

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

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

FOR LINE NUMBER: PAGE 24 OF 87

(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 REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

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

**A. NICOLOZAKES, JOHN, E., MR.,**

Mailing Address 62920 GEORGETOWN RD.

City  
CAMBRIDGE

State  
OH

Zip Code  
43725-9771

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GEORGETOWN VINEYARDS

Occupation (for Individual)  
WINERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2019

Transaction ID : SA11A.1724653

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

**B. ONG, JOHN, D., MR.,**

Mailing Address 9 AURORA ST.

City  
HUDSON

State  
OH

Zip Code  
44236-2913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2019

Transaction ID : SA11A.1724654

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

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

**C. OSSAKOW, STEVEN, , ,**

Mailing Address 2676 CARRINGTON ST. NW

City  
NORTH CANTON

State  
OH

Zip Code  
44720-8159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OHIO HEAD AND NECK SURGEONS

Occupation (for Individual)  
M.D.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2019

Transaction ID : SA11A.1724681

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

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

850.00