

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 207

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Ohio Democratic Party

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

**A. Mueller, Elizabeth, , , DDS**

Mailing Address 8364 Oakdale Court

City  
MasonState  
OHZip Code  
45040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2019

Transaction ID : 11ai-000553892

Amount of Each Receipt this Period

20.18

☐ Memo Item

Earmarked through ACT Blue

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

**B. Salvato, Joseph, , ,**

Mailing Address 234 Centerbury Court

City  
CincinnatiState  
OHZip Code  
45246FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2019

Transaction ID : 11ai-000553887

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through ACT Blue

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

**C. Adair, Jennifer, , ,**

Mailing Address 1385 Norris Drive

City  
ColumbusState  
OHZip Code  
43224FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2019

Transaction ID : 11ai-000553899

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ACT Blue

SUBTOTAL of Receipts This Page (optional).....▶

295.18

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