



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		703881.34
(b) Cash on Hand at Beginning of Reporting Period.....	703881.34	
(c) Total Receipts (from Line 19) .....	95426.50	95426.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	799307.84	799307.84
7. Total Disbursements (from Line 31).....	146383.33	146383.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	652924.51	652924.51
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

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).....	50260.00	50260.00
(ii) Unitemized .....	45166.50	45166.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	95426.50	95426.50
(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) .....	95426.50	95426.50
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)).....▶	95426.50	95426.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	95426.50	95426.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	1506.40	1506.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1506.40	1506.40
22. Transfers to Affiliated/Other Party Committees.....	10785.00	10785.00
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	134091.93	134091.93
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	146383.33	146383.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146383.33	146383.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	95426.50	95426.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	95426.50	95426.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1506.40	1506.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1506.40	1506.40

**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 98
	(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. Adamo, Anthony, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24700 Center Ridge Rd Ste 316

City Westlake	State OH	Zip Code 44145
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2018

**Transaction ID : SA11AI.16856**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Aranmolate, Safuratu, Y, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3934 Everhard Rd NW

City Canton	State OH	Zip Code 44709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16200**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Ash, Brian, Charles, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4425 Fulton Dr Nw

City Canton	State OH	Zip Code 44718
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16606**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 7 OF 98
<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. Ash, David, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 White Pond Dr  
 Ste B  
 City Akron State OH Zip Code 44320  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 28 / 2018  
**Transaction ID : SA11AI.16901**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ash, Jon, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4777 Higbee Ave NW  
 City Canton State OH Zip Code 44718  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 08 / 2018  
**Transaction ID : SA11AI.16118**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Austria, Gregory, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1289 N Monroe Dr  
 City Xenia State OH Zip Code 45385  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16536**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 8 OF 98
	<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. Benson, Arthur, Scott, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3618 W Market St Ste 101  
 City Fairlawn State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16180**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Bogan, Kyle, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1194 Balmoral Dr  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 15 / 2018**  
**Transaction ID : SA11AI.16821**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Borsky, Jeremy, Joseph, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7521 State Rd  
 City Cincinnati State OH Zip Code 45255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16281**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 98
	(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. Botti, Michele, Lee, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9100 Marketplace Drive  
 City Miamisburg State OH Zip Code 45342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16637**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Brandt, Kenneth, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2751 Blue Rock Rd  
 City Cincinnati State OH Zip Code 45239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16572**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item

**C. Brunetti, Donald, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5671 Mahoning Ave  
 City Youngstown State OH Zip Code 44515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16641**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1125.00</b>
<b>TOTAL</b> 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 98  
(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. Caldwell, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 E 5th St  
 City East Liverpool   State OH   Zip Code 43920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed   Occupation (for Individual) Dentist  
 Receipt For:  Primary    General    Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16289**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Canepa, Charles, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20024 Detroit Rd  
 City Rocky River   State OH   Zip Code 44116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed   Occupation (for Individual) Dentist  
 Receipt For:  Primary    General    Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17054**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Carpenter, Joe, Lynn, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6653 Frank Ave NW  
 City North Canton   State OH   Zip Code 44720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed   Occupation (for Individual) Dentist  
 Receipt For:  Primary    General    Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16917**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 11 OF 98
	<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. Cassinelli, Alexander, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6571 Heritage Club Dr  
 City Mason State OH Zip Code 45040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 14 / 2018**  
**Transaction ID : SA11AI.16154**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Cheek, John, Arthur, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19475 Baker Road  
 City Gambier State OH Zip Code 43022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16479**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Chesnut, David, Graham, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1150 W Locust St Ste 400  
 City Wilmington State OH Zip Code 45177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16393**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1375.00</b>
<b>TOTAL</b> 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 12 OF 98
	<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. Clark, Starla, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8231 Cornell Rd Ste 310

City Cincinnati	State OH	Zip Code 45249
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2018  
**Transaction ID : SA11AI.16520**

Amount of Each Receipt this Period  
 375.00

Memo Item

**B. Cochran, George, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1066 Chelsea Ave

City Napoleon	State OH	Zip Code 43545
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2018  
**Transaction ID : SA11AI.16720**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C. Connell, Christopher, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5406 Mayfield Rd

City Lyndhurst	State OH	Zip Code 44124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2018  
**Transaction ID : SA11AI.16945**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> 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 98
	<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. Cook, Andrew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2845 MacDuff Dr NW  
 City North Canton State OH Zip Code 44720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16983**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Cook, Benjamin, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3702 Cleveland Ave SW  
 City Canton State OH Zip Code 44707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16259**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Cottle, James, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8245 W Shore Dr  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16651**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 14 OF 98
	<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. Coyne, Jonathan, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1749 Delco Park Dr  
 City Dayton State OH Zip Code 45420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16602**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Dahm, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 S Smithville Rd  
 City Kettering State OH Zip Code 45420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16713**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item

**C. Davis, Rebecca, Bietta, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29001 Cedar Rd Ste 450  
 City Lyndhurst State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 14 / 2018**  
**Transaction ID : SA11AI.16150**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>875.00</b>
<b>TOTAL</b> 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 98
	<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. DeCarlo, Francesco, R, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 N Miller Rd

City Akron	State OH	Zip Code 44333-3704
---------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		11		2018

**Transaction ID : SA11AI.16094**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. DeVengencie, James, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25111 Country Club Blvd Ste 201

City North Olmsted	State OH	Zip Code 44070
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16369**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. DeVese, Larry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 Commerce Park Dr Ste B

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.17067**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 98  
(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. Dixon, Philip, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 313 Canal Ave SE  
 City New Philadelphia State OH Zip Code 44663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2018  
**Transaction ID : SA11AI.16371**  
 Amount of Each Receipt this Period  
 275.00  
 Memo Item

**B. Dorr, Andrew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3473 N Bend Rd  
 City Cincinnati State OH Zip Code 45239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 21 / 2018  
**Transaction ID : SA11AI.16253**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Doty, Stan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 811 S Main St  
 City Findlay State OH Zip Code 45840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2018  
**Transaction ID : SA11AI.16837**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**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 98
<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. Dull, Cynthia, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1056 N Broad St  
 City Fairborn State OH Zip Code 45324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16481**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Everhart, Scott, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3420 Atrium Blvd Ste 100  
 City Franklin State OH Zip Code 45005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16538**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Fabry, Stephen, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 E Bath Rd  
 City Cuyahoga Falls State OH Zip Code 44223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16428**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> 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 18 OF 98
	<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. Farinacci, David, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1225 S Main St Ste A  
 City North Canton State OH Zip Code 44720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16176**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

Date of Receipt 03 / 21 / 2018  
**Transaction ID : SA11AI.16835**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Fox, Steven, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4447 Talmadge Rd Ste F  
 City Toledo State OH Zip Code 43623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 325.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16271**  
 Amount of Each Receipt this Period 325.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1075.00
<b>TOTAL</b> 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 19 OF 98
	<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. Frankel, Jonathan, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5012 Talmadge Rd  
 City Toledo State OH Zip Code 43623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 375.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16343**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**B. Gallatin, Eric, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 W Franklin St  
 City Dayton State OH Zip Code 45459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16194**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Gardner, Kim, L, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13346 Ravenna Rd  
 City Chardon State OH Zip Code 44024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : SA11AI.16743**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1125.00
<b>TOTAL</b> 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 20 OF 98
<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. Grbach, Bruce, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9203 Mentor Ave  
 City Mentor State OH Zip Code 44060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : SA11AI.16745**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Haas, David, Gregory, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 W Market St  
 City Fairlawn State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 11 / 2018  
**Transaction ID : SA11AI.16096**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hanna, Adel, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 365 N Main St # A  
 City Springboro State OH Zip Code 45066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17078**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 21 OF 98
	<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. Hauser, Michael, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23250 Chagrin Blvd Ste 205  
 City Beachwood State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 375.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16483**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**B. Hendrickson, Bradford, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 386  
 City Ashland State OH Zip Code 44805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16442**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Hire, Trent, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 E 2nd St  
 City Perrysburg State OH Zip Code 43551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 225.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17003**  
 Amount of Each Receipt this Period 225.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 1100.00  
**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 22 OF 98
	<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. Holser, John, Marc, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1153 W 2nd St  
 City Xenia State OH Zip Code 45385  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 300.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16218**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Hudoba, Russell, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6674 Tippecanoe Rd Ste 5  
 City Canfield State OH Zip Code 44406  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17020**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Iacobelli, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8030 Corporate Circle  
 City North Royalton State OH Zip Code 44133  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : SA11AI.16808**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 23 OF 98  
(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. Jarmoszuk, Sonja, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21590 Center Ridge Rd Ste B  
 City Rocky River State OH Zip Code 44116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 31 / 2018  
**Transaction ID : SA11AI.16146**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Job, Burton, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 Crystal Lake Rd  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16178**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Johnson, Gary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 W Smiley Ave  
 City Shelby State OH Zip Code 44875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16621**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 24 OF 98  
(check only one)

<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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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. Joseph, Stephen, M., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1654 S Smithville Rd

City Dayton	State OH	Zip Code 45410
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

**Transaction ID : SA11AI.16749**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

**B. Journay, Rick, L., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 716 W Main St

City Bellevue	State OH	Zip Code 44811
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16502**

Amount of Each Receipt this Period  

125.00
--------

 Memo Item

**C. Karpac, James, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 W Bridge St

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : SA11AI.16124**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>625.00</b>
<b>TOTAL</b> 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 98
<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. Katz, Steven, J, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3690 Orange Pl Ste 520

City Beachwood	State OH	Zip Code 44122-4466
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		08		2018

**Transaction ID : SA11AI.16087**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Kerata, Linda, K, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13952 Chippewa Trl

City Middleburg Heights	State OH	Zip Code 44130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16436**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kimberly, David, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 554 White Pond Dr Ste B

City Akron	State OH	Zip Code 44320
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16182**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 26 OF 98
	<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. Kinlaw, Julia, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Wyoming Ave  
 City Cincinnati State OH Zip Code 45215  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16947**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Kinlaw, Laura, Remsberg, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 Wyoming Ave  
 City Cincinnati State OH Zip Code 45215  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16955**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Kirlough, Matthew, J, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1623 Rivers Edge Dr  
 City Valley City State OH Zip Code 44280-9442  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 29 / 2018  
**Transaction ID : SA11AI.16078**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 98
<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. Kluener, Larry, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1149 Stone Dr Ste 300

City Harrison	State OH	Zip Code 45030
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16663**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Kmieck, Ken, T, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5593 Overlook Rd

City Parma	State OH	Zip Code 44129
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16363**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Kori, Mamta, Manoj, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3420 Atrium Blvd Ste 100

City Franklin	State OH	Zip Code 45005
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16389**

Amount of Each Receipt this Period  
375.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1625.00
<b>TOTAL</b> 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 98
	<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. Kramer, John, N, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 N 4th St

City Martins Ferry	State OH	Zip Code 43935
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16172**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Kurz, Edward, George, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 N Chestnut St

City Ravenna	State OH	Zip Code 44266
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16921**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Kyger, Billie, Sue, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 178 Crestview Dr

City Gallipolis	State OH	Zip Code 45631
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16711**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 98
	<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. Landry, Joseph, Gerald, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5076 Park Ave W  
 City Seville State OH Zip Code 44273  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16267**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16530**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Lazarow, Robert, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2858 S Arlington Rd Ste 200  
 City Akron State OH Zip Code 44312  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16184**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 30 OF 98
	<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. Lehky, Lisa, A, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2018

**Transaction ID : SA11AI.16064**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Lemmerman, Neal, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Goodman St MI0803

City Cincinnati	State OH	Zip Code 45240
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16345**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Lessick, James, Eugene, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8371 Misty Ridge Trl

City Youngstown	State OH	Zip Code 44514
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16693**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 98
	<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. Lubinsky, David, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1790 Town Park Blvd Ste G  
 City Uniontown State OH Zip Code 44685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary** Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16518**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Marshall, Edward, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3075 Smith Rd Ste 102  
 City Fairlawn State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary** Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16497**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Masoner, Christopher, Dix, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 N Harding Rd  
 City Columbus State OH Zip Code 43209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary** Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16247**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 98
	(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. May, Bryan, Dewitt, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 S Mulberry St

City Logan	State OH	Zip Code 43138-1292
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		10		2018

**Transaction ID : SA11AI.16093**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Mayers, Matthew, Christopher, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 S Eastown Rd

City Lima	State OH	Zip Code 45807
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.17074**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Mayo, John, Louis, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 Boardman Poland Rd Ste 1

City Youngstown	State OH	Zip Code 44512
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16903**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 33 OF 98
	<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. Mellion, Zachary, Joseph, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Baker Blvd

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

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2018

**Transaction ID : SA11AI.16140**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Milewski, Allan, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 750 E Washington Street Ste D1

City Medina	State OH	Zip Code 44256
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16477**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Miller, Robert, A, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1900 W Market St

City Akron	State OH	Zip Code 44313
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2018

**Transaction ID : SA11AI.16383**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 34 OF 98
	<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. Montgomery, Julie, Frankland, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 W Bridge St  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify)  Primary  
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 09 / 2018**  
**Transaction ID : SA11AI.16781**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Moore, Stephen, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 939 Portage Trl  
 City Cuyahoga Falls State OH Zip Code 44221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify)  Primary  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 08 / 2018**  
**Transaction ID : SA11AI.16120**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Moore, Steven, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6962 Tylersville Rd  
 City West Chester State OH Zip Code 45069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify)  Primary  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16669**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> 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 35 OF 98
	<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. Mueller, Elizabeth, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9200 Montgomery Rd Ste 4B  
 City Cincinnati State OH Zip Code 45242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16379**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Murphy, James, Crawford, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2010 Jewett Dr  
 City Columbus State OH Zip Code 43229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16633**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Murphy, Michael, Earl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 525 N Cleveland Massillon Rd Ste 1  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16186**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 36 OF 98
	<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	

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. Najem, Wade, J, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2018

**Transaction ID : SA11AI.16065**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Nakfoor, Matthew, William, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3900 Sunforest Ct Ste 232

City Toledo	State OH	Zip Code 43623
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16409**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Nightingale, Scott, Harold, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5800 Monroe St Ste G2

City Sylvania	State OH	Zip Code 43560
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16377**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 37 OF 98
	<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. Olson, Gary, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 465 E. Bath Road  
 City Cuyahoga Falls State OH Zip Code 44223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 12 / 2018  
**Transaction ID : SA11AI.16104**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Papich-Forsyth, Maria, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 Graham Rd Ste 100  
 City Cuyahoga Falls State OH Zip Code 44221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16967**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Parker, Matthew, Michael, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Oxford Ave  
 City Terrace Park State OH Zip Code 45174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16467**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 98
	<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. Parker, Steven, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3817 Lincoln Way E  
 City Massillon State OH Zip Code 44646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.17026**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Patel, Jesal, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 Siaron Way  
 City Hamilton State OH Zip Code 45011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16458**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Paulus, J, Douglas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6662 Amblewood NW  
 City Canton State OH Zip Code 44718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 01 / 2018**  
**Transaction ID : SA11AI.16722**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 98
	<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. Paumier, Thomas, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 Whipple Ave NW  
 City Canton State OH Zip Code 44708  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17007**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Petit, Kathleen, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 Wales Ave NW Ste B  
 City Massillon State OH Zip Code 44646  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17047**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Pulella, Leone, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3681 South Green Rd Ste 400  
 City Beachwood State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : SA11AI.16779**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 40 OF 98  
(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. Quereshy, Faisal, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3591 Reserve Commons Dr Ste 300  
 City Medina State OH Zip Code 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 12 / 2018  
**Transaction ID : SA11AI.16137**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Raymond, Katherine, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4322 Cleveland Massillon Rd  
 City Barberton State OH Zip Code 44203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16190**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Raymond, Loren, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4322 Cleveland Massillon Rd  
 City Norton State OH Zip Code 44203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16337**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 41 OF 98
	<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. Repasky, Michael, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 W Bridge St  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16210**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Resnick, Jay, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29001 Cedar Rd Ste 660  
 City Lyndhurst State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17062**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Rhodes, John, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 480 Rona Pkwy  
 City Brookville State OH Zip Code 45309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 335.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16927**  
 Amount of Each Receipt this Period 335.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	835.00
<b>TOTAL</b> 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 98
	<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. Ridenour, Shelley, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 398 Highgate Ave  
 City Worthington State OH Zip Code 43085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 28 / 2018**  
**Transaction ID : SA11AI.16852**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. River, James, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 E Main St  
 City Circleville State OH Zip Code 43113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16681**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

Date of Receipt **03 / 06 / 2018**  
**Transaction ID : SA11AI.16738**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> 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 43 OF 98
	<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. Rohrbach, Paul, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4322 Cleveland Massillon Rd  
 City Norton State OH Zip Code 44203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16335**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Saxen, Ronald, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 Wales Ave NW Ste E  
 City Massillon State OH Zip Code 44646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16339**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Schaeffer, Michael, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Old State Route 74  
 City Cincinnati State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16403**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> 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 98
	(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. Schirmer, James, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4393 Village Ridge Dr

City Mason	State OH	Zip Code 45040
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼  
                   Primary

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.17080**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Schmidt, Brian, Paul, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5002 Foote Rd

City Medina	State OH	Zip Code 44256
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼  
                   Primary

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16454**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Scott, Darrel, Lynn, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 633 N Union St

City Loudonville	State OH	Zip Code 44842
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼  
                   Primary

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16631**

Amount of Each Receipt this Period  
375.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	875.00
<b>TOTAL</b> 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 45 OF 98
	<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. Sexton, Joseph, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3448 Navarre Ave Ste 101  
 City Oregon State OH Zip Code 43616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 12 / 2018**  
**Transaction ID : SA11AI.16102**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Stempowski, Matthew, Adam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1936 Cooper Foster Park Rd W  
 City Lorain State OH Zip Code 44053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16222**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Striebel, David, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4031 S Dixie Dr Ste C  
 City Dayton State OH Zip Code 45439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **375.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16444**  
 Amount of Each Receipt this Period **375.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>875.00</b>
<b>TOTAL</b> 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 98  
(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. Striebel, James, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7391 Brandt Pike Ste B  
 City Dayton State OH Zip Code 45424  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 275.00

Date of Receipt 03 / 09 / 2018  
**Transaction ID : SA11AI.16755**  
 Amount of Each Receipt this Period 275.00  
 Memo Item

**B. Striebel, Jonathan, Robert, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8493 Wandering Brook Way  
 City Waynesville State OH Zip Code 45068  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 375.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17014**  
 Amount of Each Receipt this Period 375.00  
 Memo Item

**C. Su, Erwin, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6655 Frank Ave NW  
 City North Canton State OH Zip Code 44720  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 14 / 2018  
**Transaction ID : SA11AI.16152**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 900.00  
**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 98
	<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. Subramanian, Kumar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 Clint Dr Ste 300  
 City Pickerington State OH Zip Code 43147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 500.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16548**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Sundheimer, Richard, Neil, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 789 White Pond Dr Ste B  
 City Akron State OH Zip Code 44320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 28 / 2018  
**Transaction ID : SA11AI.16850**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Ta, Anitha, Ramalingam, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2400 Wales Ave NW Ste B  
 City Massillon State OH Zip Code 44646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17043**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 98
	<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. Tepe, Jan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3427 Glenmore Ave  
 City Cincinnati State OH Zip Code 45211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16303**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Tepe, Lawrence, John, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3427 Glenmore Ave  
 City Cincinnati State OH Zip Code 45211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16305**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Tertel, Nanette, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3953 Wallwerth Dr  
 City Toledo State OH Zip Code 43612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 09 / 2018**  
**Transaction ID : SA11AI.16802**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 49 OF 98  
(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. Tetelman, Evan, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29001 Cedar Rd Ste 660  
 City Lyndhurst State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17064**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Thielen, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4254 Hamilton Ave  
 City Cincinnati State OH Zip Code 45223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.16717**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Thomas, Kurt, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 Crocker Rd Ste 110 Westlake Corporate Park  
 City Westlake State OH Zip Code 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) Primary  
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 21 / 2018  
**Transaction ID : SA11AI.17082**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 50 OF 98  
(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. Thomas, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2001 S Nickelplate St  
 City Louisville State OH Zip Code 44641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16401**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Tilton, Jeffrey, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 426 Beecher Rd  
 City Columbus State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 09 / 2018**  
**Transaction ID : SA11AI.16747**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Tranovich, John, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 249 East Ave  
 City Monroe State OH Zip Code 45050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16456**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**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 51 OF 98
	<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. Treiber, Bruce, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2221 Whipple Ave NW

City Canton	State OH	Zip Code 44708
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16514**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Turner, Thomas, Arthur, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1655 W Market St suite 530

City Akron	State OH	Zip Code 44313
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16319**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Unverferth, Erica, Ann, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15259 Road 18

City Fort Jennings	State OH	Zip Code 45844
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
- 50.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.17093**

Amount of Each Receipt this Period  
- 50.00

Memo Item  
Cash Donation Returned

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.17093

Original Donation 12-21-2017. Requested Return of Check

Form/Schedule:

Transaction ID:

**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 98
<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. Valentine, Dwaine, Edward, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2330 Crestridge Dr

City Dayton	State OH	Zip Code 45414
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	04	/	2018

**Transaction ID : SA11AI.16083**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Vermillion, Mark, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5925 N Main St Ste B

City Dayton	State OH	Zip Code 45415
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : SA11AI.16765**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Vij, Rajesh, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3523 Commercial Dr

City Fairlawn	State OH	Zip Code 44333
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16273**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 98
<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. Waldman, David, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 127 Churchill Hubbard Rd Ste A

City Youngstown	State OH	Zip Code 44505
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16307**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

**B. Wenger, Reid, Michael, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 N Chillicothe Rd

City Aurora	State OH	Zip Code 44202
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16347**

Amount of Each Receipt this Period  

1000.00
---------

 Memo Item

**C. Wenzel, Mark, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7083 Corporate Way

City Centerville	State OH	Zip Code 45459
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2018

**Transaction ID : SA11AI.16751**

Amount of Each Receipt this Period  

700.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1950.00</b>
<b>TOTAL</b> 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 55 OF 98
	<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. Westhafer, Todd, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 667 W Turkeyfoot Lake Rd  
 City Akron State OH Zip Code 44319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 21 / 2018**  
**Transaction ID : SA11AI.16275**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. Williams, George, Robert, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2603 Williamsburg Ln NW Apt 1  
 City Canton State OH Zip Code 44708-1437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 10 / 2018**  
**Transaction ID : SA11AI.16092**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Williams, Michael, R, Dr,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self-Employed Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify) **Primary**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 09 / 2018**  
**Transaction ID : SA11AI.16091**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 56 OF 98
<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. Wolf, Ronald, Michael, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3611 Darrow Rd

City Stow	State OH	Zip Code 44224
--------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16418**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Young, Jeffrey, Allen, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29001 Cedar Rd Ste 660

City Lyndhurst	State OH	Zip Code 44124
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.17066**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Yourstowsky, Charles, John, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3665 Stutz Dr.  
Suite 1

City Canfield	State OH	Zip Code 44406
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	21	/	2018

**Transaction ID : SA11AI.16415**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 57 OF 98  
(check only one)

<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. Zavodny, Robert, A, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2950 W Market St Ste N-O

City Fairlawn	State OH	Zip Code 44333-3614
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	23	/	2018

**Transaction ID : SA11AI.16072**

Amount of Each Receipt this Period  

500.00
--------

 Memo Item

**B. Zimmerman, James, W, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5636 W Central Ave

City Toledo	State OH	Zip Code 43615
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist
--	--

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

Aggregate Year-to-Date **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	26	/	2018

**Transaction ID : SA11AI.16844**

Amount of Each Receipt this Period  

500.00
--------

 Memo Item

**C.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period  

--

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>50260.00</b>

# 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"/> 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:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.17247**  
Amount of Each Disbursement this Period  
1506.40

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C  
Amount of Each Disbursement this Period

Memo Item

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

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

1506.40  
1506.40

**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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ADPAC**

Mailing Address 1111 Fourteenth St. NW  
11th Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

/  /

01 / 15 / 2018

FEC Identification Number

Transaction ID : SB22.17232  
Amount of Each Disbursement this Period

10785.00

Memo Item

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

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

10785.00

10785.00



**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"/> 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**

**A. Boggs for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Micah Berman  
545 E Town Street

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) Primary

Date of Disbursement 03 / 30 / 2018

FEC Identification Number C  
Transaction ID : SB29.17244  
Amount of Each Disbursement this Period 500.00

Memo Item

**B. Brenner For Ohio**

Full Name (Last, First, Middle Initial)

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) Primary

Date of Disbursement 02 / 28 / 2018

FEC Identification Number C  
Transaction ID : SB29.17183  
Amount of Each Disbursement this Period 1500.00

Memo Item

**C. Brian D. Hill for State Representative**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Megan Durst  
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) Primary

Date of Disbursement 03 / 30 / 2018

FEC Identification Number C  
Transaction ID : SB29.17134  
Amount of Each Disbursement this Period 500.00

Memo Item

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

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

2500.00

**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"/> 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**

**A. Brinkman Campaign Committee**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas: Cathy Brinkman  
3215 Hardisty Ave.

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Cincinnati State OH Zip Code 45208

FEC Identification Number

Purpose of Disbursement Contribution

C
---

Candidate Name

Transaction ID : SB29.17179

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

1000.00
---------

Memo Item

**B. Butler for Ohio**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas: Bryan Michel  
1401 Devereux Drive

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Oakwood State OH Zip Code 45419

FEC Identification Number

Purpose of Disbursement Contribution

C
---

Candidate Name

Transaction ID : SB29.17153

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

500.00
--------

Memo Item

**C. Campaign to Elect James M Hoops**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Teas: James Hoops  
195 Old Creek Drive

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Napoleon State OH Zip Code 43545

FEC Identification Number

Purpose of Disbursement Contribution

C
---

Candidate Name

Transaction ID : SB29.17150

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

500.00
--------

Memo Item

**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"/> 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**

**A. Citiz. With Ashford**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Michael Ashford  
2910 Collingwood Blvd.

City Toledo State OH Zip Code 43610

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17161

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Citizens. for Schuring Comm.**

Full Name (Last, First, Middle Initial)

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) ▼ Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB29.17200

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Citizens For Anne Gonzales**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: William Curllis  
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) ▼ Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB29.17184

Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

**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"/> 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**

**A. Citizens for Bill Beagle**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Rick Mains  
115 S.Tippecanoe Dr.POB342

City Tipp City State OH Zip Code 45371

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB29.17220

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Citizens for Gardner Comm.**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Michael Sibbersen  
431 N. Prospect Street

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB29.17208

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. CITIZENS FOR GAVARONE**

Full Name (Last, First, Middle Initial)

Mailing Address TREASURER DOUGLAS RUCK  
1537 CEDAR LANE

City BOWLING GREEN State OH Zip Code 43402

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17175

Amount of Each Disbursement this Period: 1500.00

Memo Item

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

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

5000.00



**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"/> 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**

**A. Citizens for Hottinger**

Full Name (Last, First, Middle Initial)  
Mailing Address Treas: Kathy Wise  
2135 Horns Hill Rd.

City Newark State OH Zip Code 43055

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17193  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Citizens for McColley**

Full Name (Last, First, Middle Initial)  
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) Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17210  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Citizens for Niraj Antani**

Full Name (Last, First, Middle Initial)  
Mailing Address Treasurer: Scott Ryan  
8547 White Cedar Drive, Unit 321

City Miamisburg State OH Zip Code 45342

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17164  
Amount of Each Disbursement this Period: 500.00

Memo Item

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

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

5500.00

**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"/> 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 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17204  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Perales**

Mailing Address Treas:Patrick Wendling  
2766 Chatham Ct.

City Beavercreek State OH Zip Code 45431

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17126  
Amount of Each Disbursement this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR SCOTT RYAN**

Mailing Address TREASURER ROY VANATTA  
612 LENA LANE

City HEATH State OH Zip Code 43056

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17170  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

6750.00

**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"/> 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 Yassenoff**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	8

Mailing Address 4679 Winterset Drive  
Treas: Matthew Yuskewich

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17106**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

[ ]  
 Category/  
 Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District: Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens to Elect Craig Riedel**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	8

Mailing Address Treasurer: William Small  
1246 Hilton Head Court

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17138**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City Defiance State OH Zip Code 43512

Purpose of Disbursement  
Contribution

[ ]  
 Category/  
 Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District: Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens to Elect Kyle Koehler**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	8

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17156**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City Springfield State OH Zip Code 45502

Purpose of Disbursement  
Contribution

[ ]  
 Category/  
 Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District: Primary

Memo Item

**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"/> 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) <b>A. Citz.for Stephanie Kunze</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018	
Mailing Address Treas: William Curlis 865 Macon Alley		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17214</b> Amount of Each Disbursement this Period 2500.00	
City Columbus	State OH	Zip Code 43206	Category/ Type
Purpose of Disbursement Contribution		Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Citz. With Fedor Comm.</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address Treas:Lila Shousher 3220 North Reach Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17174</b> Amount of Each Disbursement this Period 500.00	
City Oregon	State OH	Zip Code 43616	Category/ Type
Purpose of Disbursement Contribution		Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Comm.to Elect Cliff Rosenberger</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2018	
Mailing Address Treas: Bret Dixon 7027 St. Rt. 350 W.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17136</b> Amount of Each Disbursement this Period 4000.00	
City Clarksville	State OH	Zip Code 45113	Category/ Type
Purpose of Disbursement Contribution		Memo Item <input type="checkbox"/>	
Candidate Name			Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		
State: District:			

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

7000.00

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

[REDACTED]

**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"/> 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 Cliff Rosenberger**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

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

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.17137**  
Amount of Each Disbursement this Period

[ ] 2200.00

Memo Item

City Clarksville State OH Zip Code 45113

Purpose of Disbursement Contribution

[ ]  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) Primary

State: District:

Full Name (Last, First, Middle Initial)

**B. Comm. to elect Glenn W Holmes**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treasurer Carol Holmes  
918 Pennsylvania

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.17147**  
Amount of Each Disbursement this Period

[ ] 250.00

Memo Item

City Mcdonald State OH Zip Code 44437

Purpose of Disbursement Contribution

[ ]  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) Primary

State: District:

Full Name (Last, First, Middle Initial)

**C. Comm. to Elect Joe Uecker**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2018

Mailing Address Treas: Joseph Uecker  
298 Indianview Drive

FEC Identification Number

**C** [ ]

**Transaction ID : SB29.17194**  
Amount of Each Disbursement this Period

[ ] 1500.00

Memo Item

City Loveland State OH Zip Code 45140

Purpose of Disbursement Contribution

[ ]  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) Primary

State: District:

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

[ ] 3950.00

**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"/> 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**

**A. Comm.to Elect John Patterson**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Mary Hostetler  
2000 Hayford Rd.

City Rock Creek State OH Zip Code 44084

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17154

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Comm. to Elect Manning**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Bradley Herdman  
5380 Barton 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) ▼ Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB29.17191

Amount of Each Disbursement this Period: 1500.00

Memo Item

**C. Comm.to Elect Michael Sheehy**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Sandra Sheehy  
1129 Schmidlin Rd.

City Oregon State OH Zip Code 43616

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17162

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

**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"/> 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. Committee for Jim Hughes**

Mailing Address Treas:Bradley Sinnott  
260 N Cassady Avenue

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.17148**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee for Wiggam**

Mailing Address Treasurer: Matthew Yuskewich  
4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.17171**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Blessing**

Mailing Address Treas: Louis Blessing  
3153 McGill Lane

City Cincinnati State OH Zip Code 45251

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.17159**  
Amount of Each Disbursement this Period

Memo Item

**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"/> 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**

**A. Committee to Elect Doug Green**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas:Gail DeClaire  
708 South High Street

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Mt. Orab State OH Zip Code 45154

FEC Identification Number

Purpose of Disbursement Contribution

**C**

Candidate Name

**Transaction ID : SB29.17123**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

500.00

Memo Item

**B. Comm to Elect Fred Strahorn**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Dayton State OH Zip Code 45405-4749

FEC Identification Number

Purpose of Disbursement Contribution

**C**

Candidate Name

**Transaction ID : SB29.17146**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

1000.00

Memo Item

**C. Comm To Elect Michael O'Brien**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas:Margaret March  
1849 Edgewood NE

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Warren State OH Zip Code 44483

FEC Identification Number

Purpose of Disbursement Contribution

**C**

Candidate Name

**Transaction ID : SB29.17122**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

500.00

Memo Item

**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"/> 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. Conservatives for Candice Keller**

Mailing Address Treasurer: Tryone Thomas  
3430 Central Avenue

City Middletown State OH Zip Code 45044

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17135  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cupp for State Rep Committee**

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

City Lima State OH Zip Code 45806

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17167  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Darrell Kick for State Rep**

Mailing Address Treasurer: Erin Kick  
133 S Market Street

City Loudonville State OH Zip Code 44842

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17141  
Amount of Each Disbursement this Period  
500.00

Memo Item

**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"/> 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) <b>A. Dewine Husted for Ohio</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018	
Mailing Address 2587 Conley Road Treasurer: Jennifer Best		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17113</b> Amount of Each Disbursement this Period 2500.00	
City Cedarville State OH Zip Code 45314	Purpose of Disbursement Contribution	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		<input type="checkbox"/> Memo Item
Full Name (Last, First, Middle Initial) <b>B. Dewine Husted for Ohio</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address 2587 Conley Road Treasurer: Jennifer Best		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17114</b> Amount of Each Disbursement this Period 7000.00	
City Cedarville State OH Zip Code 45314	Purpose of Disbursement Contribution	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		<input type="checkbox"/> Memo Item
Full Name (Last, First, Middle Initial) <b>C. Elect Devitis</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018	
Mailing Address Treas:M. Yuskewich 4679 Winterset Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17128</b> Amount of Each Disbursement this Period 1500.00	
City Columbus State OH Zip Code 43220	Purpose of Disbursement Contribution	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		<input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		11000.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[REDACTED]	

**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"/> 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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas:M. Yuskewich  
4679 Winterset Drive

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17129**  
Amount of Each Disbursement this Period  
[ ] 2500.00

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Emilia Sykes Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas:Takisha Reeves  
109 N. Howard St #A

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17145**  
Amount of Each Disbursement this Period  
[ ] 1000.00

City Akron State OH Zip Code 44308

Purpose of Disbursement  
Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Friends of Becker**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: John Becker  
925 Locust Lane

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17125**  
Amount of Each Disbursement this Period  
[ ] 500.00

City Cincinnati State OH Zip Code 45245

Purpose of Disbursement  
Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

State: District:

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

[ ] 4000.00

**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"/> 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 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)  Primary

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17185  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 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)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17132  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Brigid Kelly**

Mailing Address Treas: Alyson Steele Beridon  
4353 Montgomery Road

City Norwood State OH Zip Code 45212

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17240  
Amount of Each Disbursement this Period  
250.00

Memo Item

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

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

3250.00

**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"/> 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**

**A. Friends of Dave Greenspan**

Full Name (Last, First, Middle Initial)

Mailing Address Treasurer: George Phillips  
31058 Durham Drive

City Westlake State OH Zip Code 44145

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17142

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Friends of David Leland**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Kevin Durkin  
367 East Broad St, 1002

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17143

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. FRIENDS OF DEREK MERRIN**

Full Name (Last, First, Middle Initial)

Mailing Address TREASURER NORMA MERRIN  
8129 BRIDGEHAMPTON DRIVE

City WATERVILLE State OH Zip Code 43566

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17104

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

**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"/> 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 Gary Scherer**

Mailing Address Treas:Jeffrey A. Harr  
19920 Commerical Point POB 123

City Circleville State OH Zip Code 43113

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17124  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of George Lang**

Mailing Address Treas: Douglas Rinnert  
7727 Foxboro Drive

City West Chester State OH Zip Code 45069

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17242  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Hearcel F. Craig**

Mailing Address Treas:Donald 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)  Primary

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17192  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**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"/> 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) <b>A. Friends of Hearcel F.Craig</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address Treas:Donald J.McTigue 545 E.Town St.		FEC Identification Number C [ ] <b>Transaction ID : SB29.17119</b> Amount of Each Disbursement this Period [ ] 500.00	
City Columbus	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:
Full Name (Last, First, Middle Initial) <b>B. Friends of J.Eklund</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2018	
Mailing Address Treas:Greg Schmidt 12040 Burlington Glen Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB29.17195</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Chardon	State OH	Zip Code 44024	Category/ Type [ ]
Purpose of Disbursement Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:
Full Name (Last, First, Middle Initial) <b>C. Friends of J.Eklund</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018	
Mailing Address Treas:Greg Schmidt 12040 Burlington Glen Dr.		FEC Identification Number C [ ] <b>Transaction ID : SB29.17196</b> Amount of Each Disbursement this Period [ ] 2500.00	
City Chardon	State OH	Zip Code 44024	Category/ Type [ ]
Purpose of Disbursement Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 4000.00	
<b>TOTAL</b> 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"/> 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) <b>A. Friends of Janine Boyd</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address Treas:Donald Phillips 4022 Monticello Blvd.		FEC Identification Number C [ ] <b>Transaction ID : SB29.17151</b> Amount of Each Disbursement this Period [ ] 250.00	
City Cleveland Heights State OH Zip Code 44121	Purpose of Disbursement Contribution	Candidate Name [ ]	Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Memo Item <input type="checkbox"/>
Full Name (Last, First, Middle Initial) <b>B. Friends of Jay Edwards</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address Treasurer: Alicia Porter 10304 State Route 682		FEC Identification Number C [ ] <b>Transaction ID : SB29.17152</b> Amount of Each Disbursement this Period [ ] 1250.00	
City Athens State OH Zip Code 45701	Purpose of Disbursement Contribution	Candidate Name [ ]	Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Memo Item <input type="checkbox"/>
Full Name (Last, First, Middle Initial) <b>C. Friends of Jonathan Dever</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address Treas:Seth Schwartz 632 Vine St. Suite 805		FEC Identification Number C [ ] <b>Transaction ID : SB29.17155</b> Amount of Each Disbursement this Period [ ] 2000.00	
City Cincinnati State OH Zip Code 45202	Purpose of Disbursement Contribution	Candidate Name [ ]	Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Primary		Memo Item <input type="checkbox"/>
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 3500.00	
<b>TOTAL</b> 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"/> 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**

**A. Friends of Kenny Yuko**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Pamela Yuko  
479 Pierson Drive

City Richmond Heights State OH Zip Code 44143-2775

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement 02 / 28 / 2018

FEC Identification Number C

Transaction ID : SB29.17197

Amount of Each Disbursement this Period 1500.00

Memo Item

**B. Friends of Kris Jordan**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Patrick Grubbe  
7740 Marysville Rd.

City Ostrander State OH Zip Code 43061

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement 02 / 28 / 2018

FEC Identification Number C

Transaction ID : SB29.17201

Amount of Each Disbursement this Period 1000.00

Memo Item

**C. FRIENDS OF LARRY HOUSEHOLDER**

Full Name (Last, First, Middle Initial)

Mailing Address TREASURER GARY WILLS  
138 E HIGH STREET

City GLENFORD State OH Zip Code 43739

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement 03 / 30 / 2018

FEC Identification Number C

Transaction ID : SB29.17157

Amount of Each Disbursement this Period 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5000.00

**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"/> 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**

**A. Friends of Lou Terhar**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Jennifer Terhar  
5595 Boomer Rd.

City Cincinnati State OH Zip Code 45247

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17205  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Friends of Martin J. Sweeney**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Steven M. Rys  
3632 W. 133rd St

City Cleveland State OH Zip Code 44111

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17121  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Friends of Matthew J. Dolan**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Norbert O'Brien  
2226 Edgeview Drive

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) Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17207  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5500.00

**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"/> 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**

**A. Friends of Mike Henne**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: William Driver  
8447 Diamond Mill Road

City Clayton State OH Zip Code 45315

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB29.17236

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Friends of N. Celebrezze**

Full Name (Last, First, Middle Initial)

Mailing Address Treas:Mark Dottore  
2344 Canal Road

City Cleveland State OH Zip Code 44113

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17107

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Friends of Nickie J. Antonio**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Jean Kosmac  
1305 Belle Avenue

City Lakewood State OH Zip Code 44107

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District: Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C

Transaction ID : SB29.17116

Amount of Each Disbursement this Period: 250.00

Memo Item

**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"/> 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 Rogers**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: Kip Molenaar  
7290 Southmeadow Dr

FEC Identification Number

**C**

**Transaction ID : SB29.17120**

Amount of Each Disbursement this Period

500.00

City Concord State OH Zip Code 44077

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Ryan Smith**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas:Troy Johnson  
63 Cedar Street

FEC Identification Number

**C**

**Transaction ID : SB29.17108**

Amount of Each Disbursement this Period

2500.00

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Sandra Williams**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2018

Mailing Address Treas: Genola Williams  
12518 Fairhill Rd.

FEC Identification Number

**C**

**Transaction ID : SB29.17211**

Amount of Each Disbursement this Period

1500.00

City Cleveland State OH Zip Code 44120

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

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

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

4500.00

**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"/> 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**

**A. FRIENDS OF SCOTT LIPPS**

Full Name (Last, First, Middle Initial)

Mailing Address **TREAS: RONALD MAAG  
418 PARK AVENUE**

City **FRANKLIN** State **OH** Zip Code **45005**

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

Date of Disbursement: **03 / 30 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB29.17169**  
Amount of Each Disbursement this Period: **750.00**

Memo Item

**B. Friends of Stephanie Howse**

Full Name (Last, First, Middle Initial)

Mailing Address **Treasurer: Verlyn Salters  
1220 Spring Road**

City **Cleveland** State **OH** Zip Code **44109**

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

Date of Disbursement: **03 / 30 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB29.17172**  
Amount of Each Disbursement this Period: **500.00**

Memo Item

**C. FRIENDS OF STEVE ARNDT**

Full Name (Last, First, Middle Initial)

Mailing Address **17689 W RAVINE DRIVE  
TREASURER JOHN FLETCHER**

City **ELMORE** State **OH** Zip Code **43416**

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

Date of Disbursement: **03 / 30 / 2018**

FEC Identification Number: **C**  
**Transaction ID : SB29.17221**  
Amount of Each Disbursement this Period: **750.00**

Memo Item

**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"/> 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 Tavia Galonski**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treasurer Joseph Fantozzi  
1137 Allendale Avenue

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17173**  
 Amount of Each Disbursement this Period  
 [ ] 500.00

City Akron State OH Zip Code 44306

Purpose of Disbursement  
Contribution

[ ]  
 Category/  
 Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Tom Patton**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: Peter Corrigan  
17157 Rabbit Run Dr.

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17180**  
 Amount of Each Disbursement this Period  
 [ ] 1000.00

City Strongsville State OH Zip Code 44136

Purpose of Disbursement  
Contribution

[ ]  
 Category/  
 Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Wes Retherford**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: Shirley Retherford  
350 Ashley Brook Dr.

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17127**  
 Amount of Each Disbursement this Period  
 [ ] 1000.00

City Hamilton State OH Zip Code 45013

Purpose of Disbursement  
Contribution

[ ]  
 Category/  
 Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼  
Primary

Memo Item

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

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

[ ] 2500.00  
 [ ]

**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"/> 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) <b>A. Giant Eagle Market District</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2018	
Mailing Address 3061 Kingsdale Center		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17235</b> Amount of Each Disbursement this Period [REDACTED] 641.93	
City Columbus	State OH	Zip Code 43221	Category/ Type [REDACTED]
Purpose of Disbursement Food and Beverage		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hackett for Ohio</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2018	
Mailing Address Treas:Phyllis Alder 2050 Palouse Dr.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17209</b> Amount of Each Disbursement this Period [REDACTED] 2500.00	
City London	State OH	Zip Code 43140	Category/ Type [REDACTED]
Purpose of Disbursement Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Primary	

Full Name (Last, First, Middle Initial) <b>C. Hambley for House Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2018	
Mailing Address Treas: Hallie Wolff 2820 Grafton Road		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.17110</b> Amount of Each Disbursement this Period [REDACTED] 500.00	
City Brunswick	State OH	Zip Code 44212	Category/ Type [REDACTED]
Purpose of Disbursement Contribution		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Primary	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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. Hoagland For Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2018

Mailing Address Attn: Treasurer Alyse Ciardelli  
5751 Township Road 120

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17188**  
Amount of Each Disbursement this Period  
[ ] 1500.00

City Adena State OH Zip Code 43901

Purpose of Disbursement  
Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Jack Cera for State Rep.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: Jack Cera  
63899 Violet Lane

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17111**  
Amount of Each Disbursement this Period  
[ ] 750.00

City Bellaire State OH Zip Code 43906

Purpose of Disbursement  
Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. John Bocchieri for OH Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2018

Mailing Address Treas: Stacey Bocchieri  
2951 Autumnwood Trail

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17181**  
Amount of Each Disbursement this Period  
[ ] 750.00

City Poland State OH Zip Code 44514

Purpose of Disbursement  
Contribution

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

State: District:

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

[ ] 3000.00

**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"/> 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. John Bocchieri for OH Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: Stacey Bocchieri  
2951 Autumnwood Trail

FEC Identification Number

**C**   
**Transaction ID : SB29.17182**  
 Amount of Each Disbursement this Period  
 500.00

City Poland State OH Zip Code 44514

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kent for Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: Sye Cunningham  
2868 Stelzer Rd #221

FEC Identification Number

**C**   
**Transaction ID : SB29.17130**  
 Amount of Each Disbursement this Period  
 250.00

City Columbus State OH Zip Code 43219

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kristina Daley Roegner For Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2018

Mailing Address Treas: Daniel Fess  
1556 East Hines Hill Road

FEC Identification Number

**C**   
**Transaction ID : SB29.17202**  
 Amount of Each Disbursement this Period  
 1500.00

City Hudson State OH Zip Code 44236

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

Memo Item

**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"/> 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. Lanese for Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treasurer: Suzanne Marshall  
260 N Cassady Avenue

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17158**  
Amount of Each Disbursement this Period  
[ ] 500.00

City Columbus State OH Zip Code 43209

Purpose of Disbursement Contribution

[ ]  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: Primary

Memo Item

Full Name (Last, First, Middle Initial)

**B. LaRose For Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2018

Mailing Address Treas: Michael George  
211 S Fifth St

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17190**  
Amount of Each Disbursement this Period  
[ ] 1000.00

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

[ ]  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: Primary

Memo Item

Full Name (Last, First, Middle Initial)

**C. Latourette for Ohio**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

Mailing Address Treas: Scott Coleman  
7082 Oak Street

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.17168**  
Amount of Each Disbursement this Period  
[ ] 1000.00

City Bainbridge State OH Zip Code 44022

Purpose of Disbursement Contribution

[ ]  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District: Primary

Memo Item

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

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

[ ] 2500.00  
[ ]

**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"/> 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. Lepore-Hagan for State Representative**

Mailing Address Treas: Carol Morris  
562 Madera Ave.

City Youngstown State OH Zip Code 44504

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17163  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mallory for State Senate 2018**

Mailing Address Treas: Tabatha Anderson  
917 Dayton Street

City Cincinnati State OH Zip Code 45214

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17140  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

Disbursement For:  Primary  General  Other (specify)  Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17115  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

2500.00

**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"/> 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**

**A. Matt Huffman for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Robert Sielschott  
540 W. Market St.

City Lima State OH Zip Code 45801

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17206  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. McClain for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Mallory Guined  
469 N 5th Street

City Upper Sandusky State OH Zip Code 43351

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼ Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17246  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Miller for Ohio (Adam)**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Joe Decola  
545 E. Town Street

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) ▼ Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17238  
Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3250.00

**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"/> 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**

**A. O'Brien For Ohio (Sean)**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: J Colombo  
545 E Town Street

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)  Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17213  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Oelslager for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address Treas: Christine Holder  
6706 Lake Cable Avenue NW

City North Canton State OH Zip Code 44720

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement: 02 / 28 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17095  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Pelanda for Ohio**

Full Name (Last, First, Middle Initial)

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)  Primary

Date of Disbursement: 03 / 30 / 2018

FEC Identification Number: C  
Transaction ID : SB29.17144  
Amount of Each Disbursement this Period: 750.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4250.00

**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"/> 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. Peterson For Good Government**

Mailing Address Treas: Lisa Peterson  
5564 Grassy Branch Rd.

City Sabina State OH Zip Code 45169

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17186  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Senate Campaign Committee**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
In-Kind Reception

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17234  
Amount of Each Disbursement this Period  
641.93

Memo Item

Full Name (Last, First, Middle Initial)

**C. Romanchuk for State Rep.**

Mailing Address Treasurer: Karl Milliron  
3306 Oakstone Drive

City Mansfield State OH Zip Code 44903

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify)  Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17160  
Amount of Each Disbursement this Period  
500.00

Memo Item

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

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

3641.93

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

Form/Schedule: SB29

Transaction ID : SB29.17234

In-Kind Reception- See Memo

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"/> 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. Seitz for Ohio**

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) Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17133  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stein for State Representative**

Mailing Address Treasurer: Debra Reed  
2854 State Route 61

City Norwalk State OH Zip Code 44857

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) Primary

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17165  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Huffman for Ohio**

Mailing Address Treas: John A. Stickel  
331 S Market Street

City Troy State OH Zip Code 45373

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) Primary

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17216  
Amount of Each Disbursement this Period  
2500.00

Memo Item

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

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

4000.00



**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"/> 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 Wilson for Ohio**

Mailing Address Attn: Treasurer Matthew Nolan  
102 E Orchard Ave

City Lebanon State OH Zip Code 45036

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17217  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Team Burke**

Mailing Address Treas: Michael Rose  
275 W 4th St.

City Marysville State OH Zip Code 43040

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17187  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Team West Committee**

Mailing Address Treasurer: Jody Spurrier  
625 12th Street

City Canton State OH Zip Code 44703

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2018

FEC Identification Number

C  
Transaction ID : SB29.17176  
Amount of Each Disbursement this Period  
250.00

Memo Item

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

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

4250.00

**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"/> 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**

**A. The Comm to elect Rick Carfagna**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treasurer: Lauren Kresge  
P.O. Box 2242

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Westerville State OH Zip Code 43086

FEC Identification Number

Purpose of Disbursement Contribution

**C** [ ]

Candidate Name

Transaction ID : SB29.17166

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

[ ] 750.00

Memo Item

**B. Tim Ginter for State Representative**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas:Charles Leedy  
846 Homewood Ave.

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Salem State OH Zip Code 44460

FEC Identification Number

Purpose of Disbursement Contribution

**C** [ ]

Candidate Name

Transaction ID : SB29.17177

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

[ ] 500.00

Memo Item

**C. Tim Schaffer for State Rep**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Treas:Linda Sheridan  
1173 Stone Run Court

M M M	/	D D D	/	Y Y Y Y Y
03		30		2018

City Lancaster State OH Zip Code 43130

FEC Identification Number

Purpose of Disbursement Contribution

**C** [ ]

Candidate Name

Transaction ID : SB29.17178

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)  Primary

[ ] 500.00

Memo Item

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

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

[ ] 1750.00

[ ] 134091.93