

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 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. 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

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
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).....	