State OH Zip Code 43130-2549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **375.00**

Date of Receipt **12 / 06 / 2015**
Transaction ID : SA11AI.11191
 Amount of Each Receipt this Period **250.00**

B. Dr Cynthia J Mikula
 Full Name (Last, First, Middle Initial)
 Mailing Address 572 Dover Center Rd
 City Bay VillaGenerale State OH Zip Code 44140-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : SA11AI.11076
 Amount of Each Receipt this Period **250.00**

C. Dr Lytha K Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1493
 City Piqua State OH Zip Code 45356-1093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 05 / 2015**
Transaction ID : SA11AI.11110
 Amount of Each Receipt this Period **250.00**

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 51 OF 102
(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 Thomas A Montagnese

Mailing Address 1550 Cooper Foster Park Rd W

City Lorain State OH Zip Code 44053-3616

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.11145

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Dennis M Moody

Mailing Address 7341 Eisenhower Dr

City Youngstown State OH Zip Code 44512-5798

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : SA11AI.11146

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Dr Timothy Moore

Mailing Address 2508 Bethel Rd

City Columbus State OH Zip Code 43220-2293

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : SA11AI.10948

Amount of Each Receipt this Period
250.00

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: PAGE 52 OF 102
(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 Gregory Stuart Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 6175 Som Center Rd Ste 150
 City Solon State OH Zip Code 44139-2966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2015
Transaction ID : SA11AI.11290
 Amount of Each Receipt this Period
250.00

B. Dr Wade J Najem
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 S Miller Rd Ste 101
 City Fairlawn State OH Zip Code 44333-4167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11128
 Amount of Each Receipt this Period
250.00

C. Dr Wade J Najem
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 S Miller Rd Ste 101
 City Fairlawn State OH Zip Code 44333-4167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.11308
 Amount of Each Receipt this Period
250.00

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 102
	<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 Rebecca West Natale
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 Niles Cortland Rd NE Ste 1
 City Warren State OH Zip Code 44484-1978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.11149
 Amount of Each Receipt this Period **250.00**

B. Dr William Nelson Sr
 Full Name (Last, First, Middle Initial)
 Mailing Address 7575 Fredle Dr Ste 101
 City Painesville State OH Zip Code 44077-9413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 28 / 2015**
Transaction ID : SA11AI.11285
 Amount of Each Receipt this Period **100.00**

C. Dr Kayvon F Nezhad
 Full Name (Last, First, Middle Initial)
 Mailing Address 2540 N Limestone St
 City Springfield State OH Zip Code 45503-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 01 / 2015**
Transaction ID : SA11AI.11092
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 102
	<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 Jennie E Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 243 S Broadway St
 City Medina State OH Zip Code 44256-2601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2015
Transaction ID : SA11AI.11109
 Amount of Each Receipt this Period
250.00

B. Dr Jeanne M. Nicolette
 Full Name (Last, First, Middle Initial)
 Mailing Address 5783 Crighton Dr
 City Dublin State OH Zip Code 43016-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : SA11AI.11224
 Amount of Each Receipt this Period
250.00

C. Dr Keith Alan Norwalk
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 W 5th St
 City Genoa State OH Zip Code 43430-1701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : SA11AI.11265
 Amount of Each Receipt this Period
250.00

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 102
(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 Scott Allen Null
 Full Name (Last, First, Middle Initial)
 Mailing Address 1339 W Main St
 City Newark State OH Zip Code 43055-1821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2015
Transaction ID : SA11AI.11050
 Amount of Each Receipt this Period
250.00

B. Dr Roger Okuley
 Full Name (Last, First, Middle Initial)
 Mailing Address 707 Fox Road Ste 200
 City Van Wert State OH Zip Code 45891-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.11105
 Amount of Each Receipt this Period
125.00

C. Mr David Owsiany
 Full Name (Last, First, Middle Initial)
 Mailing Address 1370 Dublin Rd
 City Columbus State OH Zip Code 43215-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.11121
 Amount of Each Receipt this Period
250.00

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 56 OF 102
(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 Q Paris

Mailing Address 550 E Market St Ste 108

City Akron State OH Zip Code 44304-1635

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 17 / 2015
Transaction ID : SA11AI.11159

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Sharon Kay Parsons

Mailing Address 2862 E Main St

City Columbus State OH Zip Code 43209-3709

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
10 / 06 / 2015
Transaction ID : SA11AI.11138

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr Thomas J Perrino

Mailing Address 7565 Kenwood Rd Ste 201

City Cincinnati State OH Zip Code 45236-2835

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 29 / 2015
Transaction ID : SA11AI.11293

Amount of Each Receipt this Period
125.00

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: (check only one)	PAGE 57 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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 Robert Thomas Perry
Full Name (Last, First, Middle Initial)
Mailing Address 5335 Far Hills Ave Ste 118

City Dayton	State OH	Zip Code 45429-2317
----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2015

Transaction ID : SA11AI.11157

Amount of Each Receipt this Period
500.00

B. 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) **General**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.11214

Amount of Each Receipt this Period
250.00

C. Dr Tonya L Phillips
Full Name (Last, First, Middle Initial)
Mailing Address 112 S Market St

City Generalalion	State OH	Zip Code 44833-2626
----------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.11077

Amount of Each Receipt this Period
250.00

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 58 OF 102
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	<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 Tonya L Phillips
Full Name (Last, First, Middle Initial)
Mailing Address 112 S Market St
City Generalation State OH Zip Code 44833-2626
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 03 / 2015**
Transaction ID : SA11AI.11165
Amount of Each Receipt this Period **250.00**

B. Dr Theodore R Pope
Full Name (Last, First, Middle Initial)
Mailing Address 573 W David Pkwy
City Kettering State OH Zip Code 45429-1977
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 03 / 2015**
Transaction ID : SA11AI.10990
Amount of Each Receipt this Period **250.00**

C. Dr Ronald Louis Poulos
Full Name (Last, First, Middle Initial)
Mailing Address 7655 5 Mile Rd Ste 214
City Cincinnati State OH Zip Code 45230-4326
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11AI.11201
Amount of Each Receipt this Period **125.00**

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: (check only one)	PAGE 59 OF 102
	<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

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 Sidney D Price
Full Name (Last, First, Middle Initial)
Mailing Address 2172 Stowmont Ct
City Dublin State OH Zip Code 43016-9563
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : SA11AI.11078
Amount of Each Receipt this Period **250.00**

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) **General**
Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 05 / 2015**
Transaction ID : SA11AI.11052
Amount of Each Receipt this Period **500.00**

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) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 04 / 2015**
Transaction ID : SA11AI.10920
Amount of Each Receipt this Period **250.00**

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 60 OF 102
(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 Daniel Reichert

Mailing Address 924 Shroyer Rd

City State Zip Code
Dayton OH 45419-3632

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2015
Transaction ID : SA11AI.11106

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr Elliott F Rice

Mailing Address 248 N Chestnut St

City State Zip Code
Jefferson OH 44047-1128

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2015
Transaction ID : SA11AI.11053

Amount of Each Receipt this Period
250.00

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

Mailing Address 7265 Far Hills Ave

City State Zip Code
Dayton OH 45459-4206

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

Name of Employer Occupation
Self-Employed Dentist

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11140

Amount of Each Receipt this Period
250.00

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 61 OF 102
(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 Julie Spettel Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 W Main St
 City Norwalk State OH Zip Code 44857-1439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2015
Transaction ID : SA11AI.11066
 Amount of Each Receipt this Period
250.00

B. Dr Kelly Ann Roth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4124 Fulton Dr NW Ste 201
 City Canton State OH Zip Code 44718-2852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : SA11AI.11141
 Amount of Each Receipt this Period
500.00

C. Dr Jon A Saadey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3620 Stutz Dr
 City Canfield State OH Zip Code 44406-9176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2015
Transaction ID : SA11AI.11079
 Amount of Each Receipt this Period
250.00

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 62 OF 102
(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 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) **General**
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 28 / 2015**
Transaction ID : SA11AI.11061
 Amount of Each Receipt this Period **250.00**

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) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.10945
 Amount of Each Receipt this Period **250.00**

C. Dr Keith M Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address 7207 Hopkins Rd
 City Mentor State OH Zip Code 44060-6425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.11038
 Amount of Each Receipt this Period **250.00**

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 63 OF 102
	<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 Jenifer M Schnettler
Full Name (Last, First, Middle Initial)
Mailing Address 4425 Fulton Dr NW
City Canton State OH Zip Code 44718-2863
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 06 / 2015**
Transaction ID : SA11AI.11142
Amount of Each Receipt this Period **250.00**

B. Dr David G Scurria
Full Name (Last, First, Middle Initial)
Mailing Address 6780 Perimeter Dr Ste 100
City Dublin State OH Zip Code 43016-8063
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 03 / 2015**
Transaction ID : SA11AI.11009
Amount of Each Receipt this Period **250.00**

C. Dr Marybeth D Shaffer
Full Name (Last, First, Middle Initial)
Mailing Address 320 Columbia St
City Leetonia State OH Zip Code 44431-1291
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 06 / 2015**
Transaction ID : SA11AI.11189
Amount of Each Receipt this Period **250.00**

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 64 OF 102
(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 Dennis Victor Shaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Lancaster Pike
 City State Zip Code
 Circleville OH 43113-9400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.11023
 Amount of Each Receipt this Period
 250.00

B. Dr Bryan J Simone
 Full Name (Last, First, Middle Initial)
 Mailing Address 4104 Broadway
 City State Zip Code
 Generalrove City OH 43123-3065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2015
Transaction ID : SA11AI.11080
 Amount of Each Receipt this Period
 250.00

C. Dr David A Smeltzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3705 Olentangy River Rd Ste 200
 City State Zip Code
 Columbus OH 43214-3467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : SA11AI.11029
 Amount of Each Receipt this Period
 250.00

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 65 OF 102
	<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 Nimisha Somaiya
Full Name (Last, First, Middle Initial)
Mailing Address 4451 W Franklin St
City Bellbrook State OH Zip Code 45305-1554
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.11231
Amount of Each Receipt this Period **500.00**

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

Date of Receipt **07 / 02 / 2015**
Transaction ID : SA11AI.10937
Amount of Each Receipt this Period **250.00**

C. Dr D Mark Stewart
Full Name (Last, First, Middle Initial)
Mailing Address 1010 N 21st St
City Newark State OH Zip Code 43055-2984
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Dentist
Receipt For: Primary General Other (specify) **General**
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 29 / 2015**
Transaction ID : SA11AI.11291
Amount of Each Receipt this Period **125.00**

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:	PAGE 66 OF 102
	(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 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) **General**

Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : SA11AI.10987

Amount of Each Receipt this Period
250.00

B. Dr Kumar Subramanian
Full Name (Last, First, Middle Initial)

Mailing Address 161 Clint Dr Ste 300

City Pickerington State OH Zip Code 43147-7794

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.11193

Amount of Each Receipt this Period
500.00

c. Dr Glenn R Swearingen Jr
Full Name (Last, First, Middle Initial)

Mailing Address 210 N 3rd St

City Toronto State OH Zip Code 43964-1418

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SA11AI.11298

Amount of Each Receipt this Period
125.00

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

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

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FOR LINE NUMBER: PAGE 67 OF 102
(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 Nicholas Jason Terse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4431 Metler Ct
 City Powell State OH Zip Code 43065-6024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **225.00**

Date of Receipt **12 / 28 / 2015**
Transaction ID : SA11AI.11287
 Amount of Each Receipt this Period **125.00**

B. Dr Gary Allen Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 E Home Rd
 City Springfield State OH Zip Code 45503-2728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 15 / 2015**
Transaction ID : SA11AI.11026
 Amount of Each Receipt this Period **250.00**

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) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : SA11AI.10977
 Amount of Each Receipt this Period **125.00**

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 102
(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 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) **General**
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 14 / 2015
Transaction ID : SA11AI.11120
 Amount of Each Receipt this Period
125.00

B. 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) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015
Transaction ID : SA11AI.11144
 Amount of Each Receipt this Period
125.00

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) **General**
 Aggregate Year-to-Date **625.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.11257
 Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... **375.00**
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 102
	<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 Chris Bernard Uhlenbrock
 Full Name (Last, First, Middle Initial)
 Mailing Address 5624 Glenway Ave
 City Cincinnati State OH Zip Code 45238-2104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2015
Transaction ID : SA11AI.11083
 Amount of Each Receipt this Period
250.00

B. Dr Brent Addison Van Hala
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 Hudson St
 City Hudson State OH Zip Code 44236-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015
Transaction ID : SA11AI.11302
 Amount of Each Receipt this Period
250.00

C. Dr Kathleen Ann Varley
 Full Name (Last, First, Middle Initial)
 Mailing Address 291 Sumption Dr.
 City Gahanna State OH Zip Code 43230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Dentist
 Receipt For:
 Primary General
 Other (specify) **General**
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2015
Transaction ID : SA11AI.11228
 Amount of Each Receipt this Period
500.00

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 70 OF 102
(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 Mark R Vermillion
 Full Name (Last, First, Middle Initial)
 Mailing Address 5925 N Main St Ste B
 City Dayton State OH Zip Code 45415-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 21 / 2015**
Transaction ID : SA11AI.11084
 Amount of Each Receipt this Period **250.00**

B. Dr Brad A Vosler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 E Central Ave
 City Miamisburg State OH Zip Code 45342-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 17 / 2015**
Transaction ID : SA11AI.11252
 Amount of Each Receipt this Period **250.00**

C. Dr Paula A Vosler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 E Central Ave
 City Miamisburg State OH Zip Code 45342-3544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 17 / 2015**
Transaction ID : SA11AI.11253
 Amount of Each Receipt this Period **250.00**

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 71 OF 102
(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 Andrew Brookins Wade
 Full Name (Last, First, Middle Initial)
 Mailing Address 5249 W Broad St
 City Columbus State OH Zip Code 43228-5606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2015**
Transaction ID : SA11AI.10943
 Amount of Each Receipt this Period **250.00**

B. Dr Aico H Watanabe
 Full Name (Last, First, Middle Initial)
 Mailing Address 29115 Center Ridge Rd
 City Westlake State OH Zip Code 44145-5222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 10 / 2015**
Transaction ID : SA11AI.11155
 Amount of Each Receipt this Period **250.00**

C. 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) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 04 / 2015**
Transaction ID : SA11AI.11063
 Amount of Each Receipt this Period **125.00**

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: (check only one)	PAGE 72 OF 102
<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 Ira Weiss
Full Name (Last, First, Middle Initial)
Mailing Address 3755 Orange Pl 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) **General**

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	03	/	2015

Transaction ID : SA11AI.11006

Amount of Each Receipt this Period
250.00

B. Dr Reid Michael Wenger
Full Name (Last, First, Middle Initial)
Mailing Address 5825 Landerbrook Dr Ste 224

City Mayfield Heights	State OH	Zip Code 44124-6533
--------------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.11085

Amount of Each Receipt this Period
1000.00

C. Dr Michael E Whitcomb Jr
Full Name (Last, First, Middle Initial)
Mailing Address 6827 N High St Ste 115

City Worthington	State OH	Zip Code 43085-2517
---------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

Transaction ID : SA11AI.10974

Amount of Each Receipt this Period
250.00

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 73 OF 102
	<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 John C White
 Full Name (Last, First, Middle Initial)
 Mailing Address 89 1 St St
 City Hudson State OH Zip Code 44236-5389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : SA11AI.11305
 Amount of Each Receipt this Period
125.00

B. Dr David A Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 9420 Dayton Lebanon Pike
 City Dayton State OH Zip Code 45458-3860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Dentist
 Receipt For: Primary General Other (specify) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015
Transaction ID : SA11AI.11279
 Amount of Each Receipt this Period
125.00

C. Dr George T Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 4774 Munson St NW Ste 303
 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) **General**
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 21 / 2015
Transaction ID : SA11AI.11057
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....	500.00
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 74 OF 102
	<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 George T Williams
Full Name (Last, First, Middle Initial)
Mailing Address 4774 Munson St NW Ste 303

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) **General**

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 03 / 2015
Transaction ID : SA11AI.11174

Amount of Each Receipt this Period
250.00

B. Dr Michael R Williams
Full Name (Last, First, Middle Initial)
Mailing Address 4789 Munson St NW

City Canton	State OH	Zip Code 44718-3612
----------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 30 / 2015
Transaction ID : SA11AI.11301

Amount of Each Receipt this Period
250.00

C. Dr Thomas F Yash
Full Name (Last, First, Middle Initial)
Mailing Address 1056 Delta Ave

City Cincinnati	State OH	Zip Code 45208-3160
--------------------	-------------	------------------------

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

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 26 / 2015
Transaction ID : SA11AI.11282

Amount of Each Receipt this Period
125.00

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 75 OF 102
(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. Full Name (Last, First, Middle Initial)
Dr William J Zouhary

Mailing Address 849 Dixie Hwy

City Rossford State OH Zip Code 43460-1375

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

Name of Employer Self-Employed Occupation Dentist

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

Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015

Transaction ID : SA11AI.10986

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	57310.00

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: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB21B.11324

Amount of Each Disbursement this Period

895.84

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

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

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

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

895.84

895.84

**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 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. Brenner For Ohio

Mailing Address Treas:Donald Dages
8824 Clearview Lake Ct.

City Powell State OH Zip Code 43065

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SB29.10882

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian D. Hill for State Rep.

Mailing Address Treas:Lynn Abrams-Spilker
2585 Ashbury Chapel Rd.

City Zanesville State OH Zip Code 43701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SB29.10889

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brinkman Campaign Comm.

Mailing Address Treas: Cathy Brinkman
3215 Hardisty Ave.

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : SB29.10910

Amount of Each Disbursement this Period

250.00

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

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

1250.00

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**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. Brinkman Campaign Comm.

Mailing Address Treas: Cathy Brinkman
3215 Hardisty Ave.

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10911

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Butler for Ohio

Mailing Address Treas:Bryan Michel
1401 Devereux Drive

City Oakwood State OH Zip Code 45419

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10894

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cecil Thomas Senate Comm.

Mailing Address Treas:Kristina L.Thomas
515 Clinton Springs Ave.

City Cincinnati State OH Zip Code 45217

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SB29.10876

Amount of Each Disbursement this Period

250.00

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

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

1250.00

**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. Citiz. for Amstutz

Mailing Address Treas: Matthew Hochstetler
4456 Wood Lake Trail

City Wooster State OH Zip Code 44691

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB29.10914

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citiz. For Anne Gonzales

Mailing Address Treas: William Curlis
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2015

Transaction ID : SB29.10883

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Citiz. For Anne Gonzales

Mailing Address Treas: William Curlis
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Fund Raiser Exp - Contribution In-Kind

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015 Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : SB29.11318

Amount of Each Disbursement this Period

314.12

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

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

3814.12

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

Form/Schedule: SB29

Transaction ID : SB29.11318

Contribution In-Kind

Form/Schedule:

Transaction ID:

**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. Citiz. For Anne Gonzales

Mailing Address Treas: William Curlis
865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.10884

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Citiz. for Obhof

Mailing Address Treas: Roger Beckett
5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.10874

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Citiz. for Schuring Comm.

Mailing Address Treas: Delores Loomis
330 Third St. NW

City Canton State OH Zip Code 44702

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.10913

Amount of Each Disbursement this Period

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

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

**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. Citiz. to Elect Kyle Koehler

Mailing Address Treas:Larry L. Shaw
4674 Hominy Ridge Rd.

City Springfield State OH Zip Code 45502

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

/ /

12 / 31 / 2015

Transaction ID : SB29.10858

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Blessing

Mailing Address Treas: Louis Blessing
3378 Dolomar Drive

City Cincinnati State OH Zip Code 45239

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

/ /

09 / 15 / 2015

Transaction ID : SB29.10895

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Citizens for Blessing

Mailing Address Treas: Louis Blessing
3378 Dolomar Drive

City Cincinnati State OH Zip Code 45239

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

/ /

12 / 31 / 2015

Transaction ID : SB29.10896

Amount of Each Disbursement this Period

750.00

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

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

1500.00

**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. Citizens for Brown

Mailing Address Treas: John Kevern
2352 Homestead Dr.

City Perrysburg State OH Zip Code 43551

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB29.10909

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens For Duffey

Mailing Address Treas: Angela White
645 Farrington Dr.

City Worthington State OH Zip Code 43085

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB29.10900

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Citizens for McColley

Mailing Address Treas: Jeff Brubaker
15 Lemans Dr.

City Napoleon State OH Zip Code 43545

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB29.10902

Amount of Each Disbursement this Period

500.00

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

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

1750.00

**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. Citizens for Perales

Mailing Address Treas:Patrick Wendling
2766 Chatham Ct.

City State Zip Code
Beavercreek OH 45431

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SB29.10881

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Rezabek

Mailing Address Treas:Gloria M.Marano
111 W. First St. Ste 519

City State Zip Code
Dayton OH 45402

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SB29.10868

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Citizens For Stinziano

Mailing Address Treas: Leon Kessel
550 E. Walnut St.

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2015

Transaction ID : SB29.10899

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

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**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. Citz.For Niraj Antani

Mailing Address Treas:Scott Ryan
8547 White Cedar Dr. #321

City State Zip Code
Miamisburg OH 45342

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10859

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citz. to Elect Tony Burkley

Mailing Address Treas: Gary Adams
6306 Rd 55

City State Zip Code
Payne OH 45880

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10912

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Com. Elect Robert Hackett

Mailing Address Treas:Phyllis Alder
2050 Palouse Dr.

City State Zip Code
London OH 43140

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10901

Amount of Each Disbursement this Period

1000.00

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

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

2250.00

**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. Comm. to Elect Doug Green

Mailing Address Treas:Gail DeClaire
708 South High Street

City State Zip Code
Mt. Orab OH 45154

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

/ /
12 / 31 / 2015

Transaction ID : SB29.10877

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Comm. To Elect Patmon

Mailing Address Treas: Linda Williams
867 East Boulevard

City State Zip Code
Cleveland OH 44108

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

/ /
07 / 15 / 2015

Transaction ID : SB29.10886

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Comm.to Elect Rosenberger

Mailing Address Treas: Bret Dixon
7027 St. Rt. 350 W., POB 343

City State Zip Code
Clarksville OH 45113

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

/ /
12 / 31 / 2015

Transaction ID : SB29.10891

Amount of Each Disbursement this Period

5000.00

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

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

6500.00

**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. Comm.to Elect S. Slesnick

Mailing Address Treas: Matt Gugnion
4725 Greenbriar Square

City State Zip Code
Canton OH 44717

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SB29.10907

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Comm to Elect Fred Strahorn

Mailing Address Treas: Tom Roberts
531 Belmont Park N. #1001

City State Zip Code
Dayton OH 45405-4749

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SB29.10893

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Comm To Elect Michael O'Brien

Mailing Address Treas:Margaret March
1849 Edgewood NE

City State Zip Code
Warren OH 44483

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SB29.10875

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. Cupp for State Rep Comm.

Mailing Address Treas:Matthew Mitchell
3003 W. Hume Rd.

City State Zip Code
Lima OH 45806

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

/ /
12 / 31 / 2015

Transaction ID : SB29.10860

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. Elect Devitis

Mailing Address Treas:M. Yuskewich
4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

/ /
08 / 31 / 2015

Transaction ID : SB29.10856

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Elect Devitis

Mailing Address Treas:M. Yuskewich
4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
Contribtuion In-Kind Fund Raiser

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
09 / 16 / 2015

Transaction ID : SB29.11320

Amount of Each Disbursement this Period

314.12

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

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

4064.12

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.11320

In-Kind Contribution

Form/Schedule:

Transaction ID:

**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. Elect Devitis

Mailing Address **Treas:M. Yuskewich
4679 Winterset Drive**

City **Columbus** State **OH** Zip Code **43220**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10857

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Bill Coley

Mailing Address **Treas:Carolyn Coley
8265 Cherry Laurel Drive**

City **Liberty Township** State **OH** Zip Code **45044**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10885

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Bill Reineke

Mailing Address **Treas:Christopher English
122 Sunny Lane**

City **Tiffin** State **OH** Zip Code **44883**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10887

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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 Hearcel F.Craig

Mailing Address Treas:Donald J.McTigue
545 E.Town St.

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB29.10873

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of J.Eklund

Mailing Address Treas:Greg Schmidt
12040 Burlington Glen Dr.

City Chardon State OH Zip Code 44024

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) General

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB29.10869

Amount of Each Disbursement this Period

1000.00

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) General

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB29.10861

Amount of Each Disbursement this Period

250.00

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

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

2250.00

**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 Jonathan Dever

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Mailing Address Treas:Seth Schwartz
632 Vine St. Suite 805

Transaction ID : SB29.10862

City Cincinnati State OH Zip Code 45202

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

General

Full Name (Last, First, Middle Initial)

B. Friends of Lou Gentile

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Mailing Address Treas: Brandon Reese
500 Luray Drive

Transaction ID : SB29.10897

City Wintersville State OH Zip Code 43953

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

General

Full Name (Last, First, Middle Initial)

C. Friends of Lou Terhar

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Mailing Address Treas:Jennifer Terhar
5595 Boomer Rd.

Transaction ID : SB29.10878

City Cincinnati State OH Zip Code 45247

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

General

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

1500.00

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

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**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 Margy Conditt

Mailing Address Treas:David Bruno
6959 Rock Springs Dr.

City State Zip Code
Liberty Township OH 45011

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SB29.10898

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Mike Henne

Mailing Address Treas: William Driver
8447 Diamond Mill Road

City State Zip Code
Clayton OH 45315

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SB29.10863

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Friends of N. Celebrezze

Mailing Address Treas:Mark Dottore
2344 Canal Road

City State Zip Code
Cleveland OH 44113

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2015

Transaction ID : SB29.10864

Amount of Each Disbursement this Period

1000.00

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

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

2250.00

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**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 Ron Young

Mailing Address Treas:Kathaleen Young
6893 Mildon Dr.

City Leroy Township State OH Zip Code 44077

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SB29.10904

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Ryan Smith

Mailing Address Treas:Troy Johnson
63 Cedar Street

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

Transaction ID : SB29.10865

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Shannon Jones

Mailing Address Treas:Anne Stremanos
800 Valley View Point

City Springboro State OH Zip Code 45066

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Transaction ID : SB29.10906

Amount of Each Disbursement this Period

3000.00

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

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

4500.00

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**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 Shannon Jones

Mailing Address Treas:Anne Stremanos
800 Valley View Point

City Springboro State OH Zip Code 45066

Purpose of Disbursement
Fund Raiser IN-Kind

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2015

Transaction ID : SB29.11322

Amount of Each Disbursement this Period

314.11

Full Name (Last, First, Middle Initial)

B. Friends of Wes Retherford

Mailing Address Treas:Shirley Retherford
350 Ashley Brook Dr.

City Hamilton State OH Zip Code 45013

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2015

Transaction ID : SB29.10879

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Wes Retherford

Mailing Address Treas:Shirley Retherford
350 Ashley Brook Dr.

City Hamilton State OH Zip Code 45013

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2015

Transaction ID : SB29.10880

Amount of Each Disbursement this Period

500.00

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

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

1314.11

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

Form/Schedule: SB29

Transaction ID : SB29.11322

In-Kind contribution Fundraiser expense

Form/Schedule:

Transaction ID:

**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. Hagan for State Rep.

Mailing Address **Treas:Tina Hagan
11301 Marlboro Ave.**

City **Alliance** State **OH** Zip Code **44601**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

/ /
12 / 31 / 2015

Transaction ID : SB29.10890

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hyatt Regency Columbus

Mailing Address **PO Box 301596**

City **Dallas** State **TX** Zip Code **75303-1596**

Purpose of Disbursement
Fund Raiser Exp - Contribution In-Kind

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: **2015**
 Primary General
 Other (specify) **General**

Date of Disbursement

/ /
09 / 16 / 2015

Transaction ID : SB29.11319

Amount of Each Disbursement this Period

314.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Hyatt Regency Columbus

Mailing Address **PO Box 301596**

City **Dallas** State **TX** Zip Code **75303-1596**

Purpose of Disbursement
In-Kind Exp

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: **2015**
 Primary General
 Other (specify) **General**

Date of Disbursement

/ /
09 / 16 / 2015

Transaction ID : SB29.11321

Amount of Each Disbursement this Period

314.12

[MEMO ITEM]

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

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

500.00

**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. Hyatt Regency Columbus

Mailing Address PO Box 301596

City Dallas State TX Zip Code 75303-1596

Purpose of Disbursement
In Kind fundraiser Exp

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Transaction ID : SB29.11323

Amount of Each Disbursement this Period

3	1	4	.	1	1
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Jack Cera for State Rep.

Mailing Address Treas: Jack Cera
63899 Violet Lane

City Bellaire State OH Zip Code 43906

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Transaction ID : SB29.10867

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kevin L. Boyce Comm.

Mailing Address Treas: Mary Withrow
1480 Dublin Road.

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Transaction ID : SB29.10870

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

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

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

1	2	5	.	0	0
---	---	---	---	---	---

1	2	5	.	0	0
---	---	---	---	---	---

**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. Kristina D.Roegner For OH

Mailing Address Treas:Peter Haanschoten
2222 East Streetsboro St.

City Hudson State OH Zip Code 44236

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10871

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Latourette for Ohio

Mailing Address Treas:Scott Coleman
7082 Oak Street

City Bainbridge State OH Zip Code 44022

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10905

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Manning for Ohio

Mailing Address Treas:Alex Heyd
7064 Avon Beldon Rd.

City North Ridgeville State OH Zip Code 44039

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10872

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**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. Pelanda for State Rep.

Mailing Address **Treas:J. Yuskewich
4679 Winterset Dr.**

City **Columbus** State **OH** Zip Code **43220**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

/ /
12 / 31 / 2015

Transaction ID : SB29.10892

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Seitz for Senate Comm.

Mailing Address **Treas: Steve Geiler
4401 Abby Court**

City **Cincinnati** State **OH** Zip Code **45248**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

/ /
09 / 15 / 2015

Transaction ID : SB29.10888

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sprague for State Rep.

Mailing Address **Treas:Matthew Klein
220 W. Sandusky St.**

City **Findlay** State **OH** Zip Code **45840**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Date of Disbursement

/ /
12 / 31 / 2015

Transaction ID : SB29.10903

Amount of Each Disbursement this Period

500.00

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

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

1250.00

**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. Steve Huffman for State Rep

Mailing Address Treas:John A.Stickel
PO Box 739

City State Zip Code
Troy OH 45373

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.10908

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Terry Johnson for State Rep

Mailing Address Treas. Klara Reynolds
74 A McDaniel Road

City State Zip Code
McDermott OH 45652

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.10915

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Tim Ginter for State Rep

Mailing Address Treas:Charles Leedy
846 Homewood Ave.

City State Zip Code
Salem OH 44460

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.10916

Amount of Each Disbursement this Period

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

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

**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. Tim Schaffer for State Rep

Mailing Address Treas:Linda Sheridan
1173 Stone Run Court

City Lancaster State OH Zip Code 43130

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼
General

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SB29.10917

Amount of Each Disbursement this Period

500.00

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

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

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

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

500.00

52942.35