

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 134
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Ohio Democratic Party**

**A. Doris M. Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1358 Bellbrook Ave

City Xenia State OH Zip Code 45385-4018

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

Name of Employer Greene County Board of Elections Occupation BOE Boardmember

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **482.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2015**

**Transaction ID : 11ai-000490608**

Amount of Each Receipt this Period  
**150.00**

Earmarked through ACT Blue

**B. Joseph J. Dehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 3491 Forestoak Ct

City Cincinnati State OH Zip Code 45208

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

Name of Employer Frost Brown Todd LLC Occupation Frost Brown Todd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2015**

**Transaction ID : 11ai-000490051**

Amount of Each Receipt this Period  
**225.00**

**C. Pamela Elliott**  
Full Name (Last, First, Middle Initial)

Mailing Address 18166 SE Fairview Circle

City Jupiter State FL Zip Code 33469

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

Name of Employer Self-Employed Occupation Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 22 / 2015**

**Transaction ID : 11ai-000490613**

Amount of Each Receipt this Period  
**300.00**

Earmarked through ACT Blue

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>675.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	