OhioHealth Star Corporation
3555 Olentangy River Road, Columbus, Ohio 43214

RECEIVED
FEC MAIL ROOM
2000 JUL 17 P 12:16

July 13, 2000

Public Records Office
Federal Election Commission
999 East Street NW
Washington, D.C., 20463

Dear Sirs:

Enclosed please find FEC Form 3X, Reports of Receipts and disbursements for OhioHealth Star Corporation PAC. This is the July Quarterly Report covering the period April 1, through June 30, 1999.

If you determine that there are other requirements we must satisfy, please contact me at 614-566-5789.

Very truly yours,

Jon Fishpaw
Treasurer

JF:rg

Enclosed please find FEC form

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 18 P 12:16

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
OhioHealth Star Corporation Political Action Committee (dba OhioHealth PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
3535 Olentangy River Road

CITY, STATE and ZIP CODE
Columbus, OH 43214

2. FEC IDENTIFICATION NUMBER
C0021617

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period April 1, 2000 through June 30, 2000		
6. (a) Cash on Hand January 1, 2000		$ 7,032.63
(b) Cash on Hand at Beginning of Reporting Period	$ 8,424.20	
(c) Total Receipts (from Line 19)	$ 4,408.99	$ 11,790.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,833.19	$ 18,822.76
7. Total Disbursements (from Line 30)	$ 4,050.00	$ 10,039.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8,783.19	$ 8,783.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date 7/14/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FESAN103

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE OhioHealth Star Corporation Political Action Committee

REPORT COVERING PERIOD FROM 4/1/2000 TO: 6/30/2000

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,473.33	8,919.47	11(a)(i)
ii. Unitemized	1,935.66	2,870.66	11(a)(ii)
iii. Total (add i and ii) ➤			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,408.99	11,790.13	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,408.99	11,790.13	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	4,050.00	10,039.57	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,050.00	10,039.57	30
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,050.00	10,039.57	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0	0	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a(i)

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William W. Wilkins 3555 Olentangy River Rd., Suite 4000 Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: CEO Aggregate Year-to-Date: $ 1,430	Payroll Deduction	110.00 Per Pay Period
B. Ronald Bachman Marion General Hospital McKinley Park Drive Marion, OH 43302 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Interim President Aggregate Year-to-Date: $ 250.00	1/7/00	0
C. Susan DeWoody 111 S. Grant Avenue Columbus, OH 43215 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Grant/Riverside Methodist Hospitals Occupation: VP & CNO Aggregate Year-to-Date: $ 250.00	1/7/00	0
D. Frank Dono 1087 Dennison Avenue Columbus, OH 43201 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Executive VP Aggregate Year-to-Date: $ 250.00	1/7/00	0
E. Jeffrey Dunlap 3555 Olentangy River Rd., Suite 4000 Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Senior VP Aggregate Year-to-Date: $ 250.00	1/7/00	0
F. Dennis J. Freudeman 1087 Dennison Avenue Columbus, OH 43201 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: President Aggregate Year-to-Date: $ President	1/7/00	0
G. Don E. Gebhart, M.D. 3535 Olentangy River Rd. Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Grant/Riverside Methodist Hospitals Occupation: Vice President Aggregate Year-to-Date: $ 400.00	1/7/00	0

SUBTOTAL of Receipts This Page (optional) 770.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a(i)

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NAME OF COMMITTEE (In Full)
OhioHealth Star Corporation Political Action Committee (dba OhioHealth PAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul Wade 3728 C Olentangy River Rd. Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Vice President Aggregate Year-to-Date: $ 250.00	1/7/00	0
B. Ron Adams 3555 Olentangy River Rd., Suite 4000 Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Senior VP Aggregate Year-to-Date: $ 200.00	3/17/00	0
C. Jeff Bellinski 7634 Riversedge Drive Columbus, OH 43235 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Executive VP Aggregate Year-to-Date: $ 300.00	3/17/00	0
D. Ralph Hungler Marion General Hospital McKinley Park Drive Marion, OH 43302 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: VP Finance Aggregate Year-to-Date: $ 500.00	3/17/00	0
E. Linda Pullins Marion General Hospital McKinley Park Drive Marion, OH 43302 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: VP Patient Care Aggregate Year-to-Date: $ 200.00	3/17/00	0
F. Mark Seckinger 5100 West Broad Street Columbus, OH 43228 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Senior Operations Off. Aggregate Year-to-Date: $ 250.00	3/17/00	0
G. Richard Shonk, M.D. 3535 Olentangy River Rd. Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Grant/Riverside Methodist Hospitals Occupation: VP Clinical Quality Aggregate Year-to-Date: $ 400.00	various	50 per Pay Period

SUBTOTAL of Receipts This Page (optional) 100.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a(i)

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NAME OF COMMITTEE (In Full)

OhioHealth Star Corporation Political Action Committee (dba OhioHealth PAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Blom 3555 Olentangy River Rd., Ste 4000 Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: President & COO Aggregate Year-to-Date > $ 749.97	various	57.69 Per Pay Period
B. Charles Koch 3555 Olentangy River Rd., Ste 4000 Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: OhioHealth Corporation Occupation: Senior Vice President Aggregate Year-to-Date > $ 520.00	various	40.00 Per Pay Period
C. Dana Freudeman 7634 Riversedge Drive Columbus, OH 43201 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Prime Medical Group Occupation: Chief Operations Officer Aggregate Year-to-Date > $ 500.00	3/17/00	0
D. Mark Shuter 3535 Olentangy River Road Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Grant/Riverside Methodist Hospitals Occupation: President Aggregate Year-to-Date > $ 769.50	various	38.50 Per Pay Period
E. Mary Jo McElroy 3535 Olentangy River Rd. Columbus, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Grant/Riverside Methodist Hospitals Occupation: Senior Vice President Aggregate Year-to-Date > $ 390.00	various	30.00 Per
F. Don Sabol 921 East Franklin Street Kenton, OH 43226-2099 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Hardin Memorial Hospital Occupation: President Aggregate Year-to-Date > $ 260.00	various	20.00 Per Pay Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,603.33

TOTAL This Period (last page this line number only) 2,473.33

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

OhioHealth Star Corporation Political Action Committee (dba OhioHealth PAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tim Schaffer for State Representative John W. Snyder, CPA, Treasurer 1173 Stone Run Court	Contribution [X] Primary [ ] General [ ] Other (specify)	1/19/00	0
B. Committee to Elect Lynn Wachtman Chris Peper, Treasurer 550 Euclid Columbus, OH 43206	Contribution [X] Primary [ ] General [ ] Other (specify)	2/16/00	0
C. O'Donnell for Supreme Court Robert C. Johnson, Treasurer 24779 Mitchell Drive, N. Olmsted, OH 44070	Contribution [X] Primary [ ] General [ ] Other (specify)	2/23/00	0
D. Citizens for Geoffrey C. Smith William Curlis, Treasurer 865 Macon Alley Columbus, OH 43206	Contribution [X] Primary [ ] General [ ] Other (specify)	2/23/00	0
E. Cook for Supreme Court J. B. Hadden, Treasurer 214 Weber Road Columbus, OH 43202	Contribution [X] Primary [ ] General [ ] Other (specify)	2/23/00	0
F. Buchy for Senate Jane Williamson, Treasurer 758 Gardenwood Drive Greenville, OH 45331	Contribution [X] Primary [ ] General [ ] Other (specify)	2/23/00	0
G. Citizens for Bruce Johnson Kurt Tunnell, Treasurer 100 S. Third Street Columbus, OH 43215	Contribution [X] Primary [ ] General [ ] Other (specify)	2/23/00	0
H. Committee for Jon M. Peterson Shelby V. Hutchins, Treasurer 178 Hilsdale Drive Delaware, OH 43015	Contribution [X] Primary [ ] General [ ] Other (specify)	3/16/00	0
I. Committee for David Robinson William Curlis, Treasurer 865 Macon Alley Columbus, OH 43206	Contribution [X] Primary [ ] General [ ] Other (specify)	1/26/00	0

SUBTOTAL of Disbursements This Page (optional) 0

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

OhioHealth Star Corporation Political Action Committee (dba OhioHealth PAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Citizens for Dave Evans Susie Hackman, Treasurer 701 Tall Oaks Court Newark, OH 43055	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/16/00	0
B. Citizens for Schafrath John Slaybaugh, Treasurer 12 East Main Street Lexington, OH 44904	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/22/00	0
C. The Committee to Dr. Brad Lewis Brad Sinnol, Treasurer 523 East Gay Street Columbus, OH 43215	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/31/00	0
D. Watts for U.S. Susan Kyte, Treasurer 352 Monterey Drive Dublin, OH 43017	Contribution In-Kind Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/31/00	
E. Committee to Elect David Goodman Charles Rockwell Saxbe, Treasurer 875 S. Remington Road Bexley, OH 43209	Contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/28/00	0
F. Tiberi 2000 William Curlis, Treasurer 865 Macon Alley Columbus, OH 43206	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/19/00	1,000.00
G. New American Century PAC Barbara Bonfiglio, Treasurer 1155 21st Street, NW, Suite 300 Washington, DC 20036	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/24/00	500.00
H. Committee for Judge Lisa Sadler Kurtis A. Tunnell, Treasurer 100 S. Third Street Columbus, OH 43215	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/3/00	50.00
I. Citizens for Schuck William Curlis, Treasurer 856 Macon Alley Columbus, OH 43206	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/24/00	250.00

SUBTOTAL of Disbursements This Page (optional) 1,800.00

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

PERAN100

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
O'Donnell for Supreme Court Robert Johnson, Treasurer 24799 Mitchell Drive, N. Olmsted, OH 44070	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/2/00	250.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Tiberi 2000 William Curlis, Treasurer 865 Macon Alley Columbus, OH 43206	Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/26/00	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	4,050.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 7/14/00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

APE — PREPARER

7/18/00 — DATE PREPARED

(6/2000)