

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

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

FOR LINE NUMBER: PAGE 156 OF 3539

(check only one)

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

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NAME OF COMMITTEE (In Full)

Fair Fight

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

A. Bedel, Adam, , ,

Mailing Address 15106 Weddington St

City  
Sherman Oaks

State  
CA

Zip Code  
91411-3943

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hulu

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

Transaction ID : VR060TY8DC7

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Beeghly, Barbara, , ,

Mailing Address 1851 Byerly Mill Rd

City  
West Jefferson

State  
OH

Zip Code  
43162-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Dept Of Health

Occupation (for Individual)  
Public Health Program Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2019

Transaction ID : VR060TW1XJ0

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Beeghly, Barbara, , ,

Mailing Address 1851 Byerly Mill Rd

City  
West Jefferson

State  
OH

Zip Code  
43162-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Dept Of Health

Occupation (for Individual)  
Public Health Program Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

Transaction ID : VR060TVQHS0

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

850.00

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