

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 144

(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 Democratic Party

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

A. Bowman, Kathy, , ,

Mailing Address 828 Bobcat Avenue, Unit 504

City
ColumbusState
OHZip Code
43212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bailey Cavalieri LLC

Occupation (for Individual)

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Transaction ID : 11ai-000548151

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked through ACT Blue

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

B. Prendergast, Ian, , ,

Mailing Address 15 Brookfield Court

City

Springboro

State

OH

Zip Code

45066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2019

Transaction ID : 11ai-000548156

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through ACT Blue

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

C. Lam, Gregory, , ,

Mailing Address 5199 Reserve Drive

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ohiohealth

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 11ai-000548169

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked through ACT Blue

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

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

800.00