

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

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

FOR LINE NUMBER: PAGE 6 OF 8  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Roadmap for Progress**

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

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

Mailing Address 163 Martin Ave

City  
Columbus

State  
OH

Zip Code  
43222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cardinal Health

Occupation (for Individual)  
Conference Planner

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2020

Transaction ID : A-47

Amount of Each Receipt this Period

20.75

☒ Memo Item

Reimbursable expense: office supplies

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

**B.**

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

0.00