

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

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

FOR LINE NUMBER: PAGE 74 OF 138

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Team JOSH Committee**

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

**A. Miller, Donald, B., ,**

Mailing Address 282 South Glenroy Avenue

City

Los Angeles

State

CA

Zip Code

90049-3112

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : AEAA7E555B7E04CA5AAC

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

**B. Miller, Michael, , ,**

Mailing Address 190 Honey Bell Oval

City

Chagrin Falls

State

OH

Zip Code

44022-1563

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic

Occupation (for Individual)

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2017

Transaction ID : A41E4B19DC6D9477098A

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Miller, Vail, , ,**

Mailing Address 3629 Red Oak Road

City

Oregonia

State

OH

Zip Code

45054

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Heidelberg Distributing

Occupation (for Individual)

Co-Chairman

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2017

Transaction ID : A812DDB4979744192B21

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

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