

# **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)

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

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NAME OF COMMITTEE (In Full)

**Roadmap for Progress**

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

**A. Weaver, Trent, B, ,**

Mailing Address 163 Martin Ave

City  
Columbus

State  
OH

Zip Code  
43222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cardinal Health

Occupation (for Individual)  
Conference Planner

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2020

**Transaction ID : A-6**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through ActBlue

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

**B. ActBlue**

Mailing Address P.O. Box 441146

City  
Somerville

State  
MA

Zip Code  
02144

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2020

**Transaction ID : A-6CM**

Amount of Each Receipt this Period

295.00

☒ Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected

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

**C. Weaver, Trent, B, ,**

Mailing Address 163 Martin Ave

City  
Columbus

State  
OH

Zip Code  
43222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cardinal Health

Occupation (for Individual)  
Conference Planner

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 16 / 2020

**Transaction ID : A-21**

Amount of Each Receipt this Period

46.00

☒ Memo Item

Reimbursable Expense: Software

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

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

25.00

25.00