

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 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 & EXECUTIVE COMMITTEE

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

A. STYKEMAIN, LISA, , ,

Mailing Address 1660 BRIDGEWOOD COURT

City
DEFIANCEState
OHZip Code
43512-3711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STYKEMAIN TRUCKSOccupation (for Individual)
OWNER

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
 09 / 05 / 2019

Transaction ID : SA11A.1726651

Amount of Each Receipt this Period

250.00

☐ Memo Item
 CONTRIBUTION

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

B. T, PATRICK, , ,

Mailing Address 433 WEST GLENGARY CIRCLE

City
HIGHLAND HEIGHTSState
OHZip Code
44143-3624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAKERHOSTETLER LLPOccupation (for Individual)
ATTORNEY

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 / 16 / 2019

Transaction ID : SA11A.1726851

Amount of Each Receipt this Period

500.00

☐ Memo Item
 CONTRIBUTION

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

C. TEYNOR, TIM, M., ,

Mailing Address 6932 SALERNO STREET NORTHWEST

City
CANTONState
OHZip Code
44718-3733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AULTMAN HEALTH FOUNDATIONOccupation (for Individual)
VP OF PUBLIC POLICY

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 / 10 / 2019

Transaction ID : SA11A.1726717

Amount of Each Receipt this Period

1000.00

☐ Memo Item
 CONTRIBUTION

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

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

1750.00