

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

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

FOR LINE NUMBER: PAGE 33 OF 155

(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

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

A. KULPER, BENJAMIN, J., , M.D.

Mailing Address 749 SHADOWOOD LN. SE

City
WARREN

State
OH

Zip Code
44484-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TROMBULL WAHONING MEDIAL GROUP

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 06 / 2019

Transaction ID : SA11A.1729490

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

B. KULPER, BENJAMIN, J., , M.D.

Mailing Address 749 SHADOWOOD LN. SE

City
WARREN

State

Zip Code
44484-2442

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

TROMBULL WAHONING MEDIAL GROUP

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 22 / 2019

Transaction ID : SA11A.1729997

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

C. KULSHRESTHA, DHEERAJ, , ,

Mailing Address 186 LAKE BLUFF DR.

186 LAKE BLUFF DR.

City
COLUMBUS

State
OH

Zip Code
43235-4671

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

FLAIRSOFT OWNER

Occupation (for Individual)

PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2019

Transaction ID : SA11A.1729895

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

450.00