

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

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

FOR LINE NUMBER: PAGE 43 OF 160

(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 &amp; EXECUTIVE COMMITTEE

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

**A. KAESGEN, DIETERICH, , MR.,**

Mailing Address 19460 FRAZIER DR.

City  
ROCKY RIVERState  
OHZip Code  
44116-1727FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2019

Transaction ID : SA11A.1726544

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

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

**B. KANKEY, ROLAND, , MR.,**

Mailing Address 115 CIMMARON TRL.

City  
ENONState  
OHZip Code  
45323-1653FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DAUOccupation (for Individual)  
RETIRED

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  
 09 / 23 / 2019

Transaction ID : SA11A.1727050

Amount of Each Receipt this Period

200.00

☐ Memo Item  
 CONTRIBUTION

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

**C. KELLER, ARLEENE, , ,**

Mailing Address 8369 LYNNEHAVEN DR.

City  
CINCINNATIState  
OHZip Code  
45236-1413FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SUBURBAN NURSING & MOBILE HOMEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2019

Transaction ID : SA11A.1727183

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

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

1400.00

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