

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

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

FOR LINE NUMBER: PAGE 668 OF 2591

(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)

Real Justice PAC

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

A. Honig, Sarah, , ,

Mailing Address 1333 W 69th St

City  
ClevelandState  
OHZip Code  
44102-2015FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cuyahoga County public defender???'s of

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 21 / 2019

Transaction ID : VVBSEQD1K99

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

B. Hopler, Martha, , ,

Mailing Address 714 N 95th St

City  
SeattleState  
WAZip Code  
98103-3177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Protect access

Occupation (for Individual)

Medical case manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

189.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2019

Transaction ID : VVBSEQCNBE6

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

C. Hopler, Martha, , ,

Mailing Address 714 N 95th St

City  
SeattleState  
WAZip Code  
98103-3177FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Protect access

Occupation (for Individual)

Medical case manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 18 / 2019

Transaction ID : VVBSEQCR352

Amount of Each Receipt this Period

27.00

☐ Memo Item

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

81.00

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