

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		30777.18
(b) Cash on Hand at Beginning of Reporting Period.....	7270.26	
(c) Total Receipts (from Line 19)	2159.17	19800.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9429.43	50578.05
7. Total Disbursements (from Line 31).....	741.71	41890.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8687.72	8687.72
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1824.17	15629.20
(ii) Unitemized	335.00	4171.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2159.17	19800.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2159.17	19800.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2159.17	19800.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2159.17	19800.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	8050.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	85.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	85.00
29. Other Disbursements	241.71	33755.33
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	741.71	41890.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	741.71	41890.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2159.17	19800.87
34. Total Contribution Refunds (from Line 28(d))	0.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2159.17	19715.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(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)
OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

A. Kyle Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 Erie Road
 City Columbus State OH Zip Code 43214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Occupation Sr. Mgr. Operation Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11AI.8083
 Amount of Each Receipt this Period 250.00
 Contribution

B. Katy Dalton-Rigsby
 Full Name (Last, First, Middle Initial)
 Mailing Address 6174 Wingstem Street
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation VP Marketing & Comm.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 01 / 2014
Transaction ID : SA11AI.8077
 Amount of Each Receipt this Period 100.00
 Contribution

C. Frank Ferris
 Full Name (Last, First, Middle Initial)
 Mailing Address 155 West Main St #1901
 City Columbus State OH Zip Code 43215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Exec Dir Med Ed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2014
Transaction ID : SA11AI.8073
 Amount of Each Receipt this Period 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

A. Connie Gallaher
Full Name (Last, First, Middle Initial)
Mailing Address 6213 Rockland Drive
City State Zip Code
Dublin OH 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OhioHealth Corporation Vice Pres., Orthopedics & Neuroscience
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2014
Transaction ID : SA11AI.8068
Amount of Each Receipt this Period
100.00
Contribution

B. Bruce Hagen
Full Name (Last, First, Middle Initial)
Mailing Address 49 E. Stewart Avenue
City State Zip Code
Columbus OH 43206
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OhioHealth Corporation Regional Exec & Pres DMH GMH
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1833.37

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2014
Transaction ID : SA11AI.8066
Amount of Each Receipt this Period
166.67
Contribution

C. Jean Halpin
Full Name (Last, First, Middle Initial)
Mailing Address 701 West Main Street
City State Zip Code
Westerville OH 43081
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OhioHealth President MedCentral
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
11 / 20 / 2014
Transaction ID : SA11AI.8084
Amount of Each Receipt this Period
500.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 766.67
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Full Name (Last, First, Middle Initial) A. Susan Jablonski			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2014			
M	M	/	D	D	/	Y	Y	Y	Y														
11			01			2014																	
Mailing Address 7747 Mikayla Drive			Transaction ID : SA11AI.8069																				
City Westerville	State OH	Zip Code 43082	Amount of Each Receipt this Period <table border="1"> <tr> <td>150.00</td> </tr> </table>	150.00																			
150.00																							
FEC ID number of contributing federal political committee. C	Name of Employer OhioHealth Corporation		Contribution																				
	Occupation Chief Communication Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00																			
750.00																							

Full Name (Last, First, Middle Initial) B. William Kingston			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2014			
M	M	/	D	D	/	Y	Y	Y	Y														
11			01			2014																	
Mailing Address 60 E. Spring Street			Transaction ID : SA11AI.8074																				
City Columbus	State OH	Zip Code 43017	Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																							
FEC ID number of contributing federal political committee. C	Name of Employer OhioHealth Corporation		Contribution																				
	Occupation System VP Devel for OhioHealth Foundat	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00																			
300.00																							

Full Name (Last, First, Middle Initial) C. Richard Lehmut			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>01</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			01			2014			
M	M	/	D	D	/	Y	Y	Y	Y														
11			01			2014																	
Mailing Address 367 E. Broad Street, Apt. 301			Transaction ID : SA11AI.8076																				
City Columbus	State OH	Zip Code 43215	Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table>	200.00																			
200.00																							
FEC ID number of contributing federal political committee. C	Name of Employer OhioHealth Corporation		Contribution																				
	Occupation VP, Strategy Dev. & Deployment	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1600.00</td> </tr> </table>	1600.00																			
1600.00																							

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>450.00</td> </tr> </table>	450.00
450.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Full Name (Last, First, Middle Initial) A. Lee Ann Lucas-Helber		Date of Receipt
Mailing Address 828 North Wood St		M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
City	State	Zip Code
Logan	OH	43138
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.8067
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth	Exec Dir Regional System	50.00
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	550.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Chester Porembski		Date of Receipt
Mailing Address 5683 Terre Prince Court		M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
City	State	Zip Code
Dublin	OH	43017
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.8079
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth Corporation	System VP & Deputy Gen Counsel	32.50
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	357.50	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hugh Thornhill		Date of Receipt
Mailing Address 7831 Shepherd Drive		M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
City	State	Zip Code
Powell	OH	43065
FEC ID number of contributing federal political committee.	C	Transaction ID : SA11AI.8071
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth Corporation	President of Ohio Physicians Group	75.00
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	300.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	157.50
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

A. Full Name (Last, First, Middle Initial)
Dr. Charles Von Gunten

Mailing Address 156 West Main St #1901

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer OhioHealth Occupation VP MA Hospice Palliative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11AI.8072

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	1824.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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)
OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Full Name (Last, First, Middle Initial)

A. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City State Zip Code
COLUMBUS OH 43216

Purpose of Disbursement
Campaign Contribution

011

Candidate Name
JOYCE BEATTY

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SB23.8058

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

500.00

500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Cheryl Grossman

Mailing Address 3143 Park Street

City State Zip Code
Grove City OH 43123

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Citizens for Cheryl Grossman

Office Sought: House
 Senate
 President
State: OH District: 23

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB29.8059

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address P.O. Box 5756

City State Zip Code
Cleveland OH 44101

Purpose of Disbursement
October Bank Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 12 / 2014

Transaction ID : SB29.8060

Amount of Each Disbursement this Period

72.73

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

222.73

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

222.73