

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

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

FOR LINE NUMBER: PAGE 21 OF 537

(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)

Real Justice PAC

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

A. Bell, Portia, , ,

Mailing Address 2784 Kingsrowe Cout

City  
ColumbusState  
OHZip Code  
43219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Portia J Bell DDS Inc.Occupation (for Individual)  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2019

Transaction ID : VVBSEN72N2

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

B. Bell, Portia, , ,

Mailing Address 2784 Kingsrowe Cout

City  
ColumbusState  
OHZip Code  
43219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Portia J Bell DDS Inc.Occupation (for Individual)  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2019

Transaction ID : VVBSEN9X26

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

C. Bell, Portia, , ,

Mailing Address 2784 Kingsrowe Cout

City  
ColumbusState  
OHZip Code  
43219FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Portia J Bell DDS Inc.Occupation (for Individual)  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2019

Transaction ID : VVBSEN9ZG0

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

81.00

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