07/12/2025 00 : 02

PAGE 1 / 58

F	FE ORN	-		AN	D	DISE	URS	EN	EIPT	S		Offic	e Use Only	Г
1.	NAME C COMMIT)F TEE (in f	ull)	TYPI	E OR I	PRINT V			nple: If typ the lines.	ing, type	12FI	E4M5		
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2.	FEC ID	ENTIFICA	TION N	UMB	ER 🔻		CITY				STATE		ZIP CO	DE 🔺
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4.	TYPE (Choose	OF REP One)	ORT	(t	o) Mor Rep Due		Feb 20 Mar 20	. ,		May 20 (M5 Jun 20 (M6)		Aug 20 (N Sep 20 (N		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Qua	rterly Repo	orts:				Apr 20	. ,	H	Jul 20 (M7)		Oct 20 (M		(Non-Election Year Only) Jan 31 (YE)
	×	April 15 Quarterly	Report (Q1)	(C)	12-Day			Primary (12		Ge	neral (12G)		Runoff (12R)
	<u> </u>	July 15 Quarterly		Q2)		PRE-Elec Report for		1.1	Convention	,		ecial (12S)		
	H	October 1 Quarterly January 3	Report (31	,					M = M /	D . D /	YYY	Y Y	in the	
	Ŭ.	Year-End July 31 M Report (N	/lid-Year		(d)	30-Day	Election o						State o	
		Year Only	/) (MY)			POST-Ele Report for			General (30	G)	Ru	noff (30R)		Special (30S)
		(TER)	ы перы				Election o	'n	M = M /	D D /	YYY	YYY	in the State o	of
5.	Covering	Period	M 0	м / 1	01		2025]	through	M N 03	/ D 31	D / Y	2025	
	-	I have exa		F	-	nd to the ngham, Da	-	/ know	ledge and	belief it is t	rue, corre	ct and com	plete.	
Sigr	nature of	Treasurer	Fea	thering	ham, D	ale Anne, , ,					Date	M M / 07	12 /	2025
NOT	E: Submi	ssion of fa	ulse, error	neous,	or inc	omplete inf	ormation m	lay sub	pject the pe	rson signing	this Repor	t to the per	nalties of 52	U.S.C. § 30109
	U	ice se nly										F	EC FOR Rev. 05/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Ohio Dental Association Political Action Committee

R	Report Covering the Period: From:	1 / 01 / 2025 To	b: 03 / 03 / 2025
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2025		665483.52
	(b) Cash on Hand at Beginning of Reporting Period	665483.52	
	(c) Total Receipts (from Line 19)	79235.00	79235.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	744718.52	744718.52
7.	Total Disbursements (from Line 31)	106314.21	106314.21
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	638404.31	638404.31
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Х

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

Page 3

79235.00

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Ohio Dental Association Political Action Committee MM D 01 01 2025 03 31 2025 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 31349.00 31349.00 (i) Itemized (use Schedule A)..... 47886.00 47886.00 (ii) Unitemized (iii) TOTAL (add 79235.00 79235.00 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 79235.00 79235.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 79235.00 12, 13, 14, 15, 16, 17, and 18(c))...... 79235.00

79235.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share		0.00
(b) Other Federal Operating	2447.42	2447.42
(c) Total Operating Expenditures		3147.43
(add 21(a)(i), (a)(ii), and (b))		3147.43
Transfers to Affiliated/Other Party Committees		14438.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)		0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
(use Schedule F)		0.00
Loan Repayments Made		0.00
Loans Made Refunds of Contributions To:		0.00
(a) Individuals/Persons Other Than Political Committees		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)		0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)		88728.78
Federal Election Activity (52 U.S.C (a) Allocated Federal Election Act	• • • • • • • • • • • • • • • • • • • •	
(from Schedule H6) (i) Federal Share	0.00	
		0.00
(ii) "Levin" Share(b) Federal Election Activity Paid		0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00
(c) Total Federal Election Activity		
Lines 30(a)(i), 30(a)(ii) and 30	(D)) • 0.00	0.00
Total Disbursements (add Lines 21		
23, 24, 25, 26, 27, 28(d), 29 and 3	30(c)) 106314.21	106314.21
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30 from Line 31)		
		106314.21

DETAILED SUMMARY PAGE

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	79235.00	79235.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79235.00	79235.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3147.43	3147.43
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3147.43	3147.43

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

I EIVIIZED RECEIPIS		each category of the		11a		11b	11c	12	2					
	Dei	ailed Summary Page		13		14	15	16		17				
Any information copied from such Report or for commercial purposes, other than														
NAME OF COMMITTEE (In Full)														
Ohio Dental Association I	Political Action Com	mittee												
Full Name of Individual (Last, First, M A. Alger, Fred, A, ,	liddle Initial) or Full Organiza	ation Name	D	ate of	Re	ceipt								
Mailing Address 221 N Hamilton Rd				M M / D D / Y Y Y Y 03 / 20 / 2025										
City		ip Code		Trans	acti	on ID :	SA11AI	.38531						
Gahanna	ОН	43230	A	mount	of	Each R	eceipt th	nis Per	iod					
FEC ID number of contributing federal political committee.	C		1000.00											
Name of Employer (for Individual) Self-Employed	Occupation Dentist	n (for Individual)		Me	emo	Item								
Receipt For: 2025	Aggregate Year-to	o-Date 🔻												
Primary General Other (specify) ▼		1000.00]											
Full Name of Individual (Last, First, M B. Alvetro-Rossman, Lisa, A, ,	liddle Initial) or Full Organiza	ation Name	D	ate of	Re	ceipt								
Mailing Address 591 Oak Ridge Dr				м м 01	/	20	/ Y	2025	Y = `	Y				
City	State Z	ip Code		Transa	acti	on ID :	SA11AI.	38329						
Sidney	OH	45365	Transaction ID : SA11AI.38329 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		625.00											
Name of Employer (for Individual) Self-Employed	Occupation Dentist	n (for Individual)	Memo Item											
Receipt For: 2025 Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 625.00]											
Full Name of Individual (Last, First, N	liddle Initial) or Full Organiz	ation Name												
C. Amspaugh, Kyle, D, , Mailing Address 1733 Western Ave S	te C		_	ate of	Re	Ceipt	/ Y	2025		Y				
City	State Z	ip Code		Trans	acti	ion ID :	SA11AI	.38252						
Findlay	OH	45840	A	mount	of	Each R	eceipt th	nis Per	iod					
FEC ID number of contributing federal political committee.	C					,	.,		50.00	0				
Name of Employer (for Individual) Self-Employed	Occupation Dentist	n (for Individual)	1	Me	emo	Item								
Receipt For: 2025	Aggregate Year-to	o-Date ▼												
Primary General	riggrogato roart													
Other (specify)		250.00												
SUBTOTAL of Receipts This Page (op	ional)					,	. ,	18	75.00	0				
TOTAL This Period (last page this line	number only)					,			-					

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE 7 OF

		Detailed Summary Page		11a 13		11b 14	11c 15	12	17					
Any information copied from such Reports or for commercial purposes, other than usin				or the		pose of s	oliciting	contribu	tions					
NAME OF COMMITTEE (In Full)														
ight angle Ohio Dental Association Po	litical Action	Committee												
Full Name of Individual (Last, First, Mide A. Appel, Jared, C, Dr.,	dle Initial) or Full C	Organization Name	[Date of Receipt										
Mailing Address 8270 Youngstown Pittsb	ourgh Rd			01 / Y Y Y Y 01 2025 Transaction ID : SA11AI.38096										
City Poland	State OH	Zip Code 44514												
		44514	A	Amount	t of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С		250.00											
Name of Employer (for Individual) Self-Employed	Occ Der	upation (for Individual) htist		Me	emo	tem								
Receipt For: 2025	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		250.00	1											
Full Name of Individual (Last, First, Mide B. Austin, David, G, Dr.,	lle Initial) or Full C	Organization Name		Date of	Re	ceipt								
Mailing Address 3600 Olentangy River R	d Ste B1			м м 02	/	D D 11	/ Y	ү ү 2025	Y					
City	State	Zip Code		Trans	acti	on ID : S	A11AI.:	38429	_					
Columbus	OH	43214	A	mount	t of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					-y	-9-	- 250.	00					
Name of Employer (for Individual) Self-Employed		upation (for Individual) ntist	Memo Item											
Receipt For: 2025	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		- 250.00]											
Full Name of Individual (Last, First, Mide C. Barnes, Paul, R, ,	lle Initial) or Full C	Organization Name		Date of	Re	ceipt								
Mailing Address 1935 Newark Granville	Rd			^M 01	/	15	/ Y	y y 2025	Ŷ					
City	State	Zip Code		Trans	acti	ion ID : S	SA11AI.	38303						
Granville	OH	43023	A	mount	t of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					,	,	250.	00					
Name of Employer (for Individual) Self-Employed	Occ	upation (for Individual) tist		M	emo	tem								
Receipt For: 2025	Agaregate	Year-to-Date ▼												
Primary General	1.99.094.0		1.											
Other (specify)		250.00												
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TOTAL This Period (last page this line nu	mber only)													

Use separate schedule(s) for each category of the

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PAGE 8 OF

I EIVIIZED RECEIPIS		for each category of the	X 11a 11b 11c 12											
		Detailed Summary Page	13 14 15 16	17										
			e to solicit contributions from such committee											
NAME OF COMMITTEE (In Full)														
Ohio Dental Association Po	litical Action	Committee												
Full Name of Individual (Last, First, Midd Bentley, Mark, T, Dr.,	lle Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 2170 Snyder Rd			01 / 20 / 2025											
City	State	Zip Code	Transaction ID : SA11AI.38328											
Piqua	OH	45356	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		250.00											
Name of Employer (for Individual) Self-Employed	Occ Der	upation (for Individual) itist	Memo Item											
Receipt For: 2025	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		250.00	1											
Full Name of Individual (Last, First, Midd 3. Britt, Brian, J , ,	lle Initial) or Full C	Prganization Name	Date of Receipt											
Mailing Address 633 W Bagley Rd			01 08 2025	1										
City	State	Zip Code	Transaction ID : SA11AI.38242											
Berea	OH	44017	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		250.00											
Name of Employer (for Individual) Self-Employed		upation (for Individual) ntist	Memo Item											
Receipt For: 2025	Aggregate	Year-to-Date ▼	1											
Other (specify) v		, 250.00	1											
Full Name of Individual (Last, First, Midd C. Cheyney, Emily, Jean, ,	lle Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 3803 Wales Ave NW			01 / D D / Y Y Y Y Y 02025]										
City	State	Zip Code	Transaction ID : SA11AI.38223											
Massillon	ОН	44646	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		375.00											
Name of Employer (for Individual) Self-Employed	Occ	upation (for Individual) tist	Memo Item											
Receipt For: 2025		Year-to-Date ▼												
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Other (specify)		375.00	1											
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 9 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio Dental Association Pe	olitical Action (Committee	
Full Name of Individual (Last, First, Mid A. Christoff, Zachary, David, , Mailing Address 1984 Willowdale Dr	ddle Initial) or Full Or	ganization Name	Date of Receipt
City Stow	State OH	Zip Code 44224	01 03 2025 Transaction ID : SA11AI.38125 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self-Employed Receipt For: 2025	Dent		Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Mic Davis, Rebecca, Bietta, ,	ddle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 29001 Cedar Rd Ste 4			01 / Y Y Y Y Y 2025
City Lyndhurst	State OH	Zip Code 44124	Transaction ID : SA11AI.38385 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self-Employed	Occu Den	ipation (for Individual) tist	Memo Item
Receipt For: 2025 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Mic DeCarlo, Francesco, R, ,	ddle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 110 N Miller Rd			01 / D D / Y Y Y Y 2025
City Fairlawn	State OH	Zip Code 44333	Transaction ID : SA11AI.38177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self-Employed	Occu Dent	pation (for Individual) ist	Memo Item
Receipt For: 2025 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 10 OF

				Detailed Summary Page	×	11a		-	11b	11c	Н	12	· _			
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or	for commercial purposes, other than using the r															
	NAME OF COMMITTEE (In Full)	Action	<u> </u>	m mitte e												
/	Ohio Dental Association Political	Action														
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	City North Olmsted	State OH		Zip Code 44070	Transaction ID : SA11AI.38107 Amount of Each Receipt this Period											
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	federal political committee.	С			1000.00											
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	Self-Employed	Den	•	. ,												
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з.	Full Name of Individual (Last, First, Middle Initia Dove, David, N, ,	al) or Full O	rga	nization Name		Date	of R	lec	eint							
	Mailing Address 122 E Vine St					M		/		/ Y	Y	Y	Y			
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	City Mount Vernon	State OH		Zip Code 43050					o <mark>n ID : S</mark> Each Re							
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	federal political committee.	С			250.00											
	Name of Employer (for Individual)	Осси	upa	tion (for Individual)	Memo Item											
	Self-Employed	Den	ntist													
	Receipt For: 2025	Aggregate	Yea	r-to-Date ▼												
	Other (specify) ▼			250.00												
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с.	Full Name of Individual (Last, First, Middle Initia Edwards, Timothy, L, Dr.,	al) or Full O	rga	nization Name		Date	of R	lec	eipt							
	Mailing Address 6600 Perimeter Dr Ste 100					M	M	1	D D	/ Y		Y	Y			
	City	State		Zip Code		01 Tra		410	07 on ID : \$	\$ 1 1 1	- Contra - C	25 84				
	Dublin	OH		43016					Each Re							
	FEC ID number of contributing	C									-	375.0	0			
	federal political committee.	С	-				-		9	9	-	575.0	0			
	Name of Employer (for Individual)		•	ion (for Individual)			Mem	10	Item							
	Self-Employed Receipt For: 2025	Dent			_											
	Primary General	Aggregate	Yea	r-to-Date ▼												
	Other (specify)		-	375.00												
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 11 OF

	EMIZED RECEIPTS			Detailed Summary Page		11a		-	11b	11c		12				
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	for commercial purposes, other than using th															
\backslash	NAME OF COMMITTEE (In Full)															
]	Ohio Dental Association Politie	cal Action	Сс	ommittee												
A.	Full Name of Individual (Last, First, Middle I Fabry, Stephen, T, ,	nitial) or Full C	Drga	nization Name		Date o	f Re	ec	eipt							
	Mailing Address 465 E Bath Rd					01 06 2025 Transaction ID : SA11AI.38139										
	City	State		Zip Code		Trans	sacti	io	n ID : S	SA11A	I.38 1	39				
	Cuyahoga Falls	OH		44223	/	Amoun	t of	E	ach Re	eceipt t	his I	Period				
	FEC ID number of contributing federal political committee.	С			250.00											
	Name of Employer (for Individual) Self-Employed	Occ Der	•	tion (for Individual)	Memo Item											
	Receipt For: 2025	Aggregate	Ye	ar-to-Date ▼												
	Primary General Other (specify) ▼		-	250.00]											
В.	Full Name of Individual (Last, First, Middle I Farinacci, David, J, Dr,	nitial) or Full C	Drga	nization Name		Date o	f Re	ec	eipt							
	Mailing Address 1225 S Main St Ste A					м м 03	/	I	05			025	Y			
	City	State		Zip Code		Trans	acti	io	n ID : S	6A11A	.384	89				
	North Canton	OH		44720	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						-,		-		250.0	00			
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	Receipt For: 2025	Aggregate	Ye	ar-to-Date 🔻												
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С.	Full Name of Individual (Last, First, Middle I Fixari, Mark, P, Dr.,	nitial) or Full C	Drga	nization Name		Date o	f Re	ec	eipt							
	Mailing Address 6441 Winchester Blvd					^M 01	/	1	08			025	Y			
	City	State OH		Zip Code		Trans	sact	tio	n ID : S	SA11A	1.382	261				
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	FEC ID number of contributing federal political committee.	С						,		,		225.0	00			
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	Receipt For: 2025	Aggregate	Ye	ar-to-Date 🔻												
	Primary General Other (specify)		-	225.00]											
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 12 OF

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	y information copied from such Reports and S for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)															
	Ohio Dental Association Politica	al Action	Co	mmittee												
Α.	Full Name of Individual (Last, First, Middle Ini Friedl, Regina, , Dr.,	tial) or Full C	Orgar	nization Name		Date c	of Re	əc	eipt							
	Mailing Address 2261 Graybill Rd				03 / 22 / 2025 Transaction ID : SA11AI.38533											
	City	State OH		Zip Code		Tran	sact	io	on ID :	S/	A11AI.:	385:	33			
	Uniontown			44685	_	Amour	t of	E	Each F	lec	eipt th	is P	eriod			
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	Receipt For: 2025	Aggregate	Yea	ur-to-Date ▼												
	Y Primary General Other (specify) ▼		-	250.00												
в.	Full Name of Individual (Last, First, Middle Ini Gallatin, Eric, R, ,	tial) or Full C	Orgar	nization Name		Date c	of Re	ec	eipt							
	Mailing Address 221 W Franklin St					01	/		08		/ Y		25	Y		
	City	State		Zip Code		Trans	sacti	io	n ID :	S/	A11AI.3	3821	4			
	Dayton	OH		45459		Amour	t of	Е	Each F	{ec	eipt th	is P	eriod			
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	Receipt For: 2025 → Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00												
			- <u>y</u>		_											
C.	Full Name of Individual (Last, First, Middle Init Gerstenmaier, John, H, Dr., Jr	tial) or Full C	Orgar	nization Name		Date c	of Re	эс	eipt							
	Mailing Address 3094 W Market St Ste 260			1		01	/	'	08		/ Y)25 [°]	Y		
	City Fairlawn	State OH		Zip Code 44333	\vdash						A11AI.:					
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PAGE 13 OF

58

				Detailed Summary Page		X	11a 13		11 14	1b	11		12	17
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$\left \right\rangle$	Ohio Dental Association Politic	al Action	Сс	mmittee										
Α.	Full Name of Individual (Last, First, Middle In Giammarco, Gary, L, ,	itial) or Full C	Drga	nization Name		[Date of	Re	ece	eipt				
	Mailing Address 4579 Everhard Rd NW						01	/		D D 20	/	Y	y y 2025	Y
	City Canton	State OH		Zip Code 44718		A	Trans							
	FEC ID number of contributing federal political committee.	C							-			<u>у</u>	250.	00
	Name of Employer (for Individual) Self-Employed		cupa ntist	tion (for Individual)			Me	emo	o It	tem				
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в.	Full Name of Individual (Last, First, Middle In Griffen, Ann, L, Dr.,	itial) or Full C	Drga	nization Name		[Date of	Re	ece	eipt				
	Mailing Address 301 W 12th Ave					I	M M 01	/	ľ	D D 01	/	Y 2	2025	Y
	City Columbus	State OH		Zip Code 43210		4	Trans: Amount							_
	FEC ID number of contributing federal political committee.	С							-			,	250.	00
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	Receipt For: 2025 Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 250.00]									
<u> </u>	Full Name of Individual (Last, First, Middle In Hanna, Adel, H, ,	itial) or Full C	Drga	nization Name		[Date of	Re	ece	eipt				
	Mailing Address 365 N Main St # A					I	01 ^M	/	Γ	D D D 02	/		2025	Y
	City Springboro	State OH		Zip Code 45066		4	Trans							
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PAGE 14 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using the n			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Ohio Dental Association Political	Action (Committee	
	Full Name of Individual (Last, First, Middle Initial Hendricks, Jamison, P, Dr, Mailing Address 4181 Center Rd City Brunswick FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: 2025 Y Primary General	State OH C Occu Dent	Zip Code 44212 upation (for Individual)	Date of Receipt 01 09 2025 Transaction ID : SA11AI.38267 Amount of Each Receipt this Period 250.00 Memo Item
B.	Cother (specify) ▼ Full Name of Individual (Last, First, Middle Initial Hess, Roger, , Dr.,	I) or Full O	250.00 Organization Name	Date of Receipt
υ.	Address 29001 Cedar Rd Ste 450 City Cleveland FEC ID number of contributing	State OH	Zip Code 44124	Market of Hecept 01 23 23 2025 Transaction ID : SA11AI.38365 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) Self-Employed	Den	upation (for Individual) ntist Year-to-Date ▼ 250,00	250.00
C.	Full Name of Individual (Last, First, Middle Initia Hockenberger, Brian, N, Dr., Mailing Address 4312 S Cleveland Massillon Rd City Barberton FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State OH	Zip Code 44203	Date of Receipt 03 / 07 / 2025 Transaction ID : SA11AI.38498 Amount of Each Receipt this Period 250.00 Memo Item
—	Self-Employed	Dent	· · · /	
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PAGE 15 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Ohio Dental Association Polit	ical Action Committee	
Full Name of Individual (Last, First, Middle A. Hoover, Keith, , Dr, Mailing Address 39 Milford Dr City Hudson FEC ID number of contributing	State Zip Code OH 44236	Date of Receipt 01 02 2025 Transaction ID : SA11AI.38111 Amount of Each Receipt this Period
FEC ID Humber of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: 2025 Primary Other (specify) ▼	C Occupation (for Individual) Dentist Aggregate Year-to-Date ▼ 250.00	250.00
Full Name of Individual (Last, First, Middle Hunsicker, Grant, Oscar, , Mailing Address 150 West Ave City Tallmadge FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: 2025	Initial) or Full Organization Name State Zip Code OH 44278 C Occupation (for Individual) Dentist Dentist	Date of Receipt 02 / 10 / 2025 Transaction ID : SA11AI.38423 Amount of Each Receipt this Period 474.00 Memo Item
C. Huskey, William, L, Dr, Mailing Address 2150 Wapakoneta Ave	Aggregate Year-to-Date 474.00 Initial) or Full Organization Name	Date of Receipt
City Sidney FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: 2025 Primary General Other (specify)	State OH Zip Code 45365 C Occupation (for Individual) Dentist Aggregate Year-to-Date ▼ 400.00	Transaction ID : SA11AI.38234 Amount of Each Receipt this Period 400.00 Memo Item
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PAGE 16 OF

				Detailed Summary Page		11a 13		11b 14		11c 15	$\left - \right $	12 16	17
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$\overline{\ }$	NAME OF COMMITTEE (In Full)												
	Ohio Dental Association Politica	Action (Co	mmittee									
Α.	Full Name of Individual (Last, First, Middle Initia Jensen, Christian, Robert, Dr.,	al) or Full O	rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 101 Posey Ln Apt 104					м м 02	/	D 0		/ Y	ү 20)25	Y
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В.	Full Name of Individual (Last, First, Middle Initia Kale, Jennifer, Allison, Dr.,	al) or Full O	rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 219 Ballantrae Dr					^M 01	1	2		/ Y	ү 20	25	Y
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	Northfield	ОН		44067		Amoun	t of	Each	Re	ceipt th	is P	eriod	
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	Mailing Address 3690 Orange PI Ste 455	-				^M 01	/	D 1	^р	/ Y)25	Y
	City	State OH		Zip Code				-		A11AI.		-	
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PAGE 17 OF

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	NAME OF COMMITTEE (In Full) Ohio Dental Association Political A	ction C	ommittee																
Α.	Full Name of Individual (Last, First, Middle Initial) o Kerata, Linda, K, Dr., Mailing Address 13952 Chippewa Trl	or Full Org	ganization Name		(Date o	_	eceipt		Y	Y								
	City	State	Zip Code			01		07	SA11AI.	2025 . 38170	5								
		Н	44130		_ /	Amoun	t of	Each R	Receipt th	nis Peri	iod	_							
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B.	Full Name of Individual (Last, First, Middle Initial) of Kimberly, David, R, ,	or Full Org	ganization Name			Date of Receipt													
	Mailing Address 539 White Pond Dr Ste C				Date of Receipt														
	5	State OH	Zip Code 44320						SA11AI. Receipt th		iod								
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с.	Full Name of Individual (Last, First, Middle Initial) o Kimberly, Michael, A, ,	or Full Org	ganization Name			Date o	f Re	eceipt											
	Mailing Address 1852 Merriman Rd					^M 01		08	JL	2025	5								
	,	State OH	Zip Code 44313					-	SA11AI. Receipt th										
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PAGE 18 OF

58

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$\left \right\rangle$	Ohio Dental Association Politica	al Action	Co	mmittee									
Α.	Full Name of Individual (Last, First, Middle Init Kincaid, Katherine, Lynn, ,	ial) or Full C	Orga	nization Name		Date o	of R	leceipt					
	Mailing Address 13718 Cleveland Ave Nw					^M 02		/ D		Y	Y 20	025	Y
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	Mailing Address 870 NW Washington Blvd Ste	A				[™] 01			D / 8	Y	ү 20)25	Y
	City Hamilton	State OH		Zip Code 45013				tion ID f Each					_
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— c.	Full Name of Individual (Last, First, Middle Init Kirlough, Matthew, J, ,	ial) or Full C	Orga	nization Name		Date o	of R	leceipt					
	Mailing Address 1623 Rivers Edge Dr					^M 01	1	/ D 0	5 /	Y)25	Y
	City Valley City	State OH		Zip Code 44280				tion ID f Each					
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PAGE 19 OF

58

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A.	Full Name of Individual (Last, First, Middle Ini Klein, Robert, Edward, ,	itial) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 539 White Pond Dr Ste C					02	/	1	25	/ Y	۲ 2	025	Y
	City Akron	State OH		Zip Code 44320		Trans Amoun				SA11AI			
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	Mailing Address 1 Perkins Sq					01	1	Ľ	D D D 08	/ Y	20) 225	Y
	City Akron	State OH		Zip Code 44308		Trans Amoun				SA11AI			
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<u></u>	Full Name of Individual (Last, First, Middle Ini Kramer, John, N, Dr,	itial) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9 N 4th St					01	/		06	/ Y		025 [°]	Y
	City Martins Ferry	State OH		Zip Code 43935		Tran: Amoun				SA11AI			
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PAGE 20 OF

58

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\setminus I	NAME OF COMMITTEE (In Full)												
	Ohio Dental Association Politi	cal Action	Co	ommittee									
A.	Full Name of Individual (Last, First, Middle Kyger, Billie, Sue, Dr.,	Initial) or Full C	Drga	nization Name	[Date of	Re	eceipt					
I	Mailing Address 1382 Dogwood Loop					03 ^M	1	D 2	D 7	/ Y	y 2(025	Y
	City Powell	State OH		Zip Code 43065				-		SA11AL			
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	Full Name of Individual (Last, First, Middle Lee, Michael, B, ,	Initial) or Full C	Drga	nization Name		Date of	Re	eceipt					
I	Mailing Address 1095 Nimitzview Dr Ste 304					^M 01	1	2	20	/ Y	20)25	Y
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с. Г	Full Name of Individual (Last, First, Middle Mackay, Donald, D, Dr.,	Initial) or Full C	Drga	nization Name		Date of	Re	eceipt					
I	Mailing Address 171 Granger Rd Unit 146					02	1	D	8	/ Y)25)	Y
	City Medina	State OH		Zip Code 44256						SA11AL			
-	FEC ID number of contributing ederal political committee.	С				Amoum		Each	Re	eceipt th		1000.0	0
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PAGE 21 OF

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$\overline{)}$	NAME OF COMMITTEE (In Full)												
\sum	Ohio Dental Association Politi	cal Action	Сс	ommittee									
Α.	Full Name of Individual (Last, First, Middle Male, James, R, Dr,	Initial) or Full C	Drga	nization Name		Date of	f Re	ecei	ipt				
	Mailing Address 55 Granville St					^M 01	1	Е	D D 08	/ Y)25	Y
	City	State OH		Zip Code		Trans	acti	ion	ID : S	A11AI	382	57	
	Columbus	ОН		43230	_	Amoun	t of	Ea	ach Re	ceipt th	nis F	eriod	
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В.	Full Name of Individual (Last, First, Middle Martin, Christopher, J, ,	Initial) or Full C	Drga	nization Name		Date of	f Re	ecei	ipt				
υ.	Mailing Address 337 E Main St					01	/	_	08	/ Y)25	Y
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	Mailing Address 4383 Rhodes Ave					^M 01	_	_	29	/ Y)25	Y
	City	State		Zip Code		Trans	sact	ion	ו ID : \$	SA11AI	.383	95	
	New Boston	ОН		45662	<u> </u>	Amoun	t of	Ea	ach Re	ceipt th	nis F	eriod	
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	Name of Employer (for Individual) Self-Employed	Occ Den	•	tion (for Individual)		М	emc	o Ite	em				
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PAGE 22 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio Dental Association Pol	itical Action	Committee	
Full Name of Individual (Last, First, Midd A. McIntosh, Robert, L., Dr., Mailing Address 15 Liberty St	le Initial) or Full C	rganization Name	Date of Receipt
City	State	Zip Code	01 08 2025 Transaction ID : SA11AI.38233
North Jackson FEC ID number of contributing	ОН	44451	Amount of Each Receipt this Period
federal political committee.		upation (for Individual)	Memo Item
Self-Employed Receipt For: 2025	Den Aggregate	itist Year-to-Date ▼	_
Primary General Other (specify) ▼		250.00]
Full Name of Individual (Last, First, Midd B. Moore, Patrick, M, Dr.,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 310 Royal Birkdale Dr			02 / 24 / 2025
City Columbiana	State OH	Zip Code 44408	Transaction ID : SA11AI.38472 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) ntist	Memo Item
Receipt For: 2025 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Middl C. Myers, Andrea, Melinda, ,	le Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2200 Olympic St			01 / D D / Y Y Y Y 01 08 2025
City Springfield	State OH	Zip Code 45503	Transaction ID : SA11AI.38176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Self-Employed	Occ Den	upation (for Individual) tist	Memo Item
Receipt For: 2025 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optiona	al)		750.00
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PAGE 23 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
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or	for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)			
	Ohio Dental Association Politica	al Action C	Committee	
Α.	Full Name of Individual (Last, First, Middle Init Nichols, Jennie, E, ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 243 S Broadway St			01 / D D / Y Y Y Y 2025
	City Medina	State OH	Zip Code 44256	Transaction ID : SA11AI.38280
			44200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self-Employed	Occu Dent	pation (for Individual) ist	Memo Item
	Receipt For: 2025	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	Full Name of Individual (Last, First, Middle Init Parker, Steven, E, ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 3817 Lincoln Way E			01 20 2025
	City	State	Zip Code	Transaction ID : SA11AI.38343
	Massillon	OH	44646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self-Employed	Occu Dent	pation (for Individual) ist	Memo Item
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	Primary General Other (specify) ▼		, 250.00]
с.	Full Name of Individual (Last, First, Middle Init Paumier, Thomas, M, ,	ial) or Full Or	ganization Name	Date of Receipt
	Mailing Address 2900 Whipple Ave NW			01 08 2025
	City	State	Zip Code	Transaction ID : SA11AI.38245
	Canton	OH	44708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) Self-Employed	Occu Denti	pation (for Individual) st	Memo Item
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	Primary General Other (specify)		250.00]
	JBTOTAL of Receipts This Page (optional)			750.00

Use separate schedule(s) for each category of the

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PAGE 24 OF

	EMIZED RECEIPTS			Detailed Summary Page		11a		-	11b	11	ł		2	
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$\overline{\}$	NAME OF COMMITTEE (In Full)													
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Α.	Full Name of Individual (Last, First, Middle In Perko, Mark, W, ,	itial) or Full C	Drga	nization Name		Date o	f Re	ece	eipt					
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	Cuyahoga Falls	OH		44223	/	Amoun	t of	E	ach R	eceip	t this	s Pe	riod	
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	Primary General Other (specify) ▼		-	250.00]									
В.	Full Name of Individual (Last, First, Middle In Petit, Kathleen, A, ,	itial) or Full C	Drga	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 2400 Wales Ave NW Ste B					м м 01	/	I	01	/	Y	ү 202	5	Y
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	Massillon	OH		44646	/	Amoun	t of	E	ach R	eceip	t this	s Pe	riod	
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с.	Full Name of Individual (Last, First, Middle In Pfister, Charles, R, ,	itial) or Full C	Drga	nization Name		Date o	f Re	ece	eipt					
	Mailing Address 698 E Washington St Ste 1A					^M 01	/	I	D D 08	/	Y	202	у 5	Y
	City	State		Zip Code		Trans	sact	tio	n ID :	SA11	AI.3	822	5	
	Medina	OH		44256	/	Amoun	t of	E	ach R	eceip	t this	s Pe	riod	
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\ N	IAME OF COMMITTEE (In Full)												
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A	ull Name of Individual (Last, First, Middle In Pupino, Samuel, N, ,	itial) or Full C	Drga	nization Name		Date of	f Re	ece	eipt				
_	Aailing Address 539 White Pond Dr Ste B			1		01 ^M	1	E	D D D 20			2025	Y
	Dity	State OH		Zip Code 44320		Trans	acti	ior	n ID : 9	SA11A	.383	819	
_	Akron			44320	_	Amoun	t of	Ea	ach Re	eceipt t	his F	Period	
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	l Full Name of Individual (Last, First, Middle In Rauch, Gordon, , ,	itial) or Full C	Drga	nization Name		Date of	f Re	ece	eipt				
	Aailing Address 1255 Shawnee Rd					01	/	_	08	/]		025	Y
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L	_ima	ОН		45805		Amoun	t of	Ea	ach Re	eceipt t	his I	Period	
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-	Barberton	OH		44203		Amoun	t of	Ea	ach Re	eceipt t	his F	Period	
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PAGE 26 OF

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	y information copied from such Reports and for commercial purposes, other than using the second s												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Ohio Dental Association Politi	cal Action	Co	mmittee									
Α.	Full Name of Individual (Last, First, Middle Rhodes, Joseph, Matthew, ,	Initial) or Full C	Orgai	nization Name		Date of	Re	ceipt					
	Mailing Address 480 Rona Pkwy					^M 01	/	D 1		/ Y	y 20)25	Y
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	Mailing Address 1852 Merriman Rd					м м 01	/	0		/ Y	ү 20	25	Ŷ
	City	State		Zip Code		Trans	acti	on ID	: S	A11AI.;	3819	99	
	Akron	OH		44313	A	Mount	of	Each	Re	ceipt th	is P	eriod	
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	Primary General Other (specify) ▼		<u>,</u>	250.00									
с.	Full Name of Individual (Last, First, Middle Rohrabaugh, John, J, Dr.,	Initial) or Full C	Orgai	nization Name		Date of	Re	ceipt					
	Mailing Address 277 S High St Ste 1			-		^M 01	/	D 0	8	/ Y		25	Ŷ
	City Cortland	State OH		Zip Code 44410						A11AI.			
			_	44410	A	Amount	of	Each	Re	ceipt th	is P	eriod	
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PAGE 27 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	and Statements may not be sold or used by any pendit the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
Ohio Dental Association Po	litical Action Committee	
Full Name of Individual (Last, First, Mide A. Ryan, Robert, W, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 6507 Beechmont Ave		02 / D D / Y Y Y Y 02 05 / 2025
City Cincinnati	StateZip CodeOH45230	Transaction ID : SA11AI.38414 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist	Memo Item
Receipt For: 2025	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Mide B. Salem, Anthony, Michael, Dr.,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3045 Smith Rd Ste 100		01 10 2025
City	State Zip Code	Transaction ID : SA11AI.38288
Fairlawn	OH 44333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist	Memo Item
Receipt For: 2025 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Mido C. Schumann, Scott, D, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 4079 Gantz Rd Ste A		01 / D D / Y Y Y Y 01 15 2025
City Grove City	StateZip CodeOH43123	Transaction ID : SA11AI.38304 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	375.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Dentist	Memo Item
Receipt For: 2025	Aggregate Year-to-Date ▼	
Primary General Other (specify)	375.00	
SUBTOTAL of Receipts This Page (option	al)	1375.00
TOTAL This Period (last page this line nu	mber only)	

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PAGE 28 OF

				Detailed Summary Page		11a		11b		11c		12	
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\setminus	NAME OF COMMITTEE (In Full)												
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Α.	Full Name of Individual (Last, First, Middle Ini Seago, Tanner, A, ,	tial) or Full C)rga	nization Name		Date o	f Re	eceipt					
	Mailing Address 1613 Kinneys Ln					м м 02	/	D 1		/ Y	Y 20) 25	Y
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	Mailing Address 1850 Grand Portage Trl					м 01	/	D 1		/ Y	20)25	Y
	City	State		Zip Code		Trans	acti	ion ID	: S	A11AL3	3829	94	
	Xenia	OH		45385	/	Amoun	t of	Each	Re	ceipt th	is F	eriod	
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	City	State OH		Zip Code						SA11AL			_
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PAGE 29 OF

58

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NAME OF COMMITTEE (In Full)										
Ohio Dental Association Po	olitical Action	Committee								
Full Name of Individual (Last, First, Mid Smith, Sayuri, , ,	dle Initial) or Full C	Organization Name		Date of	f Re	eceipt				
Mailing Address 3609 Park East Dr Ste	411			^M 02	/	D D D 27) / Y	ү 20)25	Y
City Beachwood	State OH	Zip Code 44122					SA11AI.			_
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Receipt For: 2025 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name of Individual (Last, First, Mid B. Stocker, Jon, C, ,	dle Initial) or Full C	Organization Name	[Date of	Re	eceipt				
Mailing Address 244 Golden Ln				^M 01	1	08	/ Y	202	ү 25	Ŷ
City	State	Zip Code					SA11AL			
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Full Name of Individual (Last, First, Mid C. Streem, Jason, Michael, ,	dle Initial) or Full C	Organization Name		Date of	Re	eceipt				
Mailing Address 29001 Cedar Rd Ste 45	50			02	/	24		202	25 [°]	Y
City Cleveland	State OH	Zip Code 44124					SA11AI. leceipt th			
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PAGE 30 OF

58

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	y information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	Ohio Dental Association Politica	Action (Committee									
Α.	Full Name of Individual (Last, First, Middle Initi Striebel, David, J, ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 4031 S Dixie Dr Ste C					м м 01	/	08) / Y		, 025	Y
	City	State	Zip Code			Trans	acti	on ID :	SA11AI.	382	31	
	Moraine	OH	45439		_	Amount	of	Each F	Receipt th	nis F	Period	
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	Name of Employer (for Individual) Self-Employed	Occi Den	upation (for Individual) tist			Me	emo	Item				
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В.	Full Name of Individual (Last, First, Middle Initi Striebel, Jonathan, Robert, Dr.,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 4031 S Dixie Dr Ste C					M M 01	/	. 08) / Y)25	Y
	City	State	Zip Code			Trans	acti	on ID :	SA11AI.	382	08	
	Moraine	OH	45439			Amount	of	Each F	Receipt th	nis F	Period	
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<u>с.</u>	Full Name of Individual (Last, First, Middle Initi Su, Erwin, T, ,	ial) or Full O	rganization Name			Date of	Re	ceipt				
	Mailing Address 6655 Frank Ave NW					01 ^M	/	D 14)25 [°]	Y
	City North Canton	State OH	Zip Code 44720						SA11AI			
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PAGE 31 OF

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			person for the purpose of soliciting contributions the to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
ight angle Ohio Dental Association Polit	ical Action	Committee	
Full Name of Individual (Last, First, Middle A	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2424 Allen Blvd			03 18 2025
City	State	Zip Code	Transaction ID : SA11AI.38523
Beachwood	ОН	44122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self-Employed	Occ Der	upation (for Individual) tist	Memo Item
Receipt For: 2025 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Middle Thomas, Clarence, L., Dr., III	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 117 Mound St			03 / D D / Y Y Y Y 2025
City	State	Zip Code	Transaction ID : SA11AI.38530
Dayton	OH	45402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) ntist	Memo Item
Receipt For: 2025	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
Full Name of Individual (Last, First, Middle C. Thomas, Michael, Leahy, Dr., Sr.	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2001 S Nickelplate St			01 / Y Y Y Y 01 01 2025
City	State OH	Zip Code	Transaction ID : SA11AI.38058
Louisville	On	44641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Self-Employed	Occ Den	upation (for Individual) tist	Memo Item
Receipt For: 2025 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional))		1500.00
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Use separate schedule(s) for each category of the

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PAGE 32 OF

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	NAME OF COMMITTEE (In Full)														
$\Big)$	Ohio Dental Association Politic	al Action	Cor	nmittee											
A.	Full Name of Individual (Last, First, Middle In Tilson, Jeffrey, A, ,	itial) or Full C	Organ	ization Name		Date of	Re	eceip	pt						
	Mailing Address 419 S Harding Rd					01 ^M	1	D	17	/ Y		025	Y		
	City Columbus	State OH		Zip Code 43209		Trans Amount				A11AI. ceipt th					
	FEC ID number of contributing federal political committee.	С				<u> </u>		Ţ			_	500.0	0		
	Name of Employer (for Individual) Self-Employed	Occ Den	•	on (for Individual)		M	emo	b Ite	em						
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	Y Primary General Other (specify) ▼			500.00											
в.	Full Name of Individual (Last, First, Middle In Tran, Phuoc, Minh, ,	itial) or Full C	rgan	ization Name		Date of	Re	eceip	pt						
	Mailing Address 9000 Cincinnati Dayton Rd St	te 200				03	1	D	08	/ Y)25	Y		
	City	State		Zip Code		Trans	acti	ion	ID : S	A11AI.	385()7			
	West Chester	OH		45069		Amount	of	Ead	ch Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-9	_	375.0	0		
	Name of Employer (for Individual) Self-Employed		upati ntist	on (for Individual)		M	emo	b Ite	em						
	Receipt For: 2025	Aggregate	Year	r-to-Date ▼											
	Primary General Other (specify) ▼		,	375.00											
с.	Full Name of Individual (Last, First, Middle In Unger, John, Vincent, ,	itial) or Full C	Organ	ization Name		Date of	Re	eceip	pt						
	Mailing Address 5423 Birch View Dr					01	/	D	08	/ Y)25	Y		
	City	State		Zip Code		Trans	acti	ion	ID : S	A11AI.	.381	83			
	Mason	OH		45040	_	Amount	of	Ead	ch Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	С						y		y	_	250.0	0		
	Name of Employer (for Individual) Self-Employed	Occ Den	•	on (for Individual)		М	ema	o Ite	em						
	Receipt For: 2025	Aggregate	Year	r-to-Date ▼											
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	Other (specify)	L	7	250.00											
s	UBTOTAL of Receipts This Page (optional)					Ľ		y	-	9		1125.0	0		
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PAGE 33 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1											
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
angle Ohio Dental Association Po	litical Action (Committee												
Full Name of Individual (Last, First, Midd Vagadia, Amar, P, ,	lle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 1015 Emma Ave			01 / D D / Y Y Y Y 2025											
City Akron	State OH	Zip Code 44302	Transaction ID : SA11AI.38118											
AKIOII	OII	44302	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		250.00											
Name of Employer (for Individual) Self-Employed	Occi Den	upation (for Individual) tist	Memo Item											
Receipt For: 2025	Aggregate	Year-to-Date V												
Y Primary General Other (specify) ▼		250.00]											
Full Name of Individual (Last, First, Midd 3. Vincer Sears, Katie, M, ,	lle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 7159 Drucilla St			01 / D D / Y Y Y Y Y 01 03 2025											
City	State	Transaction ID : SA11AI.38121												
Pickerington	OH	43147	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		500.00											
Name of Employer (for Individual) Self-Employed	Occi Den	upation (for Individual) tist	Memo Item											
Receipt For: 2025 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]											
Full Name of Individual (Last, First, Midd	lle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 5968 Cheviot Rd			01 07 2025											
City	State	Zip Code	Transaction ID : SA11AI.38165											
Cincinnati	ОН	45247	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		250.00											
Name of Employer (for Individual) Self-Employed	Occi Dent	upation (for Individual) ist	Memo Item											
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Ohio Dental Association Polit	tical Action	Committee	
Full Name of Individual (Last, First, Middle A. Wang, Hongwei, , , Mailing Address 168 Dorchester Sq S	e Initial) or Full C	rganization Name	Date of Receipt
City Westerville	State OH	Zip Code 43081	03 27 2025 Transaction ID : SA11AI.38537 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) Self-Employed Receipt For: 2025	Occ Den	upation (for Individual) ttist	Memo Item
Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 500.00	1
Full Name of Individual (Last, First, Middle B. Williams, Michael, R, Dr,	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4789 Munson St NW			01 / D D / Y Y Y Y 2025
City Canton	State OH	Zip Code 44718	Transaction ID : SA11AI.38274 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self-Employed		upation (for Individual) htist	Memo Item
Receipt For: 2025 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name of Individual (Last, First, Middle Zimmerman, James, W, Dr., Jr	e Initial) or Full C	organization Name	Date of Receipt
Mailing Address 5636 W Central Ave			01 / D D / Y Y Y Y 2025
City Toledo	State OH	Zip Code 43615	Transaction ID : SA11AI.38320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self-Employed	Occ Den	upation (for Individual) tist	Memo Item
Receipt For: 2025 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional))		1000.00
TOTAL This Period (last page this line num			- 21240.00

PAGE 34 OF

58

FOR LINE NUMBER:

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SCHEDULE B (FEC Form	-	Use separ	rate schedule(s)		INE NUMBER: PAGE 35 OF 58 only one)
ITEMIZED DISBURSEMEN		for each c	category of the Summary Page		
or for commercial purposes, other than u	ts and Stateme using the name	nts may n and addre	ot be sold or use ess of any politica	d by any al committe	person for the purpose of soliciting contributions are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)					
/ Ohio Dental Association F	Political Ac	tion Co	mmittee		
Full Name (Last, First, Middle Initial) A. Best Card, LLC					Date of Disbursement
Mailing Address 7108 S. Along Way, C	G-101				03 / D D / Y Y Y Y Y 2025
City Centrennial	Sta C	ate :O	Zip Code 43215-1049		FEC Identification Number
Purpose of Disbursement	·				C
Bank Service Fee					Transaction ID : SB21B.38609
Candidate Name				Category Type	
Office Sought: House Senate	Disburseme	ent For: rimary	General		3147.43
State: District:		ther (spec			Memo Item
Full Name (Last, First, Middle Initial)					
B.					Date of Disbursement
Mailing Address					
City	Sta	ate	Zip Code		FEC Identification Number
Purpose of Disbursement	·				C
Candidate Name				Category Type	Amount of Each Disbursement this Period
Office Sought: House	Disburseme		Conorol		1 1 7 1 7 1 1 7
Senate President		rimary ther (speci	ify) General		Memo Item
State: District:					
Full Name (Last, First, Middle Initial)					Date of Disbursement
Mailing Address					
City	Sta	ate	Zip Code		FEC Identification Number
Purpose of Disbursement					C
Candidate Name				Category Type	Amount of Each Disbursement this Period
Office Sought: House Senate	Disburseme	ent For: rimary	General		
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					3147.43
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SCHEDULE B (FEC Form 3X)	Use sena	arate schedule(s)		R LI				:				PA	GE	36	OF	58
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page		100 CK 0	b	X			2:	3 8c		26 29		27 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na																3
NAME OF COMMITTEE (In Full)																
Ohio Dental Association Political A	Action Co	ommittee														
Full Name (Last, First, Middle Initial)							ato -	of D:	oh.	Iroca	nort					
A. ADPAC						_		_		Jrser	nent		/	Y	V	
Mailing Address 1111 Fourteenth St. NW 11th Floor						Ľ	03		L	18		L		025	T	
City	State	Zip Code				FF	EC lo	denti	ifica	ation	Nun	ıbe	r			
Washington	DC	20005				10	-							-		
Purpose of Disbursement ADPAC Fund Transfer						C	;									
Candidate Name			Ļ								ID : S				-	
			Cate Tv	gory/ pe		A	nour	nt of	Ea	ach I	Jisbu	irse	men	t this	Perio	bd
Office Sought: House Disburse	ment For:		тy	20	-	Г							14	4438.		
Senate	Primary	General							7			7			A	
State: District:	Other (spec	cify) ▼				C	Me	emo	Ite	em						
Full Name (Last, First, Middle Initial)					+			1								
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Mailing Address						Ľ	= M					Ľ	. = Y	- Y	- r	
City	State	Zip Code				F	EC lo	denti	ifica	ation	Nun	ıbe	r			
Purpose of Disbursement			-	-		C	;									
Candidate Name			Cate Ty			Aı	nour	nt of	Ea	ach I	Disbu	irse	men	t this	Perio	bd
Office Sought: House Disburse	ment For:		ıy	4 <u>9</u>	-	Г			T							
Senate	Primary	General							-			,		1 4		
State: District:	Other (spec	cify)				C	Me	emo	Ite	m						
Full Name (Last, First, Middle Initial)																
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Mailing Address						Ľ	л — М	/		D	D /		Y Y	Y	Y	
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Candidate Name			Cate	gory/ pe		Aı	nour	nt of	Ea	ach I	Disbu	irse	men	t this	Perio	bd
Office Sought: House Disburse	ment For:		. ,	•			1			_						
Senate	Primary	General							-			7				
President	Other (spec	cify) 🔻				Г	Me	emo	Ite	m						
State: District:						-										
SUBTOTAL of Disbursements This Page (optional).				🕨					_			_	1	4438	.00	
TOTAL This Period (last page this line number only	′)			🕨	-				,				1	4438	.00	
SCHEDULE B (FEC Form 3X)			FOR I	LINE NUMBER: PAGE 37 OF 58												
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ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check	c only one) 21b 22 23 26 27												
		, ,		28a 28b 28c 🗙 29 30b												
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NAME OF COMMITTEE (In Full)																
/ Ohio Dental Association Political A	ction Co	ommittee														
Full Name (Last, First, Middle Initial)				Data of Diskursement												
ABRAMS FOR OHIO				Date of Disbursement												
Mailing Address TREAS:BEST, JENNIFER 92 FAWN DRIVE																
,	State	Zip Code		FEC Identification Number												
HARRISON Purpose of Disbursement	OH	45030														
Contribution				С												
Candidate Name		I	0	<pre>Transaction ID : SB29.38541 Amount of Each Disbursement this Period</pre>												
			Categor Type	y/ Amount of Each Disbursement this Period												
Office Sought: House Disburser	ment For: 2	2025		1000.00												
Senate	Primary	General														
State: District:	Other (spec	city) 🔻		Memo Item												
Full Name (Last, First, Middle Initial)																
B. ADAM HOLMES FOR OHIO				Date of Disbursement												
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE																
5	State	Zip Code		FEC Identification Number												
COLUMBUS Purpose of Disbursement	OH	43220														
Contribution				С												
Candidate Name			Categor	<pre>// Transaction ID : SB29.38561 // Amount of Each Disbursement this Period</pre>												
			Туре													
5	ment For: 2			1000.00												
Senate X	Primary	General														
State: District:	Other (spec	лу)		Memo Item												
Full Name (Last, First, Middle Initial)																
^{C.} CALLENDER FOR OHIO				Date of Disbursement												
Mailing Address TREAS:YUSKEWICH, MATTHEW 4679 WINTERSET DRIVE	,			03 / D D / Y Y Y Y 2025												
	State	Zip Code		FEC Identification Number												
COLUMBUS	OH	43220														
Purpose of Disbursement Contribution		I		C												
Candidate Name		L	Categor Type	y/ Transaction ID : SB29.38544 Amount of Each Disbursement this Period												
Office Sought: House Disburser	ment For: 2	2025	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00												
Senate	Primary	General														
President	Other (spec	cify) 🔻		Memo Item												
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SUBTOTAL of Disbursements This Page (optional)				3000.00												
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38 OF 58			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	;) (check only	one)			
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar			on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
Ohio Dental Association Political A	Action Committee					
Full Name (Last, First, Middle Initial) A. CAMPAIGN TO ELECT ADAM BIRD	Date of Disbursement					
Mailing Address TREAS:WHITE, CYNTHIA 3562 BEHYMER ROAD			03 / D D / Y Y Y Y 2025			
	State Zip Code OH 45245		FEC Identification Number			
Purpose of Disbursement			С			
Contribution			Transaction ID : SB29.38543			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate X President	ment For: 2025 Primary General Other (specify)		1500.00			
State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
^{B.} CAMPAIGN TO ELECT JAMES N	1. HOOPS		Date of Disbursement			
Mailing Address TREAS:RUMMEL, TERRY 195 OLD CREEK DRIVE		03 10 2025				
City NAPOLEON	State Zip Code OH 43545		FEC Identification Number			
Purpose of Disbursement						
Contribution			C Transaction ID : SB29.38562 Amount of Each Disbursement this Period			
Candidate Name		Category/				
Office Sought: House Disburse	ment For: 2025	Туре	1000.00			
Senate	Primary General					
State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
^{C.} CITIZENS FOR LAMPTON			Date of Disbursement			
Mailing Address TREAS:DYE, KATHLEEN 1326 PARKWAY COURT			03 / D D / Y Y Y Y 2025			
5	State Zip Code		FEC Identification Number			
BEAVERCREEK Purpose of Disbursement	OH 45432					
Contribution			C			
Candidate Name		Category/ Type	Transaction ID : SB29.38571 Amount of Each Disbursement this Period			
Office Sought: House Disburse	Office Sought: House Disbursement For: 2025					
Senate	Primary General					
State: District:	Other (specify) v		Memo Item			
SUBTOTAL of Disbursements This Page (optional)		····· ►	5000.00			
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	EMIZED DISBURSEMENTS	for each o Detailed S	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nati						
\backslash	NAME OF COMMITTEE (In Full)						
	Ohio Dental Association Political A	Action Co	ommittee				
Α.	Full Name (Last, First, Middle Initial)				Date of Disbursement		
	CLAGGETT FOR OHIO						
	Mailing Address TREAS:ILER, KIRK 3396 SHARON VALLEY RD				03 10 2025		
	City	State	Zip Code		FEC Identification Number		
	NEWARK	OH	43055				
	Purpose of Disbursement				С		
	Contribution Candidate Name				Transaction ID : SB29.38545		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For: 2	2025	1300	500.00		
	Senate	Primary	General				
	President	Other (spec	cify) ▼		Memo Item		
	State: District:						
В.	Full Name (Last, First, Middle Initial)				Date of Disbursement		
	COMMITTEE TO ELECT BILL RC	JEIMER			M M / D D / Y Y Y Y		
	Mailing Address TREAS:WOYTEK, STEPHEN 3616 SOUTHERN RD				03 10 2025		
	City	State	Zip Code		FEC Identification Number		
	RICHFIELD Purpose of Disbursement	OH	44286				
	Contribution				C		
	Candidate Name			Category/	Transaction ID : SB29.38594 Amount of Each Disbursement this Period		
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		Primary	General				
	State: District:	Other (spec	cify)		Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	COMMITTEE TO ELECT GARY O	CLICK			Date of Disbursement		
Mailing Address TREAS:MILLER, JERRI 26 PAULA COURT					03 10 2025		
	City	State OH	Zip Code		FEC Identification Number		
	FREMONT Purpose of Disbursement	UT	43420		\mathbf{C}		
	Contribution				C		
	Candidate Name			Category/ Type	Transaction ID : SB29.38546 Amount of Each Disbursement this Period		
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	President	Other (spec	cify) 🔻		Memo Item		
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	OF COMMITTEE (In Full)							
) Ohi	o Dental Association Political A	ction Co	mmittee					
-	ame (Last, First, Middle Initial)							
A. COI	MMITTEE TO ELECT GAYLE MA	ANNING			Date of Disbursement			
Mailin	g Address TREAS:MARTIN, SHARON 7064 AVON BELDEN RD				03 / 10 / Y Y Y Y 2025			
City		State	Zip Code		FEC Identification Number			
-	HRIDGEVILLE	OH	44039		FEC Identification Number			
•	se of Disbursement				C			
	ribution date Name				Transaction ID : SB29.38577			
Carlui				Category/ Type	Amount of Each Disbursement this Period			
Office	Sought: House Disburser	ment For: 2	025	турс	1500.00			
	Senate	Primary	General					
	President	Other (spec	ify) ▼		Memo Item			
State:	District:							
-	ame (Last, First, Middle Initial)				Date of Disbursement			
D. CO	MMITTEE TO ELECT MELANI	IE MILLE	R					
Mailing	g Address TREAS:LANGE, BARBIE 208 COUNTRYSIDE DR							
City		State	Zip Code		FEC Identification Number			
ASHL		OH	44805					
•	se of Disbursement ribution				С			
	date Name			Catanami	Transaction ID : SB29.38582 Amount of Each Disbursement this Period			
				Category/ Type	Amount of Each Disbursement this Period			
Office	-	ment For: 2	025		1000.00			
		Primary	General		, , ,			
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	ame (Last, First, Middle Initial)							
•		Y CREE	СН		Date of Disbursement			
Mailin	g Address TREAS:SCHREIBER, JESSICA				03 10 2025			
aiii i	5062 BANTAS CREEK RD							
City		State	Zip Code		FEC Identification Number			
	ALEXANDRIA se of Disbursement	OH	45381					
	ribution				С			
	date Name			Catagory/	Transaction ID : SB29.38548 Amount of Each Disbursement this Period			
				Category/ Type	Amount of Lacit Dispursement this Period			
Office	Sought: House Disburse	ment For: 2	025		1000.00			
	Senate	Primary	General					
State:	District:	Other (spec	aity) 🔻		Memo Item			
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SCHEDULE B (FEC Form 3X	()		voto ochodula(c)	-	NUMBER: PAGE 41 OF 58
ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page				(check onl 21b 28a	22 23 26 27
Any information copied from such Reports and or for commercial purposes, other than using					
NAME OF COMMITTEE (In Full)					
Ohio Dental Association Polit	ical A	ction Co	ommittee		
Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT SAR	AH FC	WLER A	ARTHUR		Date of Disbursement
Mailing Address TREAS:FRIEDSTROM, DE 710 GARRISON ROAD	EBRA				03 / D D / Y Y Y Y 2025
City ASHTABULA	S	State OH	Zip Code 44004		FEC Identification Number
Purpose of Disbursement					C
Contribution					Transaction ID : SB29.38556
Candidate Name				Category/ Type	Amount of Each Disbursement this Period
		nent For: 2		71	1000.00
Stoto:	X	Primary Other (spec	General cify) ▼		Memo Item
State: District:					
B. CONSERVATIVES FOR MIC	HELL	E TESKA			Date of Disbursement
Mailing Address TREAS:MCKINNEY, MAR 1136 PETRUS CT	ĸĸ				03 / D / Y Y Y Y 03 10 2025
City DAYTON	S	State OH	Zip Code 45458		FEC Identification Number
Purpose of Disbursement					С
Contribution					Transaction ID : SB29.38601
Candidate Name				Category/ Type	Amount of Each Disbursement this Period
		nent For: 2		71	1500.00
Senate President		Primary Other (spec	General		
State: District:					Memo Item
Full Name (Last, First, Middle Initial) C. DAVE YOST FOR OHIO					Date of Disbursement
Mailing Address TREAS:J YUSKEWICH					01 31 2025
4679 WINTERSET DRIVE			1		
City COLUMBUS	S	State OH	Zip Code 43220		FEC Identification Number
Purpose of Disbursement	I				C
Contribution Candidate Name				Category/	Transaction ID : SB29.38540 Amount of Each Disbursement this Period
-	isbursen	nent For: 2	Туре	2500.00	
Senate President	X	Primary Other (spec	General cify) ▼		Memo Item
State: District:					
SUBTOTAL of Disbursements This Page (op	otional)			••••••	5000.00
TOTAL This Period (last page this line numb	per only)			••••••	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 42 OF 58	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only		
		Summary Page	21b	22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)					
Ohio Dental Association Political A	Action Co	ommittee			
Full Name (Last, First, Middle Initial)					
A. DEETER FOR OHIO				Date of Disbursement	
Mailing Address TREAS:BAUR, NATALIE 1711 PIONEER PASS				03 10 2025	
City NORWALK	State OH	Zip Code 44587		FEC Identification Number	
Purpose of Disbursement			_	С	
Contribution				Transaction ID : SB29.38550	
Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate Yresident	ement For: 2 Primary Other (spe	General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1500.00	
State: District:				Memo Item	
Full Name (Last, First, Middle Initial)					
^{B.} DEMETRIOU FOR OHIO				Date of Disbursement	
Mailing Address TREAS:GINGERICH, SHARON 8472 E WASHINGTON ST STE 2	226			03 10 2025	
City	State OH	Zip Code		FEC Identification Number	
CHAGRIN FALLS Purpose of Disbursement	ОП	44023		0	
Contribution				C	
Candidate Name			Category/ Type	Transaction ID : SB29.38551 Amount of Each Disbursement this Period	
Office Sought: House Disburse	ement For:	2025	1300	1500.00	
Senate	Primary	General			
State: District:	Other (spec	cify)		Memo Item	
Full Name (Last, First, Middle Initial)					
^{C.} ELECT JACK DANIELS				Date of Disbursement	
Mailing Address TREAS:WILSON, MAUREEN 134 WEST NIMISILAROAD				03 10 2025	
City NEW FRANKLINE	State OH	Zip Code 44319		FEC Identification Number	
Purpose of Disbursement	I	-		С	
Contribution Candidate Name			Category/	Transaction ID : SB29.38549 Amount of Each Disbursement this Period	
Office Sought: House Disburse	ement For: 2	2025	Туре	1000.00	
Senate	Primary	General			
State: District:	Other (spe	cify) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional).			····· •	4000.00	
TOTAL This Period (last page this line number only	/)			· · · · · · · · · · · · · · · · · · ·	

	CHEDULE B (FEC Form 3X)			FOR LINE I	
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or	y information copied from such Reports and State for commercial purposes, other than using the nar				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				
	Ohio Dental Association Political A	Action Co	ommittee		
Α.	Full Name (Last, First, Middle Initial) ELECT JOHNATHAN NEWMAN				Date of Disbursement
	Mailing Address TREAS:NEWMAN, JENNIFER 194 LITTLEJOHN ROAD				03 / D D / Y Y Y Y 2025
		State OH	Zip Code 45373		FEC Identification Number
	Purpose of Disbursement				С
	Contribution				Transaction ID : SB29.38583
	Candidate Name			Category/	Amount of Each Disbursement this Period
		ment For: 2	2025	Туре	1000.00
	Senate X	Primary Other (spec	General cify) ▼		Mama Itam
	State: District:		<i></i>		Memo Item
	Full Name (Last, First, Middle Initial)				
В.	FISCHER FOR OHIO				Date of Disbursement
	Mailing Address TREAS:GOLEMBIEWKSI, ROSE 323 MELROSE AVE				03 10 2025
	City YOUNGSTOWN	State OH	Zip Code 44512		FEC Identification Number
	Purpose of Disbursement				С
	Contribution				Transaction ID : SB29.38555
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
		ment For: 2		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1500.00
	President	Primary Other (spec	General		
	State: District:	outor (oper	Siry)		Memo Item
С.	Full Name (Last, First, Middle Initial)				Date of Disbursement
0.	FRIENDS OF ADAM MATHEWS				
	Mailing Address TREAS:MATHEWS, AMANDA 454 CALUMET FARMS DRIVE				03 10 2025
	City LEBANON	State OH	Zip Code 45036		FEC Identification Number
	Purpose of Disbursement				С
	Contribution				Transaction ID : SB29.38578
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
		ment For: 2		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1500.00
	President	Primary Other (spec	General		
	State: District:	Caller (oper	Siry) ¥		Memo Item
s	UBTOTAL of Disbursements This Page (optional)				4000.00
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE I			
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Ohio Dental Association Political	Action Co	ommittee				
Full Name (Last, First, Middle Initial) A. FRIENDS OF ANDREA WHITE				Date of Disbursement		
FRIENDS OF ANDREA WHITE				M M / D D / Y Y Y Y		
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE	1			03 10 2025		
City COLUMBUS	State OH	Zip Code 43220		FEC Identification Number		
Purpose of Disbursement				С		
Contribution				Transaction ID : SB29.38604		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ement For: 2 Primary	General		1500.00		
State: District:	Other (spe	Giiy) ▼		Memo Item		
Full Name (Last, First, Middle Initial)						
B. FRIENDS OF BRAIN STEWART				Date of Disbursement		
Mailing Address TREAS:CARTELLONE, EMILY 15075 HOME COURT	1			03 10 2025		
City ASHVILLE	State OH	Zip Code 43103		FEC Identification Number		
Purpose of Disbursement				С		
Contribution				Transaction ID : SB29.38599		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For:	2025	Туре	2500.00		
	Primary	General				
State: District:	Other (spe	cify)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. FRIENDS OF DAVID THOMAS				Date of Disbursement		
Mailing Address TREAS:THOMAS, ANGELA 8695 TROUTMAN ROAD				03 10 2025		
City ORWELL	State OH	Zip Code 44076		FEC Identification Number		
Purpose of Disbursement		44076		С		
Contribution				Transaction ID : SB29.38602		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For:	2025	71	1500.00		
Senate	Primary	General				
State: District:	Other (spe	cify) 🔻		Memo Item		
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SUBTOTAL of Disbursements This Page (optional)			····· ►	5500.00		
TOTAL This Period (last page this line number only	y)		••••••			

S	CHEDULE B (FEC Form 3X)			FC	OR LI	NE NUMBER: PAGE 45 OF 58
ITEMIZED DISBURSEMENTS			rate schedule(s) category of the	(cł		
			Summary Page			22 23 26 27 $8a$ $28b$ $28c$ \mathbf{X} 29 $30b$
	y information copied from such Reports and State for commercial purposes, other than using the name				any p	person for the purpose of soliciting contributions
\backslash	NAME OF COMMITTEE (In Full)					
	Ohio Dental Association Political A	Action Co	ommittee			
<u> </u>	Full Name (Last, First, Middle Initial)					
Α.	FRIENDS OF JODI SALVO					Date of Disbursement
	Mailing Address TREAS:SALVO, PHIL 2421 SANDY HILL RD		1			03 10 2025
	5	State OH	Zip Code			FEC Identification Number
	BOLIVAR Purpose of Disbursement	ОП	44612			
	Contribution					C
	Candidate Name			Cata		Transaction ID : SB29.38595 Amount of Each Disbursement this Period
					egory/ /pe	Amount of Lach Disbursement this Period
	Office Sought: House Disburse Senate	ment For: 2 Primary	2025			1500.00
	State: District:	Other (spec	cify) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
В.	FRIENDS OF JUSTIN PIZZULLI					
	Mailing Address TREAS:ALLEN, CHRIS 150 NAPOLEION LANE					03 / D D / Y Y Y Y 2025
	City FRANKLIN FURNACE	State OH	Zip Code 45629			FEC Identification Number
	Purpose of Disbursement	_		_	_	C
	Contribution		1	Transaction ID : SB29.38587		
	Candidate Name			Cate	egory/	
				Ту	/pe	4500.00
		ment For: 2				1500.00
	Senate President	Primary Other (spec	General			
_	State: District:	Other (spec	, , , , , , , , , , , , , , , , , , ,			Memo Item
~	Full Name (Last, First, Middle Initial)					Data of Diskursement
C.	FRIENDS OF MARILYN JOHN					Date of Disbursement
	Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE					03 / D D / Y Y Y Y 2025
	City	State	Zip Code			FEC Identification Number
	COLUMBUS	ОН	43220			
	Purpose of Disbursement				-	C
	Contribution Candidate Name					Transaction ID : SB29.38565 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For: 2	2025		ype	1500.00
	Senate	Primary	General			
	President	Other (spec	cify) ▼			Memo Item
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						4500.00
L ^s	UBTOTAL of Disbursements This Page (optional).				••••• •	
т	OTAL This Period (last page this line number only	·))	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 46 OF 58		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	one)		
		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam			d by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
ight angle Ohio Dental Association Political A	ction Co	ommittee				
Full Name (Last, First, Middle Initial)						
A. FRIENDS OF MARK JOHNSON				Date of Disbursement		
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE		1		03 10 2025		
City COLUMBUS	State OH	Zip Code 43220		FEC Identification Number		
Purpose of Disbursement				С		
Contribution				Transaction ID : SB29.38566		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For: 2	.025	Туре	500.00		
Senate X President	Primary Other (spec	General		Memo Item		
State: District:				Mento item		
Full Name (Last, First, Middle Initial)						
B. FRIENDS OF MEREDITH CRAIG				Date of Disbursement		
Mailing Address TREAS:ZACOUR, MOLLY 425 EAST MAIN STREET						
City SMITHVILLE	State OH	Zip Code 44677		FEC Identification Number		
Purpose of Disbursement				С		
Contribution				Transaction ID : SB29.38547		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	ment For: 2	2025		1000.00		
	Primary	General		,		
State: District:	Other (spec	sity)		Memo Item		
Full Name (Last, First, Middle Initial)						
^{C.} FRIENDS OF NICK SANTUCCI				Date of Disbursement		
Mailing Address TREAS:CARLINI, DOMINIC 535 AVALON DR SE				03 / D D / Y Y Y Y Y 2025		
City	State	Zip Code		FEC Identification Number		
WARREN Purpose of Disbursement	OH	44484		С		
Contribution						
Candidate Name						
Office Sought: House Disburser	ment For: 2	025	Туре	1500.00		
Senate X	Primary	General				
State: District:	Other (spec	sify) 🔻		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			••••••	3000.00		
TOTAL This Period (last page this line number only))		••••••			

SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 47 OF 58		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	only one)		
		Summary Page		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Any information particul from any D		wat ha!-!		8a 28b 28c X 29 30b		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
Ohio Dental Association Political	Action Co	ommittee				
Full Name (Last, First, Middle Initial)				Data of Distances and		
A. FRIENDS OF SWEARINGEN				Date of Disbursement		
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE				03 / D D / Y Y Y Y 2025		
City	State	Zip Code		FEC Identification Number		
COLUMBUS	ОН	43220		TEC Identification Number		
Purpose of Disbursement						
Contribution			L	Transaction ID : SB29.38600		
Candidate Name			Category	Amount of Each Disbursement this Period		
Office Sought: House Disburs	ement For:	2025	Туре	500.00		
Senate	Primary	General				
President	Other (spe	cify) 🔻		Memo Item		
State: District:				Wento item		
Full Name (Last, First, Middle Initial)						
^{B.} FRIENDS OF THOMAS HALL				Date of Disbursement		
Mailing Address TREAS:HALL, TERESA 6364 TRENTON FRANKLIN RD						
City	State	Zip Code		FEC Identification Number		
MIDDLETOWN Purpose of Disbursement	OH	45042				
Contribution				C		
Candidate Name			Catanan	Transaction ID : SB29.38559		
			Category Type	Amount of Each Disbursement this Period		
Office Sought: House Disburs	ement For:	2025		1000.00		
	Primary	General				
President	Other (spe	cify)		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)				Date of Disbursement		
^{C.} HARAZ GHANBARI FOR OHIO						
Mailing Address TREAS:BEST, JENNIFER 26811 DOGWOOD LANE				03 10 2025		
City	State	Zip Code		FEC Identification Number		
PERRYSBURG	OH	43551				
Purpose of Disbursement						
Contribution Candidate Name			<u> </u>	Transaction ID : SB29.38557		
			Category Type	Amount of Each Disbursement this Period		
Office Sought: House Disburs	ement For:	2025	- 740	1500.00		
Senate	Primary	General				
President	Other (spe	cify) 🔻		Memo Item		
State: District:						
				3000.00		
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number on	y)					
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	HEDULE B (FEC Form 3X)		rate schedule(s)			IE NUMBER: PAGE 48 OF 58
ITE	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(cł	21	
_			, ,		28	
	y information copied from such Reports and State for commercial purposes, other than using the nar					
\backslash	NAME OF COMMITTEE (In Full)					
	Ohio Dental Association Political A	Action Co	ommittee			
	Full Name (Last, First, Middle Initial)					
Α.	HINER FOR OHIO					Date of Disbursement
	Mailing Address TREAS:FRYE, AMBERLY 133 GREEN VALLEY DRIVE					03 10 2025
	City HOWARD	State OH	Zip Code 43028			FEC Identification Number
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·			С
	Contribution				.	Transaction ID : SB29.38560
	Candidate Name				gory/ pe	Amount of Each Disbursement this Period
		ment For: 2		.,		1000.00
	Senate Yresident	Primary Other (spec	General cify) ▼			Memo Item
	State: District:					
	Full Name (Last, First, Middle Initial)					
В.	JIM THOMAS FOR OHIO HOUSE	OF REF	PRESENTAT	IVES		Date of Disbursement
	Mailing Address TREAS:THOMAS, JIM 5566 FOXBORO AVE NW	03 10 2025				
	City CANTON	State OH	Zip Code 44718			FEC Identification Number
	Purpose of Disbursement	011	44710			С
	Contribution					
	Candidate Name			Category/ Type		Transaction ID : SB29.38603 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For: 2	0005			1500.00
	÷	Primary	General			
	President	Other (spec				
	State: District:					Memo Item
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement
	JONES FOR OHIO					
	Mailing Address TREAS:YUSKEWICH, MATTHEW 4679 WINTERSET DRIVE	I				03 10 2025
	City	State	Zip Code			FEC Identification Number
	COLUMBUS Purpose of Disbursement	OH	43220			
	Contribution		C			
	Candidate Name				gory/	Transaction ID : SB29.38567 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For: 2	025	īy	pe	1000.00
	Senate	Primary	General			
	President	Other (spec	cify) ▼			Memo Item
—	State: District:					
s						
Lٽ	JBTOTAL of Disbursements This Page (optional)				···· ►	3500.00

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 49 OF 58	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		one)	
		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and S or for commercial purposes, other than using the			d by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)					
Ohio Dental Association Politica	al Action Co	ommittee			
Full Name (Last, First, Middle Initial)				Data of Distance	
A. JOSH WILLIAMS FOR OHIO				Date of Disbursement	
Mailing Address TREAS:GOEDE, STACI 5060 WEST SYLVANIA				03 / D D / Y Y Y Y Y 2025	
City	State	Zip Code		FEC Identification Number	
TOLEDO Purpose of Disbursement	OH	43623			
Purpose of Disbursement Contribution				С	
Contribution Candidate Name				Transaction ID : SB29.38605	
			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disb	ursement For:	2025	-	1500.00	
Senate	Y Primary	General			
State: District:	Other (spe	city) 🔻		Memo Item	
Full Name (Last, First, Middle Initial)					
^{B.} KISHMAN FOR STATE REPRE	ESENTATI	VE		Date of Disbursement	
Mailing Address TREAS:HULL, LOUANNE 705 EAST LINCOLN WAY			03 10 2025		
City MINERVA	State OH	Zip Code 44657		FEC Identification Number	
Purpose of Disbursement		44007		С	
Contribution				Transaction ID : SB29.38569	
Candidate Name	Category, Type				
Office Sought: House Disb	ursement For:			1000.00	
President	Primary Other (spe	cifv) General			
State: District:		;;		Memo Item	
Full Name (Last, First, Middle Initial)					
C. KLOPFENSTEIN FOR OHIO				Date of Disbursement	
Mailing Address TREAS:OWENS, STAN 2693 ROAD 87	Mailing Address TREAS:OWENS, STAN				
City	State	Zip Code		FEC Identification Number	
HAVILAND	ОН	45851			
Purpose of Disbursement Contribution				С	
Candidate Name		Category/ Type	Transaction ID : SB29.38570 Amount of Each Disbursement this Period		
Office Sought: House Disb					
Senate	X Primary	General			
President	Other (spe	cify) 🔻		Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (option	nal)		······	3500.00	
TOTAL This Period (last page this line number					

SCHEDULE B (FEC Form 3X)		rate schedule(s)	-	NE NUMBER: PAGE 50 OF 58				
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	2	only one) 1b 22 23 26 27 8a 28b 28c X 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nat				erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)								
Ohio Dental Association Political A	Action Co	ommittee						
Full Name (Last, First, Middle Initial)	Λ							
A. LARE FOR OIHO				Date of Disbursement				
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE				03 10 2025				
City COLUMBUS	State OH	Zip Code 43220		FEC Identification Number				
Purpose of Disbursement				C				
Contribution				Transaction ID : SB29.38573				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Office Sought: House Distance	mont Ferri 2	0.025	Туре	500.00				
Office Sought: House Disburse Senate President	ment For: 2 Primary Other (spec	General		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) B. LEAR FOR LIBERTY				Date of Disbursement				
Mailing Address TREAS:BIDWELL, MARK								
7490 BIG WALNUT ROAD		T		03 10 2025				
City GALENA	State OH	Zip Code 43021		FEC Identification Number				
Purpose of Disbursement				С				
Contribution	Contribution Candidate Name Category/ Type							
Candidate Name								
Office Cought								
ů – Elektrik	ment For: 2 Primary	2025 General		1000.00				
President	Other (spec							
State: District:				Memo Item				
Full Name (Last, First, Middle Initial)								
^{C.} LORENZ FOR OHIO				Date of Disbursement				
Mailing Address TREAS:RINGLE, MICHAEL 4111 VILLAGE CLUB DR		03 / 10 / Y Y Y Y 2025						
City	State	Zip Code		FEC Identification Number				
POWELL Purpose of Disbursement	OH	43065		C				
Contribution								
Candidate Name	didate Name Catego Type							
Office Sought: House Disburse								
Senate X	Primary Other (apor	General						
State: District:	Other (spec	uy) ▼		Memo Item				
SUBTOTAL of Disbursements This Page (optional).				3000.00				
TOTAL This Period (last page this line number only)		••••••					

SCHEDULE B (FEC Form 3X)	llee eens	arate schedule(s)	FOR LINE		
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
/ Ohio Dental Association Political	Action Co	ommittee			
Full Name (Last, First, Middle Initial)				Date of Disbursement	
A. MATHEWS FOR OHIO				M M / D D / Y Y Y Y	
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE				03 10 2025	
City COLUMBUS	State OH	Zip Code 43220		FEC Identification Number	
Purpose of Disbursement				С	
Contribution				Transaction ID : SB29.38579	
Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
v	ement For: 2		Турс	1500.00	
Senate X	Primary Other (spec	General cify) ▼		Memo Item	
State: District:					
Full Name (Last, First, Middle Initial) B. MATT HUFFMAN FOR OHIO				Date of Disbursement	
				03 10 2025	
Mailing Address TREAS:YUSKEWICH, J. 4679 WINTERSET DRIVE	Mailing Address TREAS:YUSKEWICH, J. 4679 WINTERSET DRIVE				
City COLUMBUS	State OH	Zip Code 43220		FEC Identification Number	
Purpose of Disbursement	011	43220		С	
Contribution				Transaction ID : SB29.38564	
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For: 2	2025	Туре	5000.00	
Senate	Primary	General			
State: District:	Other (spec	cify)		Memo Item	
Full Name (Last, First, Middle Initial)					
C. MCCLAIN FOR OHIO				Date of Disbursement	
Mailing Address TREAS:MCCLAIN, RIORDAN 7915 TH 136		M M / D D / Y			
City	State OH	Zip Code 44849		FEC Identification Number	
NEVADA Purpose of Disbursement		44043		С	
Contribution	ntribution didate Name Category/				
Candidate Name					
Office Sought: House Disburse	ce Sought: House Disbursement For: 2025				
Senate	Primary	General			
State: District:	Other (spec	cify) 🔻		Memo Item	
SUBTOTAL of Disbursements This Page (optional).			••••••	8000.00	
TOTAL This Period (last page this line number only	/)		••••••		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 52 OF 58	
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
/ Ohio Dental Association Political A	Action Co	ommittee			
Full Name (Last, First, Middle Initial) A. MIKE DOVILLA FOR OHIO				Date of Disbursement	
Mailing Address TREAS:YUSKEWICH, MATTHEW 4679 WINTERSET DRIVE	I	-		03 10 2025	
City COLUMBUS	State OH	Zip Code 43220		FEC Identification Number	
Purpose of Disbursement		43220		С	
Contribution				Transaction ID : SB29.38552	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For:	2025	Туре	1500.00	
State: District:	Primary Other (spe	General ccify) ▼		Memo Item	
State: District: Full Name (Last, First, Middle Initial)					
B. MIKE ODIOSO FOR OHIO				Date of Disbursement	
Mailing Address TREAS:EMCH, MATTHEW 12070 STONE POINT COURT				03 10 2025	
City LOVELAND	State OH	Zip Code 45140		FEC Identification Number	
Purpose of Disbursement		1		С	
Contribution Candidate Name	ne			Transaction ID : SB29.38584 Amount of Each Disbursement this Period	
-	ment For:	2025	Туре	1000.00	
Senate President	Primary Other (spe	General			
State: District:	Other (spe	city)		Memo Item	
Full Name (Last, First, Middle Initial) C. MILLER FOR OHIO				Date of Disbursement	
Mailing Address TREAS:BEST, JENNIFER 6170 PLEASANT CHAPEL RD	Mailing Address TREAS:BEST, JENNIFER				
City	State	Zip Code		FEC Identification Number	
NEWARK Purpose of Disbursement	ОН	43056		С	
Contribution Candidate Name Ca				Transaction ID : SB29.38581 Amount of Each Disbursement this Period	
Office Sought: House Disburse	ffice Sought: House Disbursement For: 2025				
Senate President	Primary Other (spe	General		Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional).			••••••	3500.00	
TOTAL This Period (last page this line number only	′)		••••••		

	CHEDULE B (FEC Form 3X)		rate schedule(c)	FOR LINE	
IT	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c X 29 30b
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the name	ments may r me and addr	not be sold or use ess of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)				
	Ohio Dental Association Political A	Action Co	ommittee		
Α.	Full Name (Last, First, Middle Initial) MONICA ROBB BLASDEL FOR ST	ATE REP	RESENTATI	VF	Date of Disbursement
	Mailing Address TREAS:ROBB, KENNETH			· _	M = M / D = D / Y = Y = Y = Y Y 03 10 2025
	240 ABERDEEN CT	State	Zip Code		FEC Identification Number
	COLUMBIANA Purpose of Disbursement	OH	44408		0
	Contribution				С
	Candidate Name			Category/	Transaction ID : SB29.38592 Amount of Each Disbursement this Period
				Type	
	Office Sought: House Disburse Senate X President	ment For: 2 Primary Other (spec	General		1500.00
	State: District:		() () () () () () () () () () () () () (Memo Item
_	Full Name (Last, First, Middle Initial)				
В.	OELSLAGER FOR OHIO				Date of Disbursement
	Mailing Address TREAS:HOLDER, CHRISTINE 6706 LAKE CABLE AVE NW	-		03 10 2025	
	City NORTH CANTON	State OH	Zip Code 44720		FEC Identification Number
	Purpose of Disbursement				С
	Contribution				Transaction ID : SB29.38585
	Candidate Name	ate Name Category/ Type			
	Office Sought: House Disburse	ment For: 2	2025	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00
	Senate	Primary	General		
	State: District:	Other (spec	cify)		Memo Item
	Full Name (Last, First, Middle Initial)				
C.	Ohio House Republican Organizat	tional Co	mmittee		Date of Disbursement
	Mailing Address 545 E. Town Street		03 / D D / Y Y Y Y 2025		
	-	State	Zip Code		FEC Identification Number
	Columbus Purpose of Disbursement	OH	43215		
	In-Kind Food and Beverage	C			
	Candidate Name	Transaction ID : SB29.38610 Amount of Each Disbursement this Period			
	Office Sought: House Disburse	Туре	728.78		
	Senate	Primary	General		
	State: District:	Other (spec	cify) 🔻		Memo Item
	-				
s	UBTOTAL of Disbursements This Page (optional).			····· ►	3228.78
т	OTAL This Period (last page this line number only	′)		••••••	

SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER: PAGE 54 OF 58
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only	one)
		Summary Page	21b	
	<u> </u>		28a	28b 28c X 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
Ohio Dental Association Political A	ction Co	ommittee		
Full Name (Last, First, Middle Initial)				Date of Disbursement
A. PETERSON FOR GOOD GOVERNM	ЛЕNT			
Mailing Address TREAS:PETERSON, LISA 5564 GRASSY BRANCH ROAD				03 / D D / Y Y Y Y 2025
City	State	Zip Code		FEC Identification Number
SABINA	ОН	45169		
Purpose of Disbursement		I		С
Contribution Candidate Name				Transaction ID : SB29.38586
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2	2025	ishe	1500.00
Senate X	Primary	General		
President	Other (spec	cify) 🔻		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
^{B.} PLUMMER FOR OHIO				Date of Disbursement
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE				03 / D D / Y Y Y Y Y 10 2025
City	State	Zip Code		FEC Identification Number
COLUMBUS	OH	43220		
Purpose of Disbursement				С
Contribution Candidate Name				Transaction ID : SB29.38588
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2	2025	туре	1500.00
-	Primary	General		
President	Other (spec	cify)		Memo Item
State: District:				
Full Name (Last, First, Middle Initial)				
C. REPUBLICANS FOR JENNIFER (GROSS			Date of Disbursement
Mailing Address TREAS:GROSS, CHRIS 7350 LAKOTA SPRINGS DR				03 / D D / Y Y Y Y 2025
City	State	Zip Code		FEC Identification Number
WEST CHESTER Purpose of Disbursement	OH	45069		
Contribution				С
Candidate Name			Category/ Type	Transaction ID : SB29.38558 Amount of Each Disbursement this Period
Office Sought: House Disburser				
Senate	Primary	General		
President	Other (spec	cify) 🔻		Memo Item
State: District:				
				5500.00
SUBTOTAL of Disbursements This Page (optional)			•••••	5500.00
TOTAL This Period (last page this line number only))		L.	
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	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)			NUMBER: PAGE 55 OF 58
	EMIZED DISBURSEMENTS	for each o	category of the Summary Page		eck only 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	y information copied from such Reports and State for commercial purposes, other than using the nar					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	Ohio Dental Association Political A	Action Co	ommittee			
Α.	Full Name (Last, First, Middle Initial)					Date of Disbursement
						M M / D D / Y Y Y Y
	Mailing Address TREAS:HASS, WILLIAM P O BOX 389					03 10 2025
	City MARIETTA	State OH	Zip Code 45750			FEC Identification Number
	Purpose of Disbursement			_	_	С
	Contribution					Transaction ID : SB29.38591
	Candidate Name			Cate	gory/	Amount of Each Disbursement this Period
				Ту		1500.00
	Office Sought: House Disburse Senate President	ment For: 2 Primary Other (spec	General			
	State: District:					Memo Item
в.	Full Name (Last, First, Middle Initial)					Date of Disbursement
						M M / D D / Y Y Y Y
	Mailing Address TREAS:CAMPBELL, MARY 771 WARDS CORNER RD	03 10 2025				
	City LOVELAND	State OH	Zip Code 45140			FEC Identification Number
	Purpose of Disbursement		43140			С
	Contribution					Transaction ID : SB29.38597
	Candidate Name	ame Cate			Category/ Type	Amount of Each Disbursement this Period
		ment For: 2	2025		-	2500.00
		Primary	General			
	State: District:	Other (spec	cify)			Memo Item
	Full Name (Last, First, Middle Initial)					
C.	SHARON RAY FOR REPRESENT	FAITVE				Date of Disbursement
	Mailing Address TREAS:WHITLAM, TERRI 283 STRATFORD AVE					03 10 2025
	3	State	Zip Code			FEC Identification Number
	WADSWORTH	ОН	44281			
	Purpose of Disbursement Contribution					С
	andidate Name Category, Type					Transaction ID : SB29.38589 Amount of Each Disbursement this Period
	Office Sought: House Disburse					1500.00
	Senate	Primary	General			
	President	Other (spec	cify) 🔻			Memo Item
_	State: District:					
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SCHEDULE B (FEC Form 3X			FOR LINE	NUMBER: PAGE 56 OF 58		
ITEMIZED DISBURSEMENTS		barate schedule(s) a category of the	(check only	one)		
		Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b		
Any information copied from such Reports an or for commercial purposes, other than using			ed by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
ight angle Ohio Dental Association Polit	tical Action C	ommittee				
Full Name (Last, First, Middle Initial)						
A. STEPHENS FOR OHIO				Date of Disbursement		
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE				03 10 2025		
City COLUMBUS	State OH	Zip Code 43220		FEC Identification Number		
Purpose of Disbursement	I			С		
Contribution				Transaction ID : SB29.38598		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Ŭ	isbursement For:	2025		1500.00		
Senate President	Other (spe	General		8		
State: District:	Other (spe	ecny) V		Memo Item		
Full Name (Last, First, Middle Initial)						
^{B.} SUPPORTERS AND FRIEN	DS OF RON	FERGUSON		Date of Disbursement		
Mailing Address TREAS:FERGUSON, RO 299 ORLANDO MANOR	N		03 10 2025			
City WINTERSVILLE	State OH	Zip Code 43953		FEC Identification Number		
Purpose of Disbursement		43933		С		
Contribution			Transaction ID : SB29.38553			
Candidate Name	Indidate Name Ca			Amount of Each Disbursement this Period		
Office Sought: House D	isbursement For:	2025	Туре	1000.00		
Senate	X Primary	General				
State: District:	Other (spe	ecify)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. TIM BARHORST FOR OHIO				Date of Disbursement		
Mailing Address TREAS:JONES, SUSAN 4679 WINTERSET DRIVE				03 10 2025		
City	State	Zip Code		FEC Identification Number		
COLUMBUS Purpose of Disbursement	ОН	43220				
Contribution				С		
Candidate Name	Category/ Type	Transaction ID : SB29.38542 Amount of Each Disbursement this Period				
Office Sought: House D	isbursement For:	2025	iyhe	1000.00		
Senate	X Primary	General				
President	Other (spe	ecify) 🔻		Memo Item		
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SUBTOTAL of Disbursements This Page (or	otional)		⊾	3500.00		
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TOTAL This Period (last page this line numb	per only)		••••••	, ,		

S	CHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 57 OF 58		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		-	k only	one)		
			Summary Page		21b 28a	22 23 26 27 28b 28c X 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na				y perso	on for the purpose of soliciting contributions		
\setminus	NAME OF COMMITTEE (In Full)							
	Ohio Dental Association Political A	Action Co	ommittee					
<u> </u>	Full Name (Last, First, Middle Initial)							
Α.	TRACY RICHARDSON FOR OHIO					Date of Disbursement		
	Mailing Address TREAS:MOHLER, KEITH 14360 HINTON MILL ROAD					03 10 2025		
	City MARYSVILLE	State OH	Zip Code 43040			FEC Identification Number		
	Purpose of Disbursement			_		С		
	Contribution			L		Transaction ID : SB29.38590		
	Candidate Name			Catego Type		Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For: 2	2025	туре	,	1500.00		
	Senate X	Primary Other (spec	General					
	State: District:	Other (spec	siry) 🔻			Memo Item		
	Full Name (Last, First, Middle Initial)							
В.	WILLIS FOR OHIO					Date of Disbursement		
	Mailing Address TREAS:WILLIS, J 2222 BALLENTINE PIKE							
	City SPRINGFIELD	State OH	Zip Code 45502			FEC Identification Number		
	Purpose of Disbursement		10002	_		С		
	Contribution				Transaction ID : SB29.3860			
	Candidate Name		Category/ Type			Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For: 2	2025	1,90		1500.00		
		Primary	General					
	State: District:	Other (spec	cify)			Memo Item		
_	Full Name (Last, First, Middle Initial)							
C.	WORKMAN FOR THE PEOPLE					Date of Disbursement		
	Mailing Address TREAS:WORKMAN, JIM 3901 INDUSTRY ROAD					03 / D D / Y Y Y Y 2025		
	City	State	Zip Code			FEC Identification Number		
	ROOTSTOWN Purpose of Disbursement	OH	44272			0		
	Contribution					C		
	andidate Name Categ Typ					Transaction ID : SB29.38607 Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For: 2	2025			1000.00		
	Senate X	Primary	General					
	State: District:	Other (spec	city) 🔻			Memo Item		
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	FOR LINE I (check only		
	Detailed	Summary Page	28a	28b 28c X 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may r me and addr	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)					
Ohio Dental Association Political A	Action Co	ommittee			
Full Name (Last, First, Middle Initial) A. YOUNG FOR OHIO				Date of Disbursement	
Mailing Address TREAS:POOK, JACK				M = M / D = D / Y = Y = Y Y 03 10 2025	
1121 CEDAR CREEK CIRCLE	State	Zip Code		EEC Identification Number	
DAYTON	ОН	45459		FEC Identification Number	
Purpose of Disbursement				С	
Contribution Candidate Name				Transaction ID : SB29.38608	
			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For: 2	2025		1500.00	
Senate President	Primary Other (spec	General cify) ▼		Memo Item	
State: District:				LL	
Full Name (Last, First, Middle Initial) B.				Date of Disbursement	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement				С	
Candidate Name			Category	Amount of Each Disbursement this Period	
			Category/ Type		
	ement For:			1 1 49 1 1 49 1 1 49 1	
Senate President	Primary Other (spec	General			
State: District:		<i>j</i>		Memo Item	
Full Name (Last, First, Middle Initial)				Date of Disbursement	
~ .					
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement				C	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disbursement For:				
Senate President	Primary Other (spec	General			
State: District:		uy) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional).				1500.00	
TOTAL This Period (last page this line number only	/)		••••••	88728.78	