

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

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

FOR LINE NUMBER: PAGE 23 OF 1059

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fair Fight

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

A. Arif, Tahir, , ,

Mailing Address 11455 E Huffman Rd
Apt 8

City
Parma Heights

State
OH

Zip Code
44130-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cuyahoga County Board Of Health

Occupation (for Individual)
Grant Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

138.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2020

Transaction ID : VR060V31340

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Arif, Tahir, , ,

Mailing Address 11455 E Huffman Rd
Apt 8

City
Parma Heights

State
OH

Zip Code
44130-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cuyahoga County Board Of Health

Occupation (for Individual)
Grant Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

188.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2020

Transaction ID : VR060V40VZ7

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Arif, Tahir, , ,

Mailing Address 11455 E Huffman Rd
Apt 8

City
Parma Heights

State
OH

Zip Code
44130-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cuyahoga County Board Of Health

Occupation (for Individual)
Grant Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2020

Transaction ID : VR060V48KD1

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

120.00

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