

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

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

FOR LINE NUMBER: PAGE 20 OF 163

(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. Adkins, Justin, , ,

Mailing Address 163 W Kanawha Avenue

City
Columbus

State
OH

Zip Code
43214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Covermymeds LLC

Occupation (for Individual)
Software Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2019

Transaction ID : 11ai-00055348

Amount of Each Receipt this Period

20.19

☐ Memo Item

Earmarked through ACT Blue

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

B. Norton, Renae, , ,

Mailing Address 2891 Ziegler Avenue

City
Cincinnati

State
OH

Zip Code
45208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2019

Transaction ID : 11ai-00055344

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through ACT Blue

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

C. Aronson, Sherry, , ,

Mailing Address 28002 W Oakland Road

City
Bay Village

State
OH

Zip Code
44140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Advisory Board Company

Occupation (for Individual)
Health Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2019

Transaction ID : 11ai-00055354

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through ACT Blue

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

95.19

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