

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

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

FOR LINE NUMBER: PAGE 12 OF 96

(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 REPUBLICAN PARTY STATE CENTRAL &amp; EXECUTIVE COMMITTEE

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

A. CALABRESE, PHIL, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PORTER WRIGHT

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11A.1723156

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

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

B. CAPUTO, MICHAEL, , ,

Mailing Address 24956 LETCHWORTH RD.

City

BEACHWOOD

State

OH

Zip Code

44122-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OROFLEX

Occupation (for Individual)

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 20 / 2019

Transaction ID : SA11A.1722021

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

C. CAPUTO, MICHAEL, , ,

Mailing Address 24956 LETCHWORTH RD.

City

BEACHWOOD

State

OH

Zip Code

44122-4151

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OROFLEX

Occupation (for Individual)

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11A.1722990

Amount of Each Receipt this Period

100.00

☐ Memo Item  
CONTRIBUTION

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

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

450.00