

# **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 48

☒ 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)

**ORANGE COUNTY REPUBLICAN EXECUTIVE COMMITTEE**

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

**A. FORD, JIM, , ,**

Mailing Address 1533 CONWAY ISLE CIRCLE

City  
ORLANDO

State  
FL

Zip Code  
32809

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 ▼

2800.00

Date of Receipt

11 / 01 / 2019

Transaction ID : SA11AI.6649

Amount of Each Receipt this Period

300.00

☐ Memo Item

Donation - RPOF Dinner Tix

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

**B. FORD, ROBBIE, , ,**

Mailing Address 1533 CONWAY ISLE CIRCLE

City  
ORLANDO

State  
FL

Zip Code  
32809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHEAST MEDICAL PRODUCTS

Occupation (for Individual)  
MEDICAL SUPPLIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.00

Date of Receipt

08 / 21 / 2019

Transaction ID : SA11AI.6384

Amount of Each Receipt this Period

194.00

☐ Memo Item

Donation

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

**C. FORD, ROBBIE, , ,**

Mailing Address 1533 CONWAY ISLE CIRCLE

City  
ORLANDO

State  
FL

Zip Code  
32809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOUTHEAST MEDICAL PRODUCTS

Occupation (for Individual)  
MEDICAL SUPPLIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

674.00

Date of Receipt

09 / 18 / 2019

Transaction ID : SA11AI.6393

Amount of Each Receipt this Period

80.00

☐ Memo Item

Donation-OCREC-Polo

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

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

574.00