

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio Democratic Party

Full Name (Last, First, Middle Initial)

A. Berliant, Jennie, R., ,

Mailing Address 1846 Keys Crescent Lane

City
CincinnatiState
OHZip Code
45206-1825

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2019

FEC Identification Number

C

Transaction ID : 28a-00054731

Amount of Each Disbursement this Period

2500.00

Refund of prior year contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shackelford, Lee, , ,

Mailing Address 116 Preston Road

City
ColumbusState
OHZip Code
43209-1653

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2019

FEC Identification Number

C

Transaction ID : 28a-00054732

Amount of Each Disbursement this Period

297.00

Refund of prior year contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. O'Neill, Sarah, , ,

Mailing Address 79 Washington Place #8R

City
New YorkState
NYZip Code
10011

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2019

FEC Identification Number

C

Transaction ID : 28a-00054733

Amount of Each Disbursement this Period

1000.35

Refund of prior year contribution

☐ Memo Item

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

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

3797.35