

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 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 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
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
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
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
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
Receipt For: Primary General Other (specify) **General**
Occupation Dentist
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).....