



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="170935.43"/>	<input type="text" value="170935.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="276273.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="351923.41"/>	<input type="text" value="1864227.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="628196.43"/>	<input type="text" value="2035162.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="238049.52"/>	<input type="text" value="1645015.82"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="390146.91"/>	<input type="text" value="390146.91"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="102599.63"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2019 To: M M / D D / Y Y Y Y 08 / 31 / 2019

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	100270.40	514236.28
(ii) Unitemized .....	55775.89	312525.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	156046.29	826761.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	125650.00	184300.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	281696.29	1011061.99
12. Transfers From Affiliated/Other Party Committees.....	6000.00	88500.89
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	260462.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1000.00	1600.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	63227.12	502602.02
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	63227.12	502602.02
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	351923.41	1864227.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	288696.29	1361625.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	23655.92	220507.02
(ii) Non-Federal Share.....	60829.45	567017.95
(b) Other Federal Operating Expenditures .....	78065.91	499768.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	162551.28	1287293.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	23200.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	11000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	34200.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	1120.00
(ii) "Levin" Share.....	0.00	2880.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	75498.24	318522.63
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	75498.24	322522.63
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	238049.52	1645015.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	177220.07	1075117.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	281696.29	1011061.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	34200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	281696.29	976861.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	101721.83	720275.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	260462.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	101721.83	459812.84

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

ALL PAYROLL AND RELATED BENEFITS APPEARING ON SCHEDULE H4 ARE FOR EMPLOYEES WHO WORKED LESS THAN 25% OF THEIR TIME ON FEDERAL ELECTION ACTIVITY OR ACTIVITIES RELATED TO A FEDERAL ELECTION.

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 127  
(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**

**A. ADAMS, CHARLES, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1276 RIDGE RUN CT.  
 City WADSWORTH State OH Zip Code 44281-8158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDINA COUNTY EMERGENCY MNGT. Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 07 / 2019  
**Transaction ID : SA11A.1725603**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. ALDERSON, PATRICIA, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8222 LESOURDSVILLE WEST CHESTER RD  
 City WEST CHESTER State OH Zip Code 45069-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CIVIC VOLUNTEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725134**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. ALDERSON, PATRICIA, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8222 LESOURDSVILLE WEST CHESTER RD  
 City WEST CHESTER State OH Zip Code 45069-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) CIVIC VOLUNTEER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 07 / 2019  
**Transaction ID : SA11A.1725613**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 127  
(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. ALDERSON, PATRICIA, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8222 LESOURDSVILLE WEST CHESTER RD  
 City WEST CHESTER    State OH    Zip Code 45069-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF    Occupation (for Individual) CIVIC VOLUNTEER  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 13 / 2019  
**Transaction ID : SA11A.1725755**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. ALECUSAN, EMIL, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3360 W. HARVARD BLVD. NW  
 City CANTON    State OH    Zip Code 44709-3061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BREWSTER CHEESE    Occupation (for Individual) CFO  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726080**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. ALLEN, DARRYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 FAIRWAY LN.  
 City SYLVANIA    State OH    Zip Code 43560-2245  
 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 08 / 01 / 2019  
**Transaction ID : SA11A.1725011**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 9 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BACHELOR, DAVID, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E. CLEARVIEW AVE.

City WORTHINGTON	State OH	Zip Code 43085-4085
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2019

**Transaction ID : SA11A.1725080**

Amount of Each Receipt this Period  
35.00

Memo Item  
CONTRIBUTION

**B. BACHELOR, DAVID, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E. CLEARVIEW AVE.

City WORTHINGTON	State OH	Zip Code 43085-4085
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

**Transaction ID : SA11A.1725714**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

**C. BACHELOR, DAVID, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 E. CLEARVIEW AVE.

City WORTHINGTON	State OH	Zip Code 43085-4085
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11A.1726177**

Amount of Each Receipt this Period  
30.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BAUMANN, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2119 SANDOVER CT.  
 City COLUMBUS State OH Zip Code 43220-3072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MIKE BAUMANN PLUMBING Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725334**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**B. BAUMANN, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2119 SANDOVER CT.  
 City COLUMBUS State OH Zip Code 43220-3072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MIKE BAUMANN PLUMBING Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726230**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**C. BERGER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 CAMDEN TRCE  
 City BEAVERCREEK State OH Zip Code 45434-8043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INTREPID SOLUTIONS Occupation (for Individual) CYBER SECURITY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726479**  
 Amount of Each Receipt this Period 210.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 11 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BESSE, CHARLES, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3066 WOODGROVE DR.  
 City GROVE CITY State OH Zip Code 43123-3541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725280**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. BIXLER, DALTON & CYNTHIA, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1216 FORREST RIDGE DRIVE  
 City DOVER State OH Zip Code 44622-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BREITENBACH WINERY Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725263**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. BIZJAK, JOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7950 TRIBUTARY LANE  
 City REYNOLDSBURG State OH Zip Code 43068-9588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REGIONAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2019  
**Transaction ID : SA11A.1725657**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 12 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BLAHA, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 RANCH RD.  
 City WILLOUGHBY State OH Zip Code 44094-5647  
 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 ▼ 250.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726280**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. BLAIR, WILLIAM, P., , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2738 GLENMONT RD NW  
 City CANTON State OH Zip Code 44708-1346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WILLIAM P. BLAIR COMPANY/CONSULTANTS\L Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725725**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. BOATMAN, GLENWOOD, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5889 EDSON ST.  
 City VERMILION State OH Zip Code 44089-1147  
 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 ▼ 350.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1725056**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 13 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BOONE, STEVEN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5393 CLUB DR.  
 City WESTERVILLE State OH Zip Code 43082-8311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RLJ MANAGEMENT Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726091**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 CONTRIBUTION

**B. BOWERS, LYNDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6440 RYAN RD  
 City MEDINA State OH Zip Code 44256-8820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LAFAYETTE TWP Occupation (for Individual) TRUSTEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726486**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**C. BRADSHAW, GERALD, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 PERSHING AVE. SE  
 City NORTH CANTON State OH Zip Code 44720-3161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIROYAL GOODRICH Occupation (for Individual) PURCHASING MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726219**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 14 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BRADY, STANELY, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2684 ASHLEY RD.  
 City SHAKER HEIGHTS State OH Zip Code 44122-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BRADY REAL ESTATE Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2019  
**Transaction ID : SA11A.1726527**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. BROOKS, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 237 LAUREL GLEN DRIVE  
 City SPRINGBORO State OH Zip Code 45066-8143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CCS Occupation (for Individual) SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2019  
**Transaction ID : SA11A.1726532**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. BROTHERS, ANN, M., MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5931 LINDER CIR. NE  
 City CANTON State OH Zip Code 44721-3638  
 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 ▼ 750.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725685**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 15 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. BROWN, MCKINLEY, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4535 NEWBERRY ACRES DR.  
 City CINCINNATI State OH Zip Code 45251-1438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HAMILTON CO PROSECUTOR Occupation (for Individual) DETECTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726145**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. BROWN, SARAH, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 FERNWOOD BLVD.  
 City ALLIANCE State OH Zip Code 44601-3767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725706**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**C. BURROWS, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2275 OAK ST.  
 City SALEM State OH Zip Code 44460-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725339**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 16 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. CANTY, MICHAEL, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35469 QUARTERMANE CIR.  
 City SOLON State OH Zip Code 44139-2471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALLOY BELLOWS Occupation (for Individual) BUSINESS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1725014**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. CAPUTO, MICHAEL, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24956 LETCHWORTH RD.  
 City BEACHWOOD State OH Zip Code 44122-4151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OROFLEX Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726237**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**C. CARTER, DAVID, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7009 STATE RT. 775  
 City PATRIOT State OH Zip Code 45658-9155  
 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 ▼ 290.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725265**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 1175.00  
**TOTAL** This Period (last page this line number only).....▶



**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)	PAGE 17 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. CHOMCZYNSKI, PIOTR, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 ELMHURST PL.

City CINCINNATI	State OH	Zip Code 45208-3211
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MRC	Occupation (for Individual) SCIENTIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2019

**Transaction ID : SA11A.1726150**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

**B. CIRINO, JERRY, C., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8651 KIRTLAND CHARDON ROAD

City KIRTLAND	State OH	Zip Code 44094-8608
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LAKE COUNTY	Occupation (for Individual) COMMISSIONER
--	---

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
08		02		2019

**Transaction ID : SA11A.1725114**

Amount of Each Receipt this Period  
250.00

Memo Item  
CONTRIBUTION

**C. CLAPP, SR., RICHARD, A., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1233 WOODLINE DR.

City MARYSVILLE	State OH	Zip Code 43040-8523
--------------------	-------------	------------------------

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 ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2019

**Transaction ID : SA11A.1725067**

Amount of Each Receipt this Period  
45.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	795.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 18 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. CLAPP, SR., RICHARD, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1233 WOODLINE DR.  
 City MARYSVILLE State OH Zip Code 43040-8523  
 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 ▼ 360.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725724**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**B. CLAPP, SR., RICHARD, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1233 WOODLINE DR.  
 City MARYSVILLE State OH Zip Code 43040-8523  
 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 ▼ 360.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726058**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

**C. COMUNALE, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2300 SOUREK TRL.  
 City AKRON State OH Zip Code 44313-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SA COMUNALE Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726512**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 19 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. CONLEY, GREG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 755 HAWK'S CREST LANE  
 City BLACKLICK State OH Zip Code 43004-8311  
 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 ▼ 250.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726485**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. COON, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7349 RAVENNA AVE. NE  
 City LOWSVILLE State OH Zip Code 44641-9788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COON RESTORATION Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726082**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. COOPER, GARY, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 547  
 City OAKWOOD State OH Zip Code 45873-0547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COOPER FARMS Occupation (for Individual) AGRICULTURIST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725397**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 127  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. COPE, ALAN, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14838 COUNTRY CLUB LN.  
 City SALEM State OH Zip Code 44460-9601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COPE FARM EQUIPMENT Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726255**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**B. CRAY, LARRY, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7811 LAFAYETTE ROAD  
 City LODI State OH Zip Code 44254-9609  
 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 ▼ 400.00

Date of Receipt 08 / 15 / 2019  
**Transaction ID : SA11A.1725822**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. CROYE, ROBERT, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1282 FENCEWAY DR.  
 City COLUMBUS State OH Zip Code 43229-6311  
 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 ▼ 400.00

Date of Receipt 08 / 13 / 2019  
**Transaction ID : SA11A.1725753**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 21 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. CUMMINS, JOAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6741 BIRCHTON POINT DR.  
 APT. 200  
 City DUBLIN State OH Zip Code 43017-7639  
 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 ▼ 265.00

Date of Receipt 08 / 07 / 2019  
**Transaction ID : SA11A.1725620**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. CZARNECKI, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1573 HAZELGROVE DR.  
 City CINCINNATI State OH Zip Code 45240-1135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2019  
**Transaction ID : SA11A.1725615**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. DAILEY, FRED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13136 MILLER ROAD  
 City MOUNT VERNON State OH Zip Code 43050-9417  
 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 08 / 30 / 2019  
**Transaction ID : SA11A.1726528**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 22 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. DAVIS, EVAN, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1114 MORIAH RD.

City OAK HILL	State OH	Zip Code 45656-9725
------------------	-------------	------------------------

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2019

**Transaction ID : SA11A.1725765**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

**B. DAVIS, WILLARD, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1125 S.R. 43

City RICHMOND	State OH	Zip Code 43944-6957
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) AUTO DEALER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2019

**Transaction ID : SA11A.1725773**

Amount of Each Receipt this Period  
100.00

Memo Item  
CONTRIBUTION

**C. DEHOFF, ROBERT, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 821 SOUTH MAIN ST

City NORTH CANTON	State OH	Zip Code 44720-3156
----------------------	-------------	------------------------

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2019

**Transaction ID : SA11A.1725707**

Amount of Each Receipt this Period  
1000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 23 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. DITTOE, JAMES, J., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 132

City SOMERSET State OH Zip Code 43783-0132

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 ▼ 400.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725198**

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

**B. DOUGHERTY, RONALD, W., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 LAKECREST ST. NW

City CANTON State OH Zip Code 44709-1510

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KRUGLIAK, WILKINS, GRIFFITHS & DOUGHER Occupation (for Individual) LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725166**

Amount of Each Receipt this Period 90.00

Memo Item CONTRIBUTION

**C. DUNCAN, LESLIE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1605 EAGLE GLEN DRIVE

City BLACKLICK State OH Zip Code 43004-9652

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 08 / 30 / 2019  
**Transaction ID : SA11A.1726526**

Amount of Each Receipt this Period 500.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	690.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. DUNSKER, STEWART, B., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5435 KENWOOD RD., APT 1009  
 City CINCINNATI    State OH    Zip Code 45227-1329  
 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 ▼ 2500.00

Date of Receipt 08 / 07 / 2019  
**Transaction ID : SA11A.1725611**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. DUVALL, JAMES, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6515 PLESENTON DR. S.  
 City WORTHINGTON    State OH    Zip Code 43085-3090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JAMES DUVALL, ESQ    Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725155**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. DUVALL, JAMES, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6515 PLESENTON DR. S.  
 City WORTHINGTON    State OH    Zip Code 43085-3090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JAMES DUVALL, ESQ    Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726258**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 25 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. EAGLESON, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 URLIN AVE, A18  
 City COLUMBUS State OH Zip Code 43212-3323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KELLER WILLIAMS Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726481**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. FINN, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3127 ELLET AVE  
 City AKRON State OH Zip Code 44312-2908  
 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 ▼ 600.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725736**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. FREED, WILLIAM, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27615 BUTTERNUT RIDGE RD.  
 City NORTH OLMSTED State OH Zip Code 44070-3158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JES FOODS Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726211**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 26 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. GILL, RUSSELL, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3738 WEBB RD.

City RAVENNA	State OH	Zip Code 44266-9751
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2019

**Transaction ID : SA11A.1725279**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**B. GILL, RUSSELL, L., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3738 WEBB RD.

City RAVENNA	State OH	Zip Code 44266-9751
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2019

**Transaction ID : SA11A.1725923**

Amount of Each Receipt this Period  
50.00

Memo Item  
CONTRIBUTION

**C. GILLOGLY, BRONDON, ROBERT, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1258 GREENWOOD AVE.  
APT. 16

City ZANESVILLE	State OH	Zip Code 43701-4054
--------------------	-------------	------------------------

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 ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2019

**Transaction ID : SA11A.1725340**

Amount of Each Receipt this Period  
200.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 27 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. GONZALEZ, DOUGLAS, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8150 FULTON DR. NW  
 City MASSILLON State OH Zip Code 44646-7847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GONZOIL Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725720**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. GONZALEZ, FRANK, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5519 EAST BLVD. NW  
 City CANTON State OH Zip Code 44718-1650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GONZOIL, INC. Occupation (for Individual) TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725701**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. GORMAN, JAMES, C., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 2599  
 City MANSFIELD State OH Zip Code 44906-0599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GORMAN RUPP CO. Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726116**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 28 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. GUMBLETON, MICHAEL, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7700 FALLING WATERS CT.  
 STE. 103  
 City WEST CHESTER State OH Zip Code 45069-1458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GUMBLETON CO Occupation (for Individual) CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725202**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. HAID, ALAN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 INDEPENDENCE CRES.  
 City HAMILTON State OH Zip Code 45013-5836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725306**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**C. HALL, DONALD, G., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1522 BAYCREST DR. N.W.  
 City CANTON State OH Zip Code 44708-3082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HALL MACHINE COMPANY Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726278**  
 Amount of Each Receipt this Period 400.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 29 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HALL, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7950 COUNTY RD. N  
 City NAPOLEON State OH Zip Code 43545-6841  
 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 ▼ 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725269**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. HALTER, JOSEPH, R., , JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 SAINT ANDREWS ST. NW  
 City CANTON State OH Zip Code 44708-1878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SOLMET TECHNOLOGIES Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725717**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. HAMILTON, ANDREW, MOHR, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10350 PENDERY DR.  
 City MONTGOMERY State OH Zip Code 45242-5349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIFTH THIRD BANCORP Occupation (for Individual) BANKING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725406**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 30 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HAMILTON, ANDREW, MOHR, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10350 PENDERY DR.  
 City MONTGOMERY State OH Zip Code 45242-5349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FIFTH THIRD BANCORP Occupation (for Individual) BANKING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725679**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**B. HANDLER, JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1105 ARCARO DRIVE  
 City COLUMBUS State OH Zip Code 43230-5804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HANDLER BAIL BONDS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726488**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. HARRIS, JERRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10708 INDUSTRIAL PARKWAY NW  
 City BOLIVAR State OH Zip Code 44612-8429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HARRIS BATTERY, INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2019  
**Transaction ID : SA11A.1725655**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 31 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HARRIS, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6074 CONGRESSIONAL DRIVE  
 City WESTERVILLE State OH Zip Code 43082-8335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WPG Occupation (for Individual) COMMERCIAL REAL ESTATE DEVEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 30 / 2019  
**Transaction ID : SA11A.1726530**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. HARVEY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 CUMBERLAND CRST.  
 City HEATH State OH Zip Code 43056-1787  
 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 ▼ 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725215**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. HEATHER, TIMOTHY, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4412 HUBBLE RD.  
 City CINCINNATI State OH Zip Code 45247-6020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2019  
**Transaction ID : SA11A.1725760**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 32 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HEDRICK, STERLING, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1206 ROCK MILL DRIVE  
 City BLACKLICK State OH Zip Code 43004-6055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLUMBUS ARTHRITIS CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 30 / 2019  
**Transaction ID : SA11A.1726529**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**B. HILL, BARBARA, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 CRITCHFIELD ST.  
 City MILLERSBURG State OH Zip Code 44654-9004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1725058**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. HIRTH, SUSANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1850 HOLTON RD.  
 City GROVE CITY State OH Zip Code 43123-9725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EDUCATOR Occupation (for Individual) SELF  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725256**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 33 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. HIRZEL, BEVERLEY, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5423 AYERS AVE.  
 City WALBRIDGE State OH Zip Code 43465-9670  
 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 ▼ 345.20

Date of Receipt 08 / 16 / 2019  
**Transaction ID : SA11A.1725835**  
 Amount of Each Receipt this Period 20.20  
 Memo Item CONTRIBUTION

**B. HUGHES, GREGORY, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2719 TIHART WAY  
 City BEAVERCREEK State OH Zip Code 45430-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) USAF WRIGHT-PATTERSON AFB Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725156**  
 Amount of Each Receipt this Period 75.00  
 Memo Item CONTRIBUTION

**C. JAKMIDES, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1485 BRIARWOOD ROAD  
 City ALLIANCE State OH Zip Code 44601-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726073**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.20
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 34 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. JAKMIDES, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1485 BRIARWOOD ROAD  
 City ALLIANCE State OH Zip Code 44601-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 26 / 2019  
**Transaction ID : SA11A.1726110**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. JALBUENA, NUMERIANO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 LEDGEWOOD DR.  
 City CHILLICOTHE State OH Zip Code 45601-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725108**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. JALBUENA, NUMERIANO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 LEDGEWOOD DR.  
 City CHILLICOTHE State OH Zip Code 45601-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725399**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. JOHNSON, GERALD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 LELLIAN AVE.  
 City HARRISON State OH Zip Code 45030-1416  
 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 ▼ 600.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725258**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. JOHNSON, GERALD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 LELLIAN AVE.  
 City HARRISON State OH Zip Code 45030-1416  
 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 ▼ 600.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726245**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. JONES, PATSY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 BRYN DU DR.  
 City GRANVILLE State OH Zip Code 43023-1512  
 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 ▼ 275.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726260**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 36 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. JONES, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4679 WINTERSET DRIVE  
 City COLUMBUS State OH Zip Code 43220-8113  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) WINTERSET CPA GROUP Occupation (for Individual) ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2019  
**Transaction ID : SA11A.1726520**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**B. JUNKAS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8700 WEST BRYN MAWR AVENUE  
 City CHICAGO State IL Zip Code 60631-3512  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) PCIAA Occupation (for Individual) ASSISTANT VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2019  
**Transaction ID : SA11A.1725832**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. KELLER, THOMAS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22798 RIVER CHASE LN.  
 City DEFIANCE State OH Zip Code 43512-6871  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) TRUCKING Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1724955**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 37 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KELLER, THOMAS, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22798 RIVER CHASE LN.  
 City DEFIANCE State OH Zip Code 43512-6871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRUCKING Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726014**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

**B. KLISE, DONALD, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 GREENS VIEW DR.  
 City WOOSTER State OH Zip Code 44691-2660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED, CPA Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726277**  
 Amount of Each Receipt this Period 240.00  
 Memo Item CONTRIBUTION

**C. KNAUS, KENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8425 STATE RT. 598  
 City PLYMOUTH State OH Zip Code 44865-9630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) K & P TRUCKING Occupation (for Individual) TRUCKING  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725173**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 127  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. KNAUS, KENT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8425 STATE RT. 598  
City PLYMOUTH State OH Zip Code 44865-9630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) K & P TRUCKING Occupation (for Individual) TRUCKING  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725686**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. KOHORST, RITA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 13 JUSTICIA LN.  
City CINCINNATI State OH Zip Code 45218-1221  
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 ▼ 1200.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725322**  
Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. KRUGER, JOSEPH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 7781 GLENWOOD AVENUE NORTHWEST  
City CANAL WINCHESTER State OH Zip Code 43110-9148  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) STATE OF OHIO Occupation (for Individual) IT ARCHITECT  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2019  
**Transaction ID : SA11A.1726531**  
Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 500.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 39 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. LANGSTON, KEVIN, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8299 VENTLE DR.  
 City WEST CHESTER State OH Zip Code 45069-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OXFORD GLOBAL SERVICES Occupation (for Individual) COMPUTER PROGRAMMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725347**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**B. LANGSTON, KEVIN, L., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8299 VENTLE DR.  
 City WEST CHESTER State OH Zip Code 45069-2711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OXFORD GLOBAL SERVICES Occupation (for Individual) COMPUTER PROGRAMMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 20 / 2019  
**Transaction ID : SA11A.1725946**  
 Amount of Each Receipt this Period 30.00  
 Memo Item CONTRIBUTION

**C. LECKY, BARBARA, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5380 COUNTY RD. 400  
 City MILLERSBURG State OH Zip Code 44654-8414  
 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 ▼ 300.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726054**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	360.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 40 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. LEHMAN, RUDOLPH, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 555  
 City MARIETTA State OH Zip Code 45750-0555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALLIANCE INDUSTRIES Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4045.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725448**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
**CONTRIBUTION**

**B. LOSELY, GERTRUDE, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4725 LANE RD.  
 City PERRY State OH Zip Code 44081-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HERMAN LOSELY AND SON Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 13 / 2019  
**Transaction ID : SA11A.1725774**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. LOSELY, GERTRUDE, H., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4725 LANE RD.  
 City PERRY State OH Zip Code 44081-9660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HERMAN LOSELY AND SON Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726029**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 41 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MAHONEY, EDWARD, A., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8445 FOXGLOVE AVE. NW

City CLINTON	State OH	Zip Code 44216-9502
-----------------	-------------	------------------------

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 ▼  
1820.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2019

**Transaction ID : SA11A.1725573**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**B. MAHONEY, EDWARD, A., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8445 FOXGLOVE AVE. NW

City CLINTON	State OH	Zip Code 44216-9502
-----------------	-------------	------------------------

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 ▼  
1820.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2019

**Transaction ID : SA11A.1725612**

Amount of Each Receipt this Period  
20.20

Memo Item CONTRIBUTION

**C. MAHONEY, EDWARD, A., MR., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8445 FOXGLOVE AVE. NW

City CLINTON	State OH	Zip Code 44216-9502
-----------------	-------------	------------------------

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 ▼  
1820.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2019

**Transaction ID : SA11A.1725754**

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.20
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 42 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MAHONEY, EDWARD, A., MR., III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8445 FOXGLOVE AVE. NW  
 City CLINTON State OH Zip Code 44216-9502  
 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 1820.20

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726078**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. MANCHESTER, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29249 STATE RT. 385  
 City LAKEVIEW State OH Zip Code 43331-9501  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) SELF Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725295**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MANLEY, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1090 ALEDO DR.  
 City BEAVERCREEK State OH Zip Code 45430-1334  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726491**  
 Amount of Each Receipt this Period 210.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	410.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 43 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MARTIG, ALICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10702 STATE RTE. 534  
 City BELOIT State OH Zip Code 44609-9733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1725059**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
**CONTRIBUTION**

**B. MASON, JONATHAN, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4744 MOUNT PLEASANT RD NW  
 City DOVER State OH Zip Code 44622-6812  
 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 ▼ 10000.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725661**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item  
**CONTRIBUTION**

**C. MASTIN, RICHARD, E., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7147 BLUE THISTLE CIR. NW  
 City MASSILLON State OH Zip Code 44646-9125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **TIMKEN COMPANY** Occupation (for Individual) **PILOT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725095**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 44 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MCADAMS, JUDITH, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6555 U.S. HWY. 68 S.  
 APT. 10A  
 City WEST LIBERTY State OH Zip Code 43357-9376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725304**  
 Amount of Each Receipt this Period 25.00  
 Memo Item CONTRIBUTION

**B. MCBEATH, WALTER, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5027 TANGLEWOOD PARK DRIVE  
 City CLEVES State OH Zip Code 45002-9415  
 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 08 / 28 / 2019  
**Transaction ID : SA11A.1726113**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. MCEWEN, BOB, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7382 RIDGEPOINT DRIVE  
 APT. 7  
 City CINCINNATI State OH Zip Code 45230-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. HOUSE OF REPRESENTATIVES Occupation (for Individual) FORMER MEMBER, OHIO  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726482**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 45 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MENNING, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3044 WEST MINSTER DR.  
 APT. 102

City DAYTON	State OH	Zip Code 45431-8815
----------------	-------------	------------------------

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 ▼  
 400.00

Date of Receipt  
 08 / 20 / 2019  
**Transaction ID : SA11A.1725935**

Amount of Each Receipt this Period  
 200.00

Memo Item  
 CONTRIBUTION

**B. MILLIGAN, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1607 S. MAIN ST.

City NORTH CANTON	State OH	Zip Code 44709-4235
----------------------	-------------	------------------------

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  
 08 / 07 / 2019  
**Transaction ID : SA11A.1725628**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 CONTRIBUTION

**C. MONACO, FRANK, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7221 FENWICK AVE. NE

City N CANTON	State OH	Zip Code 44721-3824
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 415 GROUP	Occupation (for Individual) MANAGING PARTNER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 08 / 09 / 2019  
**Transaction ID : SA11A.1725718**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 46 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MORRIS, EVAN, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12459 REEDER AVENUE NE  
 City ALLIANCE State OH Zip Code 44601-9661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EVAN W. MORRIS LAW OFFICE Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725659**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. MOSER, JOHN, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 NORTHWOOD TER.  
 City HAMILTON State OH Zip Code 45013-1422  
 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 ▼ 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725234**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. MOSER, JOHN, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 515 NORTHWOOD TER.  
 City HAMILTON State OH Zip Code 45013-1422  
 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 ▼ 300.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726027**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 47 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. MULLEN, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7183 W CROSS CREEK TRAIL  
 City BRECKSVILLE State OH Zip Code 44141-3190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROEDGE REALTY Occupation (for Individual) REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726487**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 CONTRIBUTION

**B. NICOLOZAKES, KAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 W. 8TH ST.  
 City CAMBRIDGE State OH Zip Code 43725-2357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEORGETOWN VINEYARDS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725357**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 CONTRIBUTION

**C. PARK, JOHN, S., , M.D.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6771 CHATSWORTH ST NW  
 City CANTON State OH Zip Code 44718-3852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WESTERN RESERVE PHYSICIANS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725660**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 48 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. PARK, RAYMOND, P., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6200 RIVERSIDE DR.  
 City CLEVELAND State OH Zip Code 44135-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARK CORPORATION Occupation (for Individual) FOUNDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726115**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
**CONTRIBUTION**

**B. PEAY, JR., NICHOLAS, , MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2965 FAIRMOUNT BLVD.  
 City CLEVELAND HEIGHTS State OH Zip Code 44118-4060  
 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 08 / 28 / 2019  
**Transaction ID : SA11A.1726281**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
**CONTRIBUTION**

**C. POGUE, RICHARD, W., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 LAKESIDE AVE. E.  
 City CLEVELAND State OH Zip Code 44114-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JONES DAY Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726173**  
 Amount of Each Receipt this Period 135.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3635.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 49 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. POOL, LOREN, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 249 MAIN ST.  
 City ASHLEY State OH Zip Code 43003-9751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 20 / 2019  
**Transaction ID : SA11A.1725951**  
 Amount of Each Receipt this Period 200.00  
 Memo Item CONTRIBUTION

**B. PRATHER, DONALD, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9747 EDISON ST. NE  
 City ALLIANCE State OH Zip Code 44601-9713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CUSTOM POLY-BAG, INC. Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4100.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725662**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**C. PRESTON, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9925 BELLFLOWER CIRCLE  
 City NEWBURY State OH Zip Code 44065-9159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 29 / 2019  
**Transaction ID : SA11A.1726518**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7700.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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)	PAGE 50 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. RAY, DANA RAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5288 HARBOR POINTE DRIVE  
 City GALENA State OH Zip Code 43021-9023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LIBERTY SEARCH SERVICES, LLC Occupation (for Individual) TITLE EXAMINER/OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 08 / 2019  
**Transaction ID : SA11A.1725654**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. REINHARDT, CHARLES, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1558 DOONE RD.  
 City UPPER ARLINGTON State OH Zip Code 43221-3914  
 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 ▼ 225.00

Date of Receipt 08 / 26 / 2019  
**Transaction ID : SA11A.1726111**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. RICE, BRYAN, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 ROCKBRIDGE CT. SE  
 City CANTON State OH Zip Code 44709-4813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICE'S NURSEY INC. Occupation (for Individual) LANDSCAPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725702**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 51 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. RICE, BRYAN, T., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 ROCKBRIDGE CT. SE  
 City CANTON State OH Zip Code 44709-4813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RICE'S NURSEY INC. Occupation (for Individual) LANDSCAPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725738**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. RPICH, JOHN, R., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4218 E. MOORESDOCK RD.  
 City PORT CLINTON State OH Zip Code 43452-9710  
 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 08 / 02 / 2019  
**Transaction ID : SA11A.1725312**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. RIZOR, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4082 JESSAMINE PL.  
 City COLUMBUS State OH Zip Code 43207-4774  
 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 ▼ 980.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725288**  
 Amount of Each Receipt this Period 150.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 52 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. ROBE, EDWARD, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 ROOSEVELT DR.  
 City ATHENS State OH Zip Code 45701-1761  
 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 ▼ 750.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1725060**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. ROBE, EDWARD, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 ROOSEVELT DR.  
 City ATHENS State OH Zip Code 45701-1761  
 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 ▼ 750.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725172**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. ROBE, EDWARD, S., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 ROOSEVELT DR.  
 City ATHENS State OH Zip Code 45701-1761  
 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 ▼ 750.00

Date of Receipt 08 / 20 / 2019  
**Transaction ID : SA11A.1725880**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 53 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. ROMOHR, ROBERT, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6523 LONG SPURLING RD.  
 City PLEASANT PLAIN State OH Zip Code 45162-9253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725343**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. SANDERS, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10643 PORTAGE STREET NORTHWEST  
 City CANAL FULTON State OH Zip Code 44614-8815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEBO FINANCIAL SERVICES Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 12 / 2019  
**Transaction ID : SA11A.1725741**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**C. SCALA, CHRISTOPHER, A., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9500 FORTY CORNERS RD. NW  
 City MASSILLON State OH Zip Code 44647-9309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KENORE CONSTRUCTION Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726077**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 54 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SCHERER, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POB 123  
 City CIRCLEVILLE State OH Zip Code 43113-0123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OHIO HOUSE OF REPRESENTATIVES Occupation (for Individual) MEMBER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726483**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**B. SCHERVISH, T., W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 3RD ST. N.W.  
 City CANTON State OH Zip Code 44702-1712  
 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 ▼ 250.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725719**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

**C. SCHROER, GERALD, F., MR., JR.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1608 MUIRFIELD AVE. NW  
 City CANTON State OH Zip Code 44708-1964  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALTERCARE OF OHIO Occupation (for Individual) AGENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726075**  
 Amount of Each Receipt this Period 250.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 55 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SENSEL, BOB, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3201 DOGWOOD LANE NW  
 City DOVER State OH Zip Code 44622-6822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DOVER HYDRAULICS Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726081**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item CONTRIBUTION

**B. SIBILA, SHIRLEY, ANN, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1830 DEXTER RD. NE  
 City MASSILLON State OH Zip Code 44646-4142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 23 / 2019  
**Transaction ID : SA11A.1726109**  
 Amount of Each Receipt this Period 60.00  
 Memo Item CONTRIBUTION

**C. SKUBIAK, JOSEPH, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6114 WOODCREST AVENUE NORTHEAST  
 City CANTON State OH Zip Code 44721-3147  
 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 ▼ 250.00

Date of Receipt 08 / 20 / 2019  
**Transaction ID : SA11A.1725922**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1160.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 127
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SMITH, H., DOYLE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19156 BLOSSER RD.  
 City DALTON State OH Zip Code 44618-9449  
 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 ▼ 1400.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726239**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. SMITH, KENDALL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 LAKEVIEW LANE  
 City CHAGRIN FALLS State OH Zip Code 44022-4228  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) KASMITHGROUP Occupation (for Individual) DESIGNER ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726114**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**C. SONNER, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8263 ABBINGTON ST. NW  
 City MASSILLON State OH Zip Code 44646-1146  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) THE M.K. MORSE CO. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725710**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 57 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SPEELMAN, CAROL, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 AIRPORT AVE.  
 City VAN WERT State OH Zip Code 45891-2206  
 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 ▼ 350.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725221**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. SPEELMAN, CAROL, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 AIRPORT AVE.  
 City VAN WERT State OH Zip Code 45891-2206  
 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 ▼ 350.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725698**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. SPEELMAN, CAROL, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 AIRPORT AVE.  
 City VAN WERT State OH Zip Code 45891-2206  
 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 ▼ 350.00

Date of Receipt 08 / 20 / 2019  
**Transaction ID : SA11A.1725894**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 58 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. SPEES, MARK, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17777 MUDSOCK RD.  
 City WPAKONETA State OH Zip Code 45895-9153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AUGLAIZE COUNTY Occupation (for Individual) JUDGE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 13 / 2019  
**Transaction ID : SA11A.1725788**  
 Amount of Each Receipt this Period 300.00  
 Memo Item CONTRIBUTION

**B. STANTON-HICKS, MICHAEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 CLEARFIELD LN.  
 City CHARDON State OH Zip Code 44024-9051  
 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 ▼ 300.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1724947**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**C. STANTON-HICKS, MICHAEL, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11405 CLEARFIELD LN.  
 City CHARDON State OH Zip Code 44024-9051  
 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 ▼ 300.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1725962**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 59 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. STOCKWELL, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 688 GREGG RD.  
 City JEFFERSONVILLE State OH Zip Code 43128-9712  
 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 ▼ 210.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726002**  
 Amount of Each Receipt this Period 70.00  
 Memo Item CONTRIBUTION

**B. STOKES, DEWEY, R., THE HONORA,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 750 WILLOW BEND LN.  
 City COLUMBUS State OH Zip Code 43204-1432  
 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 ▼ 700.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725694**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. STOVER, FRED, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19505 FRAZIER DR.  
 City ROCKY RIVER State OH Zip Code 44116-1630  
 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 ▼ 210.00

Date of Receipt 08 / 21 / 2019  
**Transaction ID : SA11A.1726032**  
 Amount of Each Receipt this Period 110.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 60 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. STRAIT, WILBUR, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2573 SWISHER CREEK DR.  
 City BLACKLICK    State OH    Zip Code 43004-8507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STRAIT AND LAMP LUMBER    Occupation (for Individual) CEO  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725205**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item  
 CONTRIBUTION

**B. STRATTON, PEGGY, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1279 CRESTVIEW AVE. SW  
 City NEW PHILADELPHIA    State OH    Zip Code 44663-9642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) SALES  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725175**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 CONTRIBUTION

**C. STRATTON, PEGGY, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1279 CRESTVIEW AVE. SW  
 City NEW PHILADELPHIA    State OH    Zip Code 44663-9642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED    Occupation (for Individual) SALES  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726252**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1725.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 61 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. THOMPSON, ROBERT, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2932 WEST DR.  
 City ZANESVILLE State OH Zip Code 43701-1467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 NEIROLOGIC ASSOC SE OH PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1724945**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. WADE, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 811 MIAMI AVE.  
 City TERRACE PARK State OH Zip Code 45174-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726216**  
 Amount of Each Receipt this Period 500.00  
 Memo Item CONTRIBUTION

**C. WARBURTON-GREGORY, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8341 W WADORA CIR. N.W.  
 City NORTH CANTON State OH Zip Code 44720-5061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 GREGORY INDUSTRIES CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 08 / 09 / 2019  
**Transaction ID : SA11A.1725681**  
 Amount of Each Receipt this Period 10000.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 10600.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 62 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

**A. WARGO, NANCY, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4314 ASHLAND AVE.  
 City LORAIN State OH Zip Code 44053-2909  
 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 ▼ 540.00

Date of Receipt 08 / 01 / 2019  
**Transaction ID : SA11A.1725075**  
 Amount of Each Receipt this Period 50.00  
 Memo Item CONTRIBUTION

**B. WARGO, NANCY, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4314 ASHLAND AVE.  
 City LORAIN State OH Zip Code 44053-2909  
 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 ▼ 540.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725165**  
 Amount of Each Receipt this Period 110.00  
 Memo Item CONTRIBUTION

**C. WENGER, HOWARD, J., MR., II**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 499  
 City DALTON State OH Zip Code 44618-0499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WENGER EXCAVATING INC. Occupation (for Individual) CONTRACTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 08 / 07 / 2019  
**Transaction ID : SA11A.1725598**  
 Amount of Each Receipt this Period 45.00  
 Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	205.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 63 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. WETZEL, BRUCE, , MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7550 CODER RD.

City MAUMEE	State OH	Zip Code 43537-9345
----------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2019

**Transaction ID : SA11A.1725394**

Amount of Each Receipt this Period  
500.00

Memo Item CONTRIBUTION

**B. WICK, RICHARD, H., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 GLENRIDGE RD.

City DAYTON	State OH	Zip Code 45429-1634
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INDUSTRIAL GRINDING, INC.	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2019

**Transaction ID : SA11A.1725192**

Amount of Each Receipt this Period  
200.00

Memo Item CONTRIBUTION

**C. WILLIAMS, WILLIAM, G., MR.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1568 WELLINGSHIRE ST. NE

City CANTON	State OH	Zip Code 44721-2042
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KRUGLIAK WILKINS GRIFFITHS	Occupation (for Individual) ATTORNEY
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2019

**Transaction ID : SA11A.1725682**

Amount of Each Receipt this Period  
300.00

Memo Item CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 64 OF 127  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. WILSON, HUGH, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 LEESBURG AVE.  
 City WASHINGTON COURT H    State OH    Zip Code 43160-1248  
 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 ▼ 300.00

Date of Receipt 08 / 02 / 2019  
**Transaction ID : SA11A.1725176**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**B. WILSON, HUGH, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 509 LEESBURG AVE.  
 City WASHINGTON COURT H    State OH    Zip Code 43160-1248  
 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 ▼ 300.00

Date of Receipt 08 / 28 / 2019  
**Transaction ID : SA11A.1726248**  
 Amount of Each Receipt this Period 100.00  
 Memo Item CONTRIBUTION

**C. WITTEN, JOHN, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10266 SYLVIAN DRIVE  
 City DUBLIN    State OH    Zip Code 43017-8715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STONEHENGE CAPITAL COMPANY    Occupation (for Individual) MANAGING DIRECTOR  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 08 / 2019  
**Transaction ID : SA11A.1725656**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2700.00  
**TOTAL** This Period (last page this line number only)..... ▶



**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)	PAGE 65 OF 127
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. WOLFE, CAROL, A.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3941 HILLTOP DR.  
 City HURON State OH Zip Code 44839-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 02 / 2019**  
**Transaction ID : SA11A.1725251**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
**CONTRIBUTION**

**B. WOSTELL, JONATHAN, J., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1110 W. LOVELAND AVE.  
 City LOVELAND State OH Zip Code 45140-2151  
 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 ▼ 450.00

Date of Receipt **08 / 28 / 2019**  
**Transaction ID : SA11A.1726201**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
**CONTRIBUTION**

**C. YOUNG, ROBERT, P.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4125 CARLISLE AVE.  
 City CANTON State OH Zip Code 44714-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **YOUNG TRUCK SALES** Occupation (for Individual) **SALES**  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 23 / 2019**  
**Transaction ID : SA11A.1726076**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

# 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)	PAGE 66 OF 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZIEGLER, HAROLD, , MR., JR.**

Mailing Address **6258 DORAL DR. NW**

City <b>CANTON</b>	State <b>OH</b>	Zip Code <b>44718-4015</b>
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>ZIEGLER TIRE</b>	Occupation (for Individual) <b>OWNER</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**08 / 23 / 2019**

**Transaction ID : SA11A.1726079**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
**CONTRIBUTION**

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>100270.40</b>

**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)	PAGE 67 OF 127
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. DONALD J. TRUMP FOR PRESIDENT, INC.**

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

Mailing Address 725 FIFTH AVENUE

City NEW YORK	State NY	Zip Code 10022-2519
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00580100

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
146000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2019

**Transaction ID : SA11C.1726863**

Amount of Each Receipt this Period  
53650.00

Memo Item  
CONTRIBUTION

**B. DONALD J. TRUMP FOR PRESIDENT, INC.**

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

Mailing Address 725 FIFTH AVENUE

City NEW YORK	State NY	Zip Code 10022-2519
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00580100

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
146000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2019

**Transaction ID : SA11C.1726864**

Amount of Each Receipt this Period  
72000.00

Memo Item  
CONTRIBUTION

**C.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	125650.00

**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)	PAGE 68 OF 127
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. REPUBLICAN NATIONAL COMMITTEE**

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

Mailing Address 310 FIRST ST., SE

City WASHINGTON	State DC	Zip Code 20003-1885
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		01		2019

**Transaction ID : SA11B.1726865**

Amount of Each Receipt this Period  
3000.00

Memo Item  
TRANSFER

**B. REPUBLICAN NATIONAL COMMITTEE**

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

Mailing Address 310 FIRST ST., SE

City WASHINGTON	State DC	Zip Code 20003-1885
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08		30		2019

**Transaction ID : SA11B.1726866**

Amount of Each Receipt this Period  
3000.00

Memo Item  
TRANSFER

**C.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	6000.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 OF 127  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. TUSCARAWAS COUNTY REPUBLICAN PARTY**

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

Mailing Address DOUG WILLS, CHAIRMAN  
2379 STONECREEK RD. SW

City NEW PHILADELPHIA State OH Zip Code 44663-6928

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11B.1725697**

Amount of Each Receipt this Period

Memo Item  
FUNDS FED PERMISSIBLE

**B.**

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1000.00"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ARNOLD, GARRETT, , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	9

FEC Identification Number

**C** [ ]  
Transaction ID : **SB21B.I1745**  
Amount of Each Disbursement this Period  
[ ] 192.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BARTUNEK, CHRIS, , ,**

Mailing Address C/O 211 S FIFTH ST

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	9

FEC Identification Number

**C** [ ]  
Transaction ID : **SB21B.I1745**  
Amount of Each Disbursement this Period  
[ ] 783.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. EINARSON, LANDEN, , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	9

FEC Identification Number

**C** [ ]  
Transaction ID : **SB21B.I1745**  
Amount of Each Disbursement this Period  
[ ] 235.09

Memo Item

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

[ ] 1210.74

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

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. LAROSA'S PRINCETON**

Mailing Address 11711 PRINCETON PIKE

City  
SPRINGDALE

State  
OH

Zip Code  
45246

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1749f**  
Amount of Each Disbursement this Period  
[ ] 128.16 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 1400 READING ROAD

City  
CINCINNATI

State  
OH

Zip Code  
45202

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1749f**  
Amount of Each Disbursement this Period  
[ ] 106.93 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. HUMPHREY, SUSAN, , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
POSTAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	9

FEC Identification Number

C [ ]  
**Transaction ID : SB21B.I1745**  
Amount of Each Disbursement this Period  
[ ] 1494.64 [ ]

Memo Item

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						1	4	9	4.64

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
						1	4	9	4.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MARSDEN, REECE, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2019	
Mailing Address C/O 211 S FIFTH ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1745I</b> Amount of Each Disbursement this Period [ ] 811.20	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement MILEAGE REIMBURSEMENT			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. REYNOLDS, SARAH, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 23 / 2019	
Mailing Address C/O 211 S 5TH STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1745I</b> Amount of Each Disbursement this Period [ ] 200.00	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement MILEAGE REIMBURSEMENT			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. SECAUR, ROBERT, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019	
Mailing Address C/O 211 S 5TH STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I1745I</b> Amount of Each Disbursement this Period [ ] 489.13	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement EXPENSE REIMBURSEMENT			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1500.33
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CONSTANT CONTACT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2019

Mailing Address 1601 TRAPELO RD.  
SUITE 31

City WALTHAM State MA Zip Code 02451

Purpose of Disbursement  
EMAIL SERVICES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1749f

Amount of Each Disbursement this Period

[REDACTED] 489.13

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. ALL SECURED SECURITY SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2019

Mailing Address P.O. BOX 8398

City COLUMBUS State OH Zip Code 43201

Purpose of Disbursement  
OFFICE SECURITY

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I17463

Amount of Each Disbursement this Period

[REDACTED] 2562.88

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2019

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1741

Amount of Each Disbursement this Period

[REDACTED] 23.25

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

[REDACTED] 2586.13

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1742'  
Amount of Each Disbursement this Period

[REDACTED] 6.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1742'  
Amount of Each Disbursement this Period

[REDACTED] 3.64

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1742'  
Amount of Each Disbursement this Period

[REDACTED] 15.20

Memo Item

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

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

[REDACTED] 25.81

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	9

FEC Identification Number

**Transaction ID : SB21B.I1742f**

Amount of Each Disbursement this Period

 8.45

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	9

FEC Identification Number

**Transaction ID : SB21B.I1742f**

Amount of Each Disbursement this Period

 1.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	9

FEC Identification Number

**Transaction ID : SB21B.I1742f**

Amount of Each Disbursement this Period

 132.77

Memo Item

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

 143.18

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB21B.I1742I

Amount of Each Disbursement this Period: 8.93

Memo Item

**B. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B.I1743I

Amount of Each Disbursement this Period: 35.42

Memo Item

**C. ANEDOT**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 84314

City BATON ROUGE State LA Zip Code 70884

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B.I1743I

Amount of Each Disbursement this Period: 10.44

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 54.79

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1743  
Amount of Each Disbursement this Period

[REDACTED] 1.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1743  
Amount of Each Disbursement this Period

[REDACTED] 17.12

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1743  
Amount of Each Disbursement this Period

[REDACTED] 6.00

Memo Item

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

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

[REDACTED] 25.08

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1744'**

Amount of Each Disbursement this Period

[REDACTED] 2.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address PO BOX 84314

City  
BATON ROUGE

State  
LA

Zip Code  
70884

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I17442**

Amount of Each Disbursement this Period

[REDACTED] 34.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. BAKER & HOSTETLER LLP**

Mailing Address PO BOX 70189

City  
CLEVELAND

State  
OH

Zip Code  
43230

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1746**

Amount of Each Disbursement this Period

[REDACTED] 3050.00

Memo Item

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

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

[REDACTED] 3086.60

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN SIDEKICK</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019	
Mailing Address 1550 OLD ANNETTA		FEC Identification Number C	
City ALEDO	State TX	Zip Code 76008	Transaction ID : <b>SB21B.I1744</b> Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement DATA SERVICES		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. DOT THE I</b>		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019	
Mailing Address 2825 GLENDALE RD		FEC Identification Number C	
City CHARLOTTE	State NC	Zip Code 28209	Transaction ID : <b>SB21B.I1744</b> Amount of Each Disbursement this Period 600.00
Purpose of Disbursement DIRECT MAIL - NOT FEA		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. DOT THE I</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2019	
Mailing Address 2825 GLENDALE RD		FEC Identification Number C	
City CHARLOTTE	State NC	Zip Code 28209	Transaction ID : <b>SB21B.I1744</b> Amount of Each Disbursement this Period 750.00
Purpose of Disbursement DIRECT MAIL - NOT FEA		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4350.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FLS CONNECT LLC**

Mailing Address 7300 HUDSON BLVD. SUITE 270  
SUITE 270

City ST. PAUL State MN Zip Code 55128

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1746I  
Amount of Each Disbursement this Period

17165.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. HUNTINGTON NATIONAL BANK**

Mailing Address 41 SOUTH HIGH ST

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1740I  
Amount of Each Disbursement this Period

34.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. HUNTINGTON NATIONAL BANK**

Mailing Address 41 SOUTH HIGH ST

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1740I  
Amount of Each Disbursement this Period

147.00

Memo Item

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

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

17347.60



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HUNTINGTON NATIONAL BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2019

Mailing Address 41 SOUTH HIGH ST

City COLUMBUS State OH Zip Code 43215

FEC Identification Number

C

**Transaction ID : SB21B.I17411**  
Amount of Each Disbursement this Period

122.72

Purpose of Disbursement  
BANK FEE

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. HUNTINGTON NATIONAL BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2019

Mailing Address 41 SOUTH HIGH ST

City COLUMBUS State OH Zip Code 43215

FEC Identification Number

C

**Transaction ID : SB21B.I17411**  
Amount of Each Disbursement this Period

36.00

Purpose of Disbursement  
BANK FEE

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. HUNTINGTON NATIONAL BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2019

Mailing Address 41 SOUTH HIGH ST

City COLUMBUS State OH Zip Code 43215

FEC Identification Number

C

**Transaction ID : SB21B.I17411**  
Amount of Each Disbursement this Period

3.86

Purpose of Disbursement  
BANK FEE

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

162.58

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HUNTINGTON NATIONAL BANK**

Mailing Address 41 SOUTH HIGH ST

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I1741:  
Amount of Each Disbursement this Period  
3.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HUNTINGTON NATIONAL BANK**

Mailing Address 41 SOUTH HIGH ST

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I1741:  
Amount of Each Disbursement this Period  
3.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT PAYMENT SYSTEM**

Mailing Address 71 STEVENSON STREET, SUITE 900

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement FILING FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.I1745:  
Amount of Each Disbursement this Period  
19.95

Memo Item

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

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

25.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ISTREAM**

Mailing Address 13555 BISHOPS CT #102

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement CHECK PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1741!  
Amount of Each Disbursement this Period

93.53

Memo Item

Full Name (Last, First, Middle Initial)

**B. ISTREAM**

Mailing Address 13555 BISHOPS CT #102

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement CHECK PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1741!  
Amount of Each Disbursement this Period

32.71

Memo Item

Full Name (Last, First, Middle Initial)

**C. ISTREAM**

Mailing Address 13555 BISHOPS CT #102

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement CHECK PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1741!  
Amount of Each Disbursement this Period

12.45

Memo Item

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

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

138.69

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

## OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

### A. ISTREAM

Mailing Address 13555 BISHOPS CT #102

City  
BROOKFIELD

State  
WI

Zip Code  
53005

Purpose of Disbursement  
CHECK PROCESSING FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	06	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I17411

Amount of Each Disbursement this Period

[REDACTED] 12.45

Memo Item

Full Name (Last, First, Middle Initial)

### B. MAILFINANCE

Mailing Address 25881 NETWORK PL

City  
CHICAGO

State  
IL

Zip Code  
60673-1258

Purpose of Disbursement  
POSTAGE METER

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	21	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I17464

Amount of Each Disbursement this Period

[REDACTED] 928.39

Memo Item

Full Name (Last, First, Middle Initial)

### C. MAJORITY STRATEGIES INC

Mailing Address 12854 KENAN DR., SUITE 145

City  
JACKSONVILLE

State  
FL

Zip Code  
32258

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	14	/	2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1746

Amount of Each Disbursement this Period

[REDACTED] 4909.86

Memo Item

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

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

[REDACTED] 5850.70

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MDI IMAGING & MAIL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2019

Mailing Address ATTN: JAY HARTMAN  
21955 CASCADES PKWY

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1744!  
Amount of Each Disbursement this Period

[REDACTED] 13011.08

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. MDI IMAGING & MAIL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2019

Mailing Address ATTN: JAY HARTMAN  
21955 CASCADES PKWY

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1744!  
Amount of Each Disbursement this Period

[REDACTED] 13252.83

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. MERCHANT SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2019

Mailing Address MAIL DROP 1MOC3D

City CINCINNATI State OH Zip Code 45263

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1742  
Amount of Each Disbursement this Period

[REDACTED] 25.00

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

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

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

[REDACTED] 26288.91

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PRECISION MARKETING**

Mailing Address P.O. BOX 7670

City  
ARLINGTON

State  
VA

Zip Code  
22207

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I1744I

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PRECISION MARKETING**

Mailing Address P.O. BOX 7670

City  
ARLINGTON

State  
VA

Zip Code  
22207

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I1745C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCO

State  
CA

Zip Code  
94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB21B.I1742

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCO

State  
CA

Zip Code  
94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1742!**  
Amount of Each Disbursement this Period

[REDACTED] 367.91

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCO

State  
CA

Zip Code  
94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1743C**  
Amount of Each Disbursement this Period

[REDACTED] 7.89

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST.

City  
SAN FRANCISCO

State  
CA

Zip Code  
94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.I1743**  
Amount of Each Disbursement this Period

[REDACTED] 10.51

Memo Item

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

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

[REDACTED] 386.31

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST.

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1743i  
Amount of Each Disbursement this Period

[REDACTED] 11.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. STRIPE**

Mailing Address 3180 18TH ST.

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1743i  
Amount of Each Disbursement this Period

[REDACTED] 515.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. STRIPE**

Mailing Address 3180 18TH ST.

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I1743i  
Amount of Each Disbursement this Period

[REDACTED] 363.10

Memo Item

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

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

[REDACTED] 889.60

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STRIPE**

Mailing Address 3180 18TH ST.

City SAN FRANCISCO State CA Zip Code 94110

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1744I  
Amount of Each Disbursement this Period

30.47

Memo Item

Full Name (Last, First, Middle Initial)

**B. WILAND, INC**

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1744I  
Amount of Each Disbursement this Period

1273.14

Memo Item

Full Name (Last, First, Middle Initial)

**C. WILAND, INC**

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2019

FEC Identification Number

C

Transaction ID : SB21B.I1745  
Amount of Each Disbursement this Period

877.13

Memo Item

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

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

2180.74

78065.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ARNOLD, GARRETT, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address C/O 211 S. FIFTH ST.			
City COLUMBUS	State OH	Zip Code 43215	
Purpose of Disbursement PAYROLL, TAXES & FEES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : <b>SB30B.I1746</b> Amount of Each Disbursement this Period 2575.04	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ARNOLD, GARRETT, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2019	
Mailing Address C/O 211 S. FIFTH ST.			
City COLUMBUS	State OH	Zip Code 43215	
Purpose of Disbursement PAYROLL, TAXES & FEES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : <b>SB30B.I1748</b> Amount of Each Disbursement this Period 2589.09	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BARTUNEK, CHRIS, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address C/O 211 S FIFTH ST			
City COLUMBUS	State OH	Zip Code 43215	
Purpose of Disbursement PAYROLL, TAXES & FEES		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number <b>C</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Transaction ID : <b>SB30B.I1746</b> Amount of Each Disbursement this Period 565.71	
		<input type="checkbox"/> Memo Item	

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

5729.84

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. BARTUNEK, CHRIS, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 09 / 2019	
Mailing Address C/O 211 S FIFTH ST				
City COLUMBUS	State OH	Zip Code 43215	FEC Identification Number C	
Purpose of Disbursement PAYROLL, TAXES & FEES		Category/ Type	Transaction ID : SB30B.I1748f Amount of Each Disbursement this Period 1140.05	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>B. BARTUNEK, CHRIS, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 09 / 2019	
Mailing Address C/O 211 S FIFTH ST				
City COLUMBUS	State OH	Zip Code 43215	FEC Identification Number C	
Purpose of Disbursement PAYROLL, TAXES & FEES		Category/ Type	Transaction ID : SB30B.I1748f Amount of Each Disbursement this Period 1140.05	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) <b>C. CLAYWELL, COLLIN, , ,</b>			Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address C/O 211 S 5TH STREET				
City COLUMBUS	State OH	Zip Code 43215	FEC Identification Number C	
Purpose of Disbursement PAYROLL, TAXES & FEES		Category/ Type	Transaction ID : SB30B.I1746 Amount of Each Disbursement this Period 1945.92	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			4226.02	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COOPER, MATTHEW, , ,**

Mailing Address C/O 211 S 5TH ST

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	9

FEC Identification Number

**C** [ ]  
**Transaction ID : SB30B.I17471**  
Amount of Each Disbursement this Period  
[ ] 1299.08 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. CROTTY, LARA, , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	9

FEC Identification Number

**C** [ ]  
**Transaction ID : SB30B.I17471**  
Amount of Each Disbursement this Period  
[ ] 4955.82 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. CROTTY, LARA, , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	9

FEC Identification Number

**C** [ ]  
**Transaction ID : SB30B.I1748**  
Amount of Each Disbursement this Period  
[ ] 13327.97 [ ]

Memo Item

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

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

1	9	5	8	2	.	8	7
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DONAHUE, ASHLEY, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address C/O 211 S FIFTH ST		FEC Identification Number C [ ] <b>Transaction ID : SB30B.I1747</b> Amount of Each Disbursement this Period [ ] 565.71	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement PAYROLL, TAXES & FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. DONAHUE, ASHLEY, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2019	
Mailing Address C/O 211 S FIFTH ST		FEC Identification Number C [ ] <b>Transaction ID : SB30B.I1748</b> Amount of Each Disbursement this Period [ ] 1140.05	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement PAYROLL, TAXES & FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. EINARSON, LANDEN, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address C/O 211 S 5TH STREET		FEC Identification Number C [ ] <b>Transaction ID : SB30B.I1747</b> Amount of Each Disbursement this Period [ ] 1945.92	
City COLUMBUS	State OH	Zip Code 43215	Category/ Type [ ]
Purpose of Disbursement PAYROLL, TAXES & FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

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

[ ] 3651.68

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

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. EINARSON, LANDEN, , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I1749I

Amount of Each Disbursement this Period

[REDACTED] 1959.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. HUMPHREY, SUSAN, , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I1747I

Amount of Each Disbursement this Period

[REDACTED] 3730.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. HUMPHREY, SUSAN, , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I1749I

Amount of Each Disbursement this Period

[REDACTED] 3744.33

Memo Item

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

[REDACTED] 9434.64

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MARSDEN, REECE, , ,**

Mailing Address C/O 211 S FIFTH ST

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I1747!**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARSDEN, REECE, , ,**

Mailing Address C/O 211 S FIFTH ST

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I17492**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. MORGAN, NICHOLAS, , ,**

Mailing Address C/O 211 S 5TH ST

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I1747**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PETTIT, DEBORAH , , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2019

FEC Identification Number

**C** [ ]  
**Transaction ID : SB30B.I1747**  
 Amount of Each Disbursement this Period  
 [ ] 1299.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. PLOTTS, CADE , , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2019

FEC Identification Number

**C** [ ]  
**Transaction ID : SB30B.I1747**  
 Amount of Each Disbursement this Period  
 [ ] 1299.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. POLLOCK, SAMANTHA , , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2019

FEC Identification Number

**C** [ ]  
**Transaction ID : SB30B.I1747**  
 Amount of Each Disbursement this Period  
 [ ] 1639.17

Memo Item

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

[ ] 4237.31
-------------

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

[ ]
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. POLLOCK, SAMANTHA, , ,**

Mailing Address C/O 211 S. FIFTH ST.

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I1749:**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. REYNOLDS, SARAH, , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I1748C**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. REYNOLDS, SARAH, , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB30B.I1749**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SHEAHAN, MADISON, , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : SB30B.I1748'**  
Amount of Each Disbursement this Period

[REDACTED] 1299.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. SIMS, PAIGE, , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	26	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : SB30B.I17482**  
Amount of Each Disbursement this Period

[REDACTED] 1663.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. SIMS, PAIGE, , ,**

Mailing Address C/O 211 S 5TH STREET

City  
COLUMBUS

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAYROLL, TAXES & FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	09	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : SB30B.I1749**  
Amount of Each Disbursement this Period

[REDACTED] 1677.27

Memo Item

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

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

[REDACTED] 4639.56

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. THOMPSON, CALEB, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address C/O 211 S 5TH ST		FEC Identification Number C [REDACTED]	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : <b>SB30B.I1748</b>
Purpose of Disbursement PAYROLL, TAXES & FEES		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 1299.07
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. WATSON, NATHANIEL, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019	
Mailing Address C/O 211 S 5TH ST		FEC Identification Number C [REDACTED]	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : <b>SB30B.I1748</b>
Purpose of Disbursement PAYROLL, TAXES & FEES		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 566.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. WATSON, NATHANIEL, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 09 / 2019	
Mailing Address C/O 211 S 5TH ST		FEC Identification Number C [REDACTED]	
City COLUMBUS	State OH	Zip Code 43215	Transaction ID : <b>SB30B.I1749</b>
Purpose of Disbursement PAYROLL, TAXES & FEES		Category/ Type [REDACTED]	Amount of Each Disbursement this Period [REDACTED] 1140.63
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3005.70
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. UNITED HEALTH CARE INSURANCE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2019

Mailing Address COMPANY OF THE RIVER VALLEY  
22070 NETWORK PL

City CHICAGO State IL Zip Code 60673-1220

Purpose of Disbursement  
EMPLOYEE BENEFITS

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I1746!  
Amount of Each Disbursement this Period

[REDACTED] 8018.37

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. US POSTMASTER-MAIN ST.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2019

Mailing Address 2935 E. MAIN ST.

City COLUMBUS State OH Zip Code 43209

Purpose of Disbursement  
POSTAGE

FEC Identification Number

C [REDACTED]

Transaction ID : SB30B.I1746!  
Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

[REDACTED] 9518.37

[REDACTED] 75498.24

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 101 OF 127
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Engagement</b>			Nature of Debt (Purpose): Party hdq-web site updates-not candid sp
Mailing Address 2029 K St. NW, Suite 300			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period 1762.50	<b>Transaction ID : SchD.1</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1762.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Engagement</b>			Nature of Debt (Purpose): Web site updates
Mailing Address 2029 K St. NW, Ste 300			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period 2673.00	<b>Transaction ID : SchD.2</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2673.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ActRight Engagement</b>			Nature of Debt (Purpose): Website hosting and maintenance fees
Mailing Address 2029 K St. NW, Ste 300			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period 1575.00	<b>Transaction ID : SchD.3</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1575.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6010.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 102 OF 127
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>		Nature of Debt (Purpose): Late fees	
Mailing Address Box 0001			
City Los Angeles	State CA	Zip Code 90096-8000	

Outstanding Balance Beginning This Period 1531.70		Transaction ID : <b>SchD.4</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1531.70	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>		Nature of Debt (Purpose): Credit card bill	
Mailing Address Box 0001			
City Los Angeles	State CA	Zip Code 90096-8000	

Outstanding Balance Beginning This Period 6345.51		Transaction ID : <b>SchD.5</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6345.51	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>		Nature of Debt (Purpose): Credit card bill	
Mailing Address Box 0001			
City Los Angeles	State CA	Zip Code 90096-8000	

Outstanding Balance Beginning This Period 50773.11		Transaction ID : <b>SchD.6</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50773.11	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	58650.32
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 103 OF 127
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Ohio Convention Committee 2016</b>			Nature of Debt (Purpose): Expenses related to delegates attending
Mailing Address 2168 SUTTER PKWY			
City Dublin	State OH	Zip Code 43016	

Outstanding Balance Beginning This Period 5000.00	<b>Transaction ID : 123</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): Pty hdq operations telemarketing fundrai
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 7947.45	<b>Transaction ID : SchD.21</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7947.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): Pty hdq operations telemarketing fundrai
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 15162.00	<b>Transaction ID : SchD.22</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15162.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	28109.45
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 104 OF 127
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): Pty operations fundraising- telemarketin
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="3234.20"/>	<b>Transaction ID : SchD.23</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3234.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): pty operations fundraising-telemarketing
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="1448.16"/>	<b>Transaction ID : SchD.24</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1448.16"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): pty operations fundraising-telemarketing
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period <input type="text" value="895.00"/>	<b>Transaction ID : SchD.25</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="895.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="5577.36"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 105 OF 127
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): pty operations fundraising-telemarketing
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1177.00		<b>Transaction ID : SchD.26</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1177.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): Pty operations fundraising- telemarketin
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1320.00		<b>Transaction ID : SchD.27</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1320.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Oxford Communications</b>			Nature of Debt (Purpose): Pty operations fundraising telemarketing
Mailing Address 121 S. Alfred St.			
City Alexandria	State VA	Zip Code 22314	

Outstanding Balance Beginning This Period 1755.00		<b>Transaction ID : SchD.29</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1755.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....▶	4252.00
2) <b>TOTALS</b> This Period (last page this line number only).....▶	102599.63
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)▶	102599.63

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Transaction ID : 091919A

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Indicate ratio below**

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
OHIO REPUBLICAN PARTY NONFEDERAL FUND	MM / DD / YYYY 08 / 22 / 2019	9110.30

**BREAKDOWN OF TRANSFER RECEIVED**

- i) **Total Administrative** .....   
**Transaction ID : 091919B**
- ii) **Generic Voter Drive** .....
- iii) **Exempt Activities**.....
- iv) **Direct Fundraising** (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) **Total Amount Transferred For Direct Fundraising** .....
- v) **Direct Candidate Support** (List Activity or Event Identifier)
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) **Total Amount Transferred For Direct Candidate Support**.....
- vi) **Public Communications Referring Only to Party** (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

- TOTAL** This Period (Administrative) .....
- TOTAL** This Period (Generic Voter Drive) .....
- TOTAL** This Period (Exempt Activities) .....
- TOTAL** This Period (Direct Fundraising) .....
- TOTAL** This Period (Direct Candidate Support) .....
- TOTAL** This Period (Public Communications Referring Only to Party) .....
- TOTAL** This Period (Total Amount Transferred).....

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
OHIO REPUBLICAN PARTY NONFEDERAL FUND	MM / DD / YYYY 08 / 22 / 2019	2924.20

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	2924.20
<b>Transaction ID : 091919B_B</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
OHIO REPUBLICAN PARTY NONFEDERAL FUND	MM / DD / YYYY 08 / 22 / 2019	25368.14

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	25368.14
<b>Transaction ID : 091919B_B_B</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
OHIO REPUBLICAN PARTY NONFEDERAL FUND	MM / DD / YYYY 08 / 22 / 2019	25824.48

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	25824.48
<b>Transaction ID : 091919B_B_B_B</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	63227.12
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	63227.12

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17399. DAINS, THOMAS, , , JR. Mailing Address C/O 211 S. 5TH ST. City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL, TAXES & FEES Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative checked. Date 08/09/2019. FEDERAL SHARE 586.01, NONFEDERAL SHARE 1506.87, TOTAL AMOUNT 2092.88.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17400. GIANNONE, ELIZABETH, , , Mailing Address C/O 211 S 5THST City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL, TAXES & FEES Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative checked. Date 08/09/2019. FEDERAL SHARE 572.63, NONFEDERAL SHARE 1472.49, TOTAL AMOUNT 2045.12.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17401. MACHAN, EVAN, , , Mailing Address C/O 211 S 5TH STREET City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL, TAXES & FEES Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative checked. Date 08/09/2019. FEDERAL SHARE 817.78, NONFEDERAL SHARE 2102.85, TOTAL AMOUNT 2920.63.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1976.42, 5082.21, 7058.63.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: MORRIS, HENRY, , , Transaction ID: SB21A.17402. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form B: SAGESTER, CAMERON, , , Transaction ID: SB21A.17403. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

Form C: SECAUR, ROBERT, , , Transaction ID: SB21A.17404. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, Allocated Activity or Event, and Year-To-Date amounts.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for Subtotal: FEDERAL SHARE 2620.92, NONFEDERAL SHARE 6739.47, TOTAL AMOUNT 9360.39

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for Total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: Disbursement for TIMKEN, JANE, . . . Transaction ID: SB21A.17405. Includes fields for Name, Address, City, State, Zip, Purpose, Activity Identifier, and Allocated Activity or Event details.

Form B: Disbursement for TULLEY, MITCHELL, . . . Transaction ID: SB21A.17406. Includes fields for Name, Address, City, State, Zip, Purpose, Activity Identifier, and Allocated Activity or Event details.

Form C: Disbursement for ZANOLA, SARAH, . . . Transaction ID: SB21A.17407. Includes fields for Name, Address, City, State, Zip, Purpose, Activity Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for Subtotal: FEDERAL SHARE 3005.95, NONFEDERAL SHARE 7729.62, TOTAL AMOUNT 10735.57

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for Total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17371**  Memo Item  
**MACHAN, EVAN, , ,**  
 Mailing Address C/O 211 S 5TH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement: MILEAGE REIMBURSEMENT

Activity or Event Identifier: **ADMINISTRATIVE**

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 696200.18

Date: 08 / 12 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.94		123.26		171.20

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17366**  Memo Item  
**ASPECT CONSULTING LLC.**  
 Mailing Address PO BOX 620066

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement: COMPLIANCE CONSULTING

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 701200.18

Date: 08 / 12 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1400.00		3600.00		5000.00

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17368**  Memo Item  
**CMDI**  
 Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement: DATABASE SOFTWARE

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 702152.07

Date: 08 / 12 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
266.53		685.36		951.89

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1714.47		4408.62		6123.09

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: COLUMBUS CITY TREASURER. Transaction ID: SB21A.17385. Mailing Address: WATER & SEWER SERVICES, P.O. BOX 182882, COLUMBUS, OH 43218-2882. Purpose: UTILITIES. Activity: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Year-To-Date: 702689.47. Date: 08/12/2019. Summary: FEDERAL SHARE 150.47, NONFEDERAL SHARE 386.93, TOTAL AMOUNT 537.40.

Form B: EVERLASTING CLEANING CONCEPTS. Transaction ID: SB21A.17374. Mailing Address: 2906 WHITLOW ROAD, COLUMBUS, OH 43232. Purpose: OFFICE CLEANING. Activity: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Year-To-Date: 703389.47. Date: 08/12/2019. Summary: FEDERAL SHARE 196.00, NONFEDERAL SHARE 504.00, TOTAL AMOUNT 700.00.

Form C: FEDEX. Transaction ID: SB21A.17381. Mailing Address: 942 S SHADY GROVE RD, MEMPHIS, TN 38120. Purpose: SHIPPING. Activity: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Year-To-Date: 703889.87. Date: 08/12/2019. Summary: FEDERAL SHARE 140.11, NONFEDERAL SHARE 360.29, TOTAL AMOUNT 500.40.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE 486.58, NONFEDERAL SHARE 1251.22, TOTAL AMOUNT 1737.80.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17372. HILTON - EASTON. Mailing Address 3900 CHAGRIN DR. City COLUMBUS, State OH, Zip Code 53219. Purpose of Disbursement: MEETING VENUE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 08/12/2019. Year-To-Date: 709171.22. Summary: FEDERAL SHARE 1478.78, NONFEDERAL SHARE 3802.57, TOTAL AMOUNT 5281.35.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17375. LAWN JON GROUNDS CARE. Mailing Address 3601 SUMMIT RD. City PATASKALA, State OH, Zip Code 43062. Purpose of Disbursement: OFFICE MAINTENANCE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 08/12/2019. Year-To-Date: 709461.47. Summary: FEDERAL SHARE 81.27, NONFEDERAL SHARE 208.98, TOTAL AMOUNT 290.25.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17378. OFFICE CITY. Mailing Address 80 W WATER STREET. City CHILLICOTHE, State OH, Zip Code 45601. Purpose of Disbursement: OFFICE SUPPLIES. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 08/12/2019. Year-To-Date: 710129.57. Summary: FEDERAL SHARE 187.07, NONFEDERAL SHARE 481.03, TOTAL AMOUNT 668.10.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1747.12, 4492.58, 6239.70.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: PUBLIC STORAGE. Transaction ID: SB21A.17384. Mailing Address: 4021 MARLANE DR. GROVE CITY, OH 43123. Purpose: STORAGE. Activity: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Year-To-Date: 710365.00. Date: 08/12/2019. Summary: FEDERAL SHARE 65.92, NONFEDERAL SHARE 169.51, TOTAL AMOUNT 235.43.

Form B: RINGCENTRAL INC. Transaction ID: SB21A.17389. Mailing Address: 20 DAVIS DRIVE. BELMONT, CA 94002. Purpose: VOIP. Activity: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Year-To-Date: 711337.47. Date: 08/12/2019. Summary: FEDERAL SHARE 272.29, NONFEDERAL SHARE 700.18, TOTAL AMOUNT 972.47.

Form C: SPECTRUM Transaction ID: SB21A.17365. Mailing Address: P.O. BOX 0916. CAROL STREAM, IL 60132. Purpose: CABLE. Activity: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Year-To-Date: 711424.51. Date: 08/12/2019. Summary: FEDERAL SHARE 24.37, NONFEDERAL SHARE 62.67, TOTAL AMOUNT 87.04.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 362.58, 932.36, 1294.94.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17382. MICROSOFT OFFICE 365. Mailing Address 6100 NEIL RD, #100 #100. City RENO State NV Zip Code 89511. Purpose of Disbursement: SOFTWARE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 08/13/2019. FEDERAL SHARE 86.09, NONFEDERAL SHARE 221.37, TOTAL AMOUNT 307.46.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17383. MICROSOFT OFFICE 365. Mailing Address 6100 NEIL RD, #100 #100. City RENO State NV Zip Code 89511. Purpose of Disbursement: SOFTWARE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 08/13/2019. FEDERAL SHARE 36.80, NONFEDERAL SHARE 94.62, TOTAL AMOUNT 131.42.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17376. BERNARD ELECTRIC. Mailing Address 253 N 3RD ST. City COLUMBUS State OH Zip Code 43215-2514. Purpose of Disbursement: OFFICE MAINTENANCE. Activity or Event Identifier: ADMINISTRATIVE. Allocated Activity or Event: Administrative. Date 08/14/2019. FEDERAL SHARE 628.70, NONFEDERAL SHARE 1616.64, TOTAL AMOUNT 2245.34.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 751.59, 1932.63, 2684.22.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: CMDI. Transaction ID: SB21A.17369. Mailing Address: 1593 SPRING HILL RD, STE 400. City: TYSONS CORNER, VA. Zip Code: 22182. Purpose: DATABASE SOFTWARE. Activity: ADMINISTRATIVE. Date: 08/14/2019. Amounts: FEDERAL SHARE 266.00, NONFEDERAL SHARE 684.00, TOTAL AMOUNT 950.00.

Form B: QUILL CORPORATION. Transaction ID: SB21A.17379. Mailing Address: P.O. BOX 37600. City: PHILADELPHIA, PA. Zip Code: 19101-4081. Purpose: OFFICE SUPPLIES. Activity: ADMINISTRATIVE. Date: 08/15/2019. Amounts: FEDERAL SHARE 271.66, NONFEDERAL SHARE 698.56, TOTAL AMOUNT 970.22.

Form C: COLUMBIA GAS OF OHIO. Transaction ID: SB21A.17387. Mailing Address: P.O. BOX 742510. City: CINCINNATI, OH. Zip Code: 45274-2510. Purpose: UTILITIES. Activity: ADMINISTRATIVE. Date: 08/16/2019. Amounts: FEDERAL SHARE 34.43, NONFEDERAL SHARE 88.53, TOTAL AMOUNT 122.96.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 572.09, 1471.09, 2043.18.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17386**  Memo Item  
**COLUMBUS CITY TREASURER**  
Mailing Address WATER & SEWER SERVICES  
P.O. BOX 182882  
City COLUMBUS State OH Zip Code 43218-2882  
Purpose of Disbursement: UTILITIES  
Activity or Event Identifier: ADMINISTRATIVE  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 720959.46  
Date: 08 / 16 / 2019  
Category/Type: 001

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1346.11		3461.44		4807.55

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17367**  Memo Item  
**SAUER TECHNICAL SERVICES**  
Mailing Address 1808 LONE EAGLE ST.  
City COLUMBUS State OH Zip Code 43228  
Purpose of Disbursement: DATA SERVICES  
Activity or Event Identifier: ADMINISTRATIVE  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 721191.46  
Date: 08 / 16 / 2019  
Category/Type: 001

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
64.96		167.04		232.00

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17388**  Memo Item  
**WASTE MANAGEMENT**  
Mailing Address P.O. BOX 4648  
City CAROL STREAM State IL Zip Code 60197-9757  
Purpose of Disbursement: UTILITIES  
Activity or Event Identifier: ADMINISTRATIVE  
Allocated Activity or Event:  Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC  
Allocated Activity or Event Year-To-Date: 721531.87  
Date: 08 / 16 / 2019  
Category/Type: 001

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
95.31		245.10		340.41

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1506.38		3873.58		5379.96

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17390. DAINS, THOMAS, , , JR. Mailing Address C/O 211 S. 5TH ST. City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL, TAXES & FEES Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative checked. Date 08/26/2019. Summary: FEDERAL SHARE 582.07, NONFEDERAL SHARE 1496.76, TOTAL AMOUNT 2078.83.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17391. GIANNONE, ELIZABETH, , , Mailing Address C/O 211 S 5THST City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL, TAXES & FEES Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative checked. Date 08/26/2019. Summary: FEDERAL SHARE 566.80, NONFEDERAL SHARE 1457.47, TOTAL AMOUNT 2024.27.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : SB21A.17392. MACHAN, EVAN, , , Mailing Address C/O 211 S 5TH STREET City COLUMBUS State OH Zip Code 43215 Purpose of Disbursement: PAYROLL, TAXES & FEES Activity or Event Identifier: ADMINISTRATIVE Allocated Activity or Event: Administrative checked. Date 08/26/2019. Summary: FEDERAL SHARE 813.85, NONFEDERAL SHARE 2092.74, TOTAL AMOUNT 2906.59.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 1962.72, 5046.97, 7009.69.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values are empty.

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: MORRIS, HENRY, , , Transaction ID: SB21A.17393. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form B: SAGESTER, CAMERON, , , Transaction ID: SB21A.17394. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

Form C: SECAUR, ROBERT, , , Transaction ID: SB21A.17395. Includes fields for Mailing Address, City, State, Zip Code, Purpose of Disbursement, Activity or Event Identifier, and Allocated Activity or Event details.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for Subtotal: FEDERAL SHARE 2609.12, NONFEDERAL SHARE 6709.18, TOTAL AMOUNT 9318.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for Total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

Form A: Disbursement for TIMKEN, JANE, . . . Transaction ID: SB21A.17396. Includes fields for Name, Address, City, State, Zip, Purpose, Activity Identifier, Allocated Activity, Date, and Amounts (Federal Share: 1975.40, NonFederal Share: 5079.60, Total: 7055.00).

Form B: Disbursement for TULLEY, MITCHELL, . . . Transaction ID: SB21A.17397. Includes fields for Name, Address, City, State, Zip, Purpose, Activity Identifier, Allocated Activity, Date, and Amounts (Federal Share: 582.07, NonFederal Share: 1496.75, Total: 2078.82).

Form C: Disbursement for ZANOLA, SARAH, . . . Transaction ID: SB21A.17398. Includes fields for Name, Address, City, State, Zip, Purpose, Activity Identifier, Allocated Activity, Date, and Amounts (Federal Share: 436.70, NonFederal Share: 1122.96, Total: 1559.66).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (2994.17) + NONFEDERAL SHARE (7699.31) = TOTAL AMOUNT (10693.48)

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17370**  Memo Item  
**CMDI**  
Mailing Address 1593 SPRING HILL RD, STE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement: DATABASE SOFTWARE

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 749430.41

Date: 08 / 28 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
245.58		631.49		877.07

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17380**  Memo Item  
**OFFICE CITY**  
Mailing Address 80 W WATER STREET

City CHILLICOTHE State OH Zip Code 45601

Purpose of Disbursement: OFFICE SUPPLIES

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 750226.61

Date: 08 / 28 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
222.94		573.26		796.20

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : SB21A.17377**  Memo Item  
**ORKIN PEST CONTROL**  
Mailing Address 258 E CAMPUS VIEW BLVD

City COLUMBUS State OH Zip Code 43235-4634

Purpose of Disbursement: OFFICE MAINTENANCE

Activity or Event Identifier: ADMINISTRATIVE

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: 750460.24

Date: 08 / 28 / 2019

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
65.42		168.21		233.63

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
533.94		1372.96		1906.90

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

### OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE

A. Full Name (Last, First, Middle Initial) <b>Transaction ID : SB21A.17373</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event:					
<b>RHINO NETWORKS</b>			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt					
Mailing Address 1025 BREVARD RD			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support					
City ASHEVILLE State NC Zip Code 28806			<input type="checkbox"/> Public Comm (ref to party only) by PAC					
Purpose of Disbursement: NETWORK EQUIPMENT			Allocated Activity or Event Year-To-Date					
Activity or Event Identifier: ADMINISTRATIVE			811.87 + 2087.65 = 2899.52					
Category/Type 001			Date 08 / 28 / 2019					
FEDERAL SHARE			NONFEDERAL SHARE			TOTAL AMOUNT		
811.87			2087.65			2899.52		

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:					
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt					
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support					
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC					
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date					
Category/Type			Date					
FEDERAL SHARE			NONFEDERAL SHARE			TOTAL AMOUNT		

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:					
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt					
City State Zip Code			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support					
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC					
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date					
Category/Type			Date					
FEDERAL SHARE			NONFEDERAL SHARE			TOTAL AMOUNT		

#### SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
811.87		2087.65		2899.52

#### TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
23655.92	60829.45	84485.37

**SCHEDULE L (FEC Form 3X)**

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : 123456

NAME OF COMMITTEE (In Full)		
OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE		
NAME OF ACCOUNT		
Ohio Republican Party Levin Account		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0.00	0.00
(b) Unitemized .....	0.00	0.00
(c) Total .....	0.00	0.00
2. OTHER RECEIPTS .....	0.00	0.00
3. TOTAL RECEIPTS .....	0.00	0.00
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0.00	0.00
(b) Voter ID .....	0.00	0.00
(c) GOTV .....	0.00	0.00
(d) Generic Campaign .....	0.00	0.00
(e) Total .....	0.00	0.00
5. OTHER DISBURSEMENTS .....	3.00	24.00
6. TOTAL DISBURSEMENTS .....	3.00	24.00
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	8257.93	8278.93
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	0.00	0.00
(from Line 3)		
9. SUBTOTAL .....	8257.93	8278.93
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	3.00	24.00
(From Line 6)		
11. ENDING CASH ON HAND .....	8254.93	8254.93
(Subtract Line 10 From Line 9)		

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER:		PAGE 127 OF 127	
	(check only one)	<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input checked="" type="checkbox"/> 5
		<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)  
**OHIO REPUBLICAN PARTY STATE CENTRAL & EXECUTIVE COMMITTEE**

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
<b>A. HUNTINGTON NATIONAL BANK</b>			<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2019"/>
Mailing Address 41 SOUTH HIGH ST			<b>Transaction ID : SB21B.I17413_B</b>
City COLUMBUS	State OH	Zip Code 43215	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEE			<input type="text" value="3.00"/>
			<b>Account : 1234</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
<b>B.</b>			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<input type="text"/>
Purpose of Disbursement			<b>Account :</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
<b>C.</b>			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<input type="text"/>
Purpose of Disbursement			<b>Account :</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
<b>D.</b>			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<input type="text"/>
Purpose of Disbursement			<b>Account :</b>

Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item			Date of Disbursement
<b>E.</b>			<input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	<input type="text"/>
Purpose of Disbursement			<b>Account :</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="3.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="3.00"/>