

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

ADDRESS (number and street) 180 E. BROAD STREET, 34TH FLOOR

Check if different than previously reported. (ACC) COLUMBUS OH 43215

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00210617 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

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 Karen J. Morrison

Signature of Treasurer Karen J. Morrison [Electronically Filed] Date 02 / 04 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		10480.01
(b) Cash on Hand at Beginning of Reporting Period.....	21011.14	
(c) Total Receipts (from Line 19)	29165.02	49180.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50176.16	59660.05
7. Total Disbursements (from Line 31).....	19398.98	28882.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	30777.18	30777.18
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	27345.02	43308.37
(ii) Unitemized	1820.00	5871.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29165.02	49180.04
(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)	29165.02	49180.04
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))..... ▶	29165.02	49180.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29165.02	49180.04

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.....	9000.00	13100.00
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	0.00
(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	0.00
29. Other Disbursements	10398.98	15782.87
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)) ..	19398.98	28882.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19398.98	28882.87

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)	29165.02	49180.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29165.02	49180.04
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: (check only one)	PAGE 6 OF 41
	<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	

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. Michael Bernstein
Full Name (Last, First, Middle Initial)

Mailing Address 10019 Wellington Boulevard

City Powell State OH Zip Code 43065

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

Name of Employer OhioHealth Corporation Occupation Sr. VP, Chief Strategy Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.7708

Amount of Each Receipt this Period 200.00

Contribution

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

Mailing Address 10019 Wellington Boulevard

City Powell State OH Zip Code 43065

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

Name of Employer OhioHealth Corporation Occupation Sr. VP, Chief Strategy Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 07 / 23 / 2013
Transaction ID : SA11AI.7729

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 6433 Sunbury Road

City Westerville State OH Zip Code 43082

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

Name of Employer OhioHealth Corporation Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3900.00

Date of Receipt 07 / 03 / 2013
Transaction ID : SA11AI.7722

Amount of Each Receipt this Period 3900.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 4350.00

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 41
(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

A. Peter Bury
 Full Name (Last, First, Middle Initial)
 Mailing Address 7908 Coldwater Dr
 City Powell State OH Zip Code 43065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Occupation VP, Finance Riverside Methodist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2013
Transaction ID : SA11AI.7710
 Amount of Each Receipt this Period 200.00
 Contribution

B. Joe Calvaruso
 Full Name (Last, First, Middle Initial)
 Mailing Address 7814 Calverton Square
 City New Albany State OH Zip Code 43054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Sr VP, Market Dev.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 08 / 2013
Transaction ID : SA11AI.7783
 Amount of Each Receipt this Period 500.00
 Contribution

C. Teresa Caulin-Glaser
 Full Name (Last, First, Middle Initial)
 Mailing Address 16221 Hunters Run
 City Marysville State OH Zip Code 43043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Occupation System VP, Heart Vasc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2013
Transaction ID : SA11AI.7738
 Amount of Each Receipt this Period 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00
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: (check only one)	PAGE 8 OF 41
	<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

A. Alan Cecala
Full Name (Last, First, Middle Initial)

Mailing Address 3175 Tremont Rd Unit 205

City Columbus	State OH	Zip Code 43221
------------------	-------------	-------------------

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

Name of Employer OhioHealth	Occupation VP, System Svc Line Supp MSF
--------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2013

Transaction ID : SA11Al.7746

Amount of Each Receipt this Period

500.00

Contribution

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

Mailing Address 4411 Fisher Road

City Athens	State OH	Zip Code 45701
----------------	-------------	-------------------

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

Name of Employer OhioHealth	Occupation VP, Medical Affairs
--------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		23		2013

Transaction ID : SA11Al.7741

Amount of Each Receipt this Period

250.00

Contribution

c. 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 ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		01		2013

Transaction ID : SA11Al.7703

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 9 OF 41
(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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.7823
 Amount of Each Receipt this Period
 50.00
 Contribution

B. Katy Dalton-Rigsby
 Full Name (Last, First, Middle Initial)
 Mailing Address 6174 Wingstem Street
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OhioHealth Corporation VP Marketing & Comm.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2013
Transaction ID : SA11AI.7760
 Amount of Each Receipt this Period
 50.00
 Contribution

C. Katy Dalton-Rigsby
 Full Name (Last, First, Middle Initial)
 Mailing Address 6174 Wingstem Street
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OhioHealth Corporation VP Marketing & Comm.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2013
Transaction ID : SA11AI.7772
 Amount of Each Receipt this Period
 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 10 OF 41
	<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

A. 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 ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2013

Transaction ID : SA11AI.7801

Amount of Each Receipt this Period
50.00

Contribution

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

Mailing Address 447 Six Pence Circle

City Westerville State OH Zip Code 43081

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

Name of Employer Grant Medical Center Occupation Exec Dir Physician Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2013

Transaction ID : SA11AI.7711

Amount of Each Receipt this Period
250.00

Contribution

c. Shawna Davis
Full Name (Last, First, Middle Initial)

Mailing Address 6528 Plesenton Drive S

City Worthington State OH Zip Code 43085

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

Name of Employer OhioHealth Corporation Occupation VP, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2013

Transaction ID : SA11AI.7727

Amount of Each Receipt this Period
2400.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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: (check only one)	PAGE 11 OF 41
	<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

A. Ken Dicken
Full Name (Last, First, Middle Initial)

Mailing Address 168 Yaples Orchard Drive

City Chillicothe State OH Zip Code 45601

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

Name of Employer OhioHealth Occupation CFO, O'Bleness

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : SA11AI.7740

Amount of Each Receipt this Period
 250.00

Contribution

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

Mailing Address 1A River Oaks Blvd.

City Searcy State AZ Zip Code 72143

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

Name of Employer OhioHealth Occupation Sr VP Real Estate & Constr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : SA11AI.7733

Amount of Each Receipt this Period
 1000.00

Contribution

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

Mailing Address 5406 York County Road

City Columbus State OH Zip Code 43221

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

Name of Employer OhioHealth Corporation Occupation VP, Medical Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : SA11AI.7747

Amount of Each Receipt this Period
 400.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1650.00

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: (check only one)	PAGE 12 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Frank Ferris		Date of Receipt
Mailing Address 155 West Main St #1901		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7723
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution
OhioHealth Corporation	Exec Dir Med Ed	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Frank Ferris		Date of Receipt
Mailing Address 155 West Main St #1901		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7832
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution
OhioHealth Corporation	Exec Dir Med Ed	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank Ferris		Date of Receipt
Mailing Address 155 West Main St #1901		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.7758
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Contribution
OhioHealth Corporation	Exec Dir Med Ed	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 OF 41
(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. 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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

Transaction ID : SA11Al.7773

Amount of Each Receipt this Period

50.00

Contribution

B. 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 ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11Al.7802

Amount of Each Receipt this Period

50.00

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 ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2013

Transaction ID : SA11Al.7788

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Denise Foley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2543 Kemperwood Drive
 City State Zip Code
 Blacklick OH 43004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Riverside Methodist Hospital Vice Pres., Business Dev.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013
Transaction ID : SA11AI.7721
 Amount of Each Receipt this Period
 500.00
 Contribution

B. Steven Garlock
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Crossings Drive
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OhioHealth Corporation Sr Vice President, Oncology Svc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.7706
 Amount of Each Receipt this Period
 50.00
 Contribution

C. Steven Garlock
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Crossings Drive
 City State Zip Code
 Westerville OH 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OhioHealth Corporation Sr Vice President, Oncology Svc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2013
Transaction ID : SA11AI.7831
 Amount of Each Receipt this Period
 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 15 OF 41
(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

A. Steven Garlock
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Crossings Drive
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Sr Vice President, Oncology Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 01 / 2013
Transaction ID : SA11AI.7762
 Amount of Each Receipt this Period 50.00
 Contribution

B. Steven Garlock
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Crossings Drive
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Sr Vice President, Oncology Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2013
Transaction ID : SA11AI.7776
 Amount of Each Receipt this Period 50.00
 Contribution

C. Steven Garlock
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Crossings Drive
 City Westerville State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Sr Vice President, Oncology Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 01 / 2013
Transaction ID : SA11AI.7805
 Amount of Each Receipt this Period 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
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: (check only one)	PAGE 16 OF 41
	<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. Steven Garlock		Date of Receipt
Mailing Address 438 Crossings Drive		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
OhioHealth Corporation	Sr Vice President, Oncology Svc	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : SA11AI.7790
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		Contribution

Full Name (Last, First, Middle Initial) B. Bruce Hagen		Date of Receipt
Mailing Address 49 E. Stewart Avenue		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43206
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
OhioHealth Corporation	Regional Exec & Pres DMH GMH	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1166.69"/>	
		Transaction ID : SA11AI.7709
		Amount of Each Receipt this Period
		<input type="text" value="166.67"/>
		Contribution

Full Name (Last, First, Middle Initial) C. Bruce Hagen		Date of Receipt
Mailing Address 49 E. Stewart Avenue		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43206
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
OhioHealth Corporation	Regional Exec & Pres DMH GMH	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1333.36"/>	
		Transaction ID : SA11AI.7828
		Amount of Each Receipt this Period
		<input type="text" value="166.67"/>
		Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="383.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 OF 41
(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

A. Bruce Hagen
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 E. Stewart Avenue
 City Columbus State OH Zip Code 43206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Regional Exec & Pres DMH GMH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.03

Date of Receipt 09 / 01 / 2013
Transaction ID : SA11AI.7756
 Amount of Each Receipt this Period 166.67
 Contribution

B. Bruce Hagen
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 E. Stewart Avenue
 City Columbus State OH Zip Code 43206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Regional Exec & Pres DMH GMH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 10 / 01 / 2013
Transaction ID : SA11AI.7775
 Amount of Each Receipt this Period 166.67
 Contribution

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

Date of Receipt 11 / 01 / 2013
Transaction ID : SA11AI.7804
 Amount of Each Receipt this Period 166.67
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.01
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: (check only one)	PAGE 18 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bruce Hagen
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 E. Stewart Avenue
 City Columbus State OH Zip Code 43206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation Regional Exec & Pres DMH GMH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.04**

Date of Receipt **12 / 01 / 2013**
Transaction ID : SA11AI.7789
 Amount of Each Receipt this Period **166.67**
 Contribution

B. Troy Hammett
 Full Name (Last, First, Middle Initial)
 Mailing Address 7286 Brodie Blvd.
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation VP, Finance, Doctors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.7707
 Amount of Each Receipt this Period **50.00**
 Contribution

C. Troy Hammett
 Full Name (Last, First, Middle Initial)
 Mailing Address 7286 Brodie Blvd.
 City Dublin State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation VP, Finance, Doctors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 01 / 2013**
Transaction ID : SA11AI.7830
 Amount of Each Receipt this Period **50.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	266.67
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: (check only one)	PAGE 19 OF 41
<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. Troy Hammett
Full Name (Last, First, Middle Initial)
Mailing Address 7286 Brodie Blvd.
City State Zip Code
Dublin OH 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OhioHealth Corporation VP, Finance, Doctors
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 01 / 2013
Transaction ID : SA11AI.7757
Amount of Each Receipt this Period
50.00
Contribution

B. Troy Hammett
Full Name (Last, First, Middle Initial)
Mailing Address 7286 Brodie Blvd.
City State Zip Code
Dublin OH 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OhioHealth Corporation VP, Finance, Doctors
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
10 / 01 / 2013
Transaction ID : SA11AI.7781
Amount of Each Receipt this Period
50.00
Contribution

C. Troy Hammett
Full Name (Last, First, Middle Initial)
Mailing Address 7286 Brodie Blvd.
City State Zip Code
Dublin OH 43017
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
OhioHealth Corporation VP, Finance, Doctors
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2013
Transaction ID : SA11AI.7811
Amount of Each Receipt this Period
50.00
Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 20 OF 41
	<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

A. Donna Hanly
Full Name (Last, First, Middle Initial)

Mailing Address 3420 Wheel Wright Dr

City Galena State OH Zip Code 43021

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

Name of Employer OhioHealth Occupation Chief Nursing Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2013

Transaction ID : SA11Al.7742

Amount of Each Receipt this Period
 300.00

Contribution

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

Mailing Address 6150 Enke

City Dublin State OH Zip Code 43017

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

Name of Employer OhioHealth Corporation Occupation VP & Assistant General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013

Transaction ID : SA11Al.7719

Amount of Each Receipt this Period
 250.00

Contribution

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

Mailing Address P.O. Box 27296

City Macon State GA Zip Code 31221

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

Name of Employer OhioHealth Group Occupation CEO and President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 06 / 2013

Transaction ID : SA11Al.7750

Amount of Each Receipt this Period
 500.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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: (check only one)	PAGE 21 OF 41
	<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. Susan Jablonski		Date of Receipt
Mailing Address 7747 Mikayla Drive		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
OhioHealth Corporation	Chief Communication Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	
		Transaction ID : SA11AI.7702
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Contribution

Full Name (Last, First, Middle Initial) B. Doug Knutson		Date of Receipt
Mailing Address 29 E. First Avenue		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
OhioHealth Corporation	VP, Medical Education	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.7713
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
		Contribution

Full Name (Last, First, Middle Initial) C. Dr. Gregory Lam		Date of Receipt
Mailing Address 5199 Reserve Dr.		<input type="text" value="07"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dublin	OH	43017
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MidOhio Cardiology and Vascula	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	
		Transaction ID : SA11AI.7728
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
		Contribution

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 22 OF 41
	<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. Anita Laterro		Date of Receipt MM / DD / YYYY 07 / 02 / 2013 Transaction ID : SA11AI.7714
Mailing Address 2070 Carriage Road		Amount of Each Receipt this Period 250.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation Executive Director, Philanthropy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Richard Lehmoth		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.7704
Mailing Address 367 E. Broad Street, Apt. 301		Amount of Each Receipt this Period 200.00
City Columbus	State OH	Zip Code 43215
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation VP, Strategy Dev. & Deployment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) C. Richard Lehmoth		Date of Receipt MM / DD / YYYY 08 / 01 / 2013 Transaction ID : SA11AI.7827
Mailing Address 367 E. Broad Street, Apt. 301		Amount of Each Receipt this Period 200.00
City Columbus	State OH	Zip Code 43215
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation VP, Strategy Dev. & Deployment	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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: (check only one)	PAGE 23 OF 41
	<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. Richard Lehmuth		Date of Receipt
Mailing Address 367 E. Broad Street, Apt. 301		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7759
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth Corporation	VP, Strategy Dev. & Deployment	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) B. Richard Lehmuth		Date of Receipt
Mailing Address 367 E. Broad Street, Apt. 301		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7774
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth Corporation	VP, Strategy Dev. & Deployment	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Richard Lehmuth		Date of Receipt
Mailing Address 367 E. Broad Street, Apt. 301		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Columbus	OH	43215
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7803
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth Corporation	VP, Strategy Dev. & Deployment	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2200.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 24 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 (Last, First, Middle Initial) A. Greg Long		Date of Receipt MM / DD / YYYY 07 / 23 / 2013 Transaction ID : SA11AI.7732
Mailing Address 2195 Sulky Trail		Amount of Each Receipt this Period 250.00
City Beavercreek	State HI	Zip Code 45434
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation Chief Operating Officer, Doctors'	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mike Louge		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 Transaction ID : SA11AI.7833
Mailing Address 1995 Sherborne Lane		Amount of Each Receipt this Period 2000.00
City Powell	State OH	Zip Code 43065
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation Sr. VP, CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Lee Ann Lucas-Helber		Date of Receipt MM / DD / YYYY 07 / 03 / 2013 Transaction ID : SA11AI.7725
Mailing Address 828 North Wood St		Amount of Each Receipt this Period 50.00
City Logan	State OH	Zip Code 43138
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth	Occupation Exec Dir Regional System	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 25 OF 41
(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

A. Lee Ann Lucas-Helber
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 North Wood St
 City Logan State OH Zip Code 43138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Occupation Exec Dir Regional System
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 01 / 2013
Transaction ID : SA11AI.7825
 Amount of Each Receipt this Period 50.00
 Contribution

B. Lee Ann Lucas-Helber
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 North Wood St
 City Logan State OH Zip Code 43138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Occupation Exec Dir Regional System
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 01 / 2013
Transaction ID : SA11AI.7761
 Amount of Each Receipt this Period 50.00
 Contribution

C. Lee Ann Lucas-Helber
 Full Name (Last, First, Middle Initial)
 Mailing Address 828 North Wood St
 City Logan State OH Zip Code 43138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Occupation Exec Dir Regional System
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 01 / 2013
Transaction ID : SA11AI.7779
 Amount of Each Receipt this Period 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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: (check only one)	PAGE 26 OF 41
	<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		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Logan	OH	43138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7809
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth	Exec Dir Regional System	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="850.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lee Ann Lucas-Helber		Date of Receipt
Mailing Address 828 North Wood St		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Logan	OH	43138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7793
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth	Exec Dir Regional System	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Millen		Date of Receipt
Mailing Address 5083 Lahinch Ct		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7785
Name of Employer	Occupation	Amount of Each Receipt this Period
OhioHealth Corporation	Chief Operating Officer	<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 27 OF 41
	<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. Chester Porembski		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.7705
Mailing Address 5683 Terre Prince Court		Amount of Each Receipt this Period 32.50
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation System VP & Deputy Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.50	

Full Name (Last, First, Middle Initial) B. Chester Porembski		Date of Receipt MM / DD / YYYY 08 / 01 / 2013 Transaction ID : SA11AI.7826
Mailing Address 5683 Terre Prince Court		Amount of Each Receipt this Period 32.50
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation System VP & Deputy Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Chester Porembski		Date of Receipt MM / DD / YYYY 09 / 01 / 2013 Transaction ID : SA11AI.7754
Mailing Address 5683 Terre Prince Court		Amount of Each Receipt this Period 32.50
City Dublin	State OH	Zip Code 43017
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer OhioHealth Corporation	Occupation System VP & Deputy Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.50	

SUBTOTAL of Receipts This Page (optional).....▶	97.50
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: (check only one)	PAGE 28 OF 41
	<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

A. Chester Porembski
Full Name (Last, First, Middle Initial)

Mailing Address 5683 Terre Prince Court

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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

Name of Employer OhioHealth Corporation	Occupation System VP & Deputy Gen Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

Transaction ID : SA11AI.7780

Amount of Each Receipt this Period

32.50

Contribution

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

Mailing Address 5683 Terre Prince Court

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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

Name of Employer OhioHealth Corporation	Occupation System VP & Deputy Gen Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **357.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11AI.7810

Amount of Each Receipt this Period

32.50

Contribution

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

Mailing Address 5683 Terre Prince Court

City Dublin	State OH	Zip Code 43017
----------------	-------------	-------------------

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

Name of Employer OhioHealth Corporation	Occupation System VP & Deputy Gen Counsel
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2013

Transaction ID : SA11AI.7794

Amount of Each Receipt this Period

32.50

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	97.50
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: (check only one)	PAGE 29 OF 41
	<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

A. Mike Reichfield
Full Name (Last, First, Middle Initial)

Mailing Address 1124 Kames Way Drive

City New Albany State OH Zip Code 43054

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

Name of Employer Doctors Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 27 / 2013
Transaction ID : SA11AI.7771

Amount of Each Receipt this Period 250.00

Contribution

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

Mailing Address 3084 Conrads Trace

City Marion State OH Zip Code 43302

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

Name of Employer OhioHealth Corporation Occupation President, Marion General Hospital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 23 / 2013
Transaction ID : SA11AI.7730

Amount of Each Receipt this Period 500.00

Contribution

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

Mailing Address 4467 Huntwicke Drive

City Hilliard State OH Zip Code 43026

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

Name of Employer OhioHealth Occupation CFO - Morrow County

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2013
Transaction ID : SA11AI.7784

Amount of Each Receipt this Period 250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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: (check only one)	PAGE 30 OF 41
	<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

A. Mark Seckinger
Full Name (Last, First, Middle Initial)

Mailing Address 335 Restoration Drive

City Marysville State OH Zip Code 43040

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

Name of Employer Hardin Memorial Hospital Occupation President & CEO Hardin Memorial

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : SA11AI.7766

Amount of Each Receipt this Period
 1000.00

Contribution

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

Mailing Address 154 Poplar Street

City Pickerington State OH Zip Code 43147

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

Name of Employer Riverside Methodist Hospital Occupation Director, Radiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2013
Transaction ID : SA11AI.7720

Amount of Each Receipt this Period
 200.00

Contribution

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

Mailing Address 7831 Shepherd Drive

City Powell State OH Zip Code 43065

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

Name of Employer OhioHealth Corporation Occupation Pres., Medical Specialty Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : SA11AI.7787

Amount of Each Receipt this Period
 850.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2050.00
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: (check only one)	PAGE 32 OF 41
	<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

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

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 ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

Transaction ID : SA11Al.7724

Amount of Each Receipt this Period

50.00

Contribution

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

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 ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2013

Transaction ID : SA11Al.7829

Amount of Each Receipt this Period

50.00

Contribution

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

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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2013

Transaction ID : SA11Al.7755

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 33 OF 41
	<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

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

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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2013

Transaction ID : SA11Al.7778

Amount of Each Receipt this Period

50.00

Contribution

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

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 ▼ **850.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11Al.7807

Amount of Each Receipt this Period

50.00

Contribution

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

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 ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2013

Transaction ID : SA11Al.7792

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 34 OF 41
(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. James W. Wheaton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8399 Fairway Drive
 City Columbus State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OhioHealth Corporation Occupation VP Physician Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 02 / 2013
Transaction ID : SA11AI.7718
 Amount of Each Receipt this Period 250.00
 Contribution

B. Debbie Wilder
 Full Name (Last, First, Middle Initial)
 Mailing Address 349 Danhurst Road
 City Columbus State OH Zip Code 43228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doctors Hospital Occupation Dir - Support Svcs., Doctors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2013
Transaction ID : SA11AI.7797
 Amount of Each Receipt this Period 300.00
 Contribution

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
 Amount of Each Receipt this Period
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	27345.02

**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 COLUMBUS State OH Zip Code 43216

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB23.7680

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2013

Transaction ID : SB23.7675

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 00

Date of Disbursement

MM / DD / YYYY
08 / 27 / 2013

Transaction ID : SB23.7796

Amount of Each Disbursement this Period

500.00

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

6500.00

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

**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. Tiberi for Congress

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Campaign Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.7681

Amount of Each Disbursement this Period

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

/ /

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

/ /

Amount of Each Disbursement this Period

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

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

**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 Anne Gonzales

Mailing Address 865 Macon Alley

City Columbus State OH Zip Code 43206

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 19

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7670

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Citizens for Cheryl Grossman

Mailing Address 3143 Park Street

City Grove City State OH Zip Code 43123

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7685

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Committee for Jim Hughes

Mailing Address 14 East Gay Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7678

Amount of Each Disbursement this Period

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

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

**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. David Yost for Auditor		Date of Disbursement MM / DD / YYYY 11 / 07 / 2013
Mailing Address 4679 Winterset Drive		Transaction ID : SB29.7686
City Columbus	State OH	
Purpose of Disbursement Campaign Contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Friends for Ginther		Date of Disbursement MM / DD / YYYY 10 / 15 / 2013
Mailing Address 545 East Town Street		Transaction ID : SB29.7682
City Columbus	State OH	
Purpose of Disbursement Campaign Contribution	Candidate Name	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH District:		

Full Name (Last, First, Middle Initial) C. Friends of Heard		Date of Disbursement MM / DD / YYYY 09 / 11 / 2013
Mailing Address 87 S. Hampton Road		Transaction ID : SB29.7679
City Columbus	State OH	
Purpose of Disbursement Campaign Contribution	Candidate Name	Amount of Each Disbursement this Period 500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH District: 26		

SUBTOTAL of Disbursements This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

**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. Friends of Ohio Hospitals

Mailing Address 155 E. Broad Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Contribution

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SB29.7841

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Husted for Ohio

Mailing Address 211 S. Fifth Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 30 / 2013

Transaction ID : SB29.7671

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Kasich/Taylor for Ohio

Mailing Address 14 E. Gay Street

City State Zip Code
Columbus OH 43215

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2013

Transaction ID : SB29.7687

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

**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. PNC Bank

Mailing Address P.O. Box 5756

City Cleveland State OH Zip Code 44101

Purpose of Disbursement
Check Printing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : SB29.7822

Amount of Each Disbursement this Period

88.31

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address P.O. Box 5756

City Cleveland State OH Zip Code 44101

Purpose of Disbursement
August CC Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2013

Transaction ID : SB29.7672

Amount of Each Disbursement this Period

102.42

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address P.O. Box 5756

City Cleveland State OH Zip Code 44101

Purpose of Disbursement
September CC Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2013

Transaction ID : SB29.7676

Amount of Each Disbursement this Period

27.90

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

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

218.63

**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. PNC Bank

Mailing Address P.O. Box 5756

City Cleveland State OH Zip Code 44101

Purpose of Disbursement
October CC Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2013

Transaction ID : SB29.7816

Amount of Each Disbursement this Period

66.94

Full Name (Last, First, Middle Initial)

B. PNC Bank

Mailing Address P.O. Box 5756

City Cleveland State OH Zip Code 44101

Purpose of Disbursement
November CC Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2013

Transaction ID : SB29.7818

Amount of Each Disbursement this Period

64.47

Full Name (Last, First, Middle Initial)

C. PNC Bank

Mailing Address P.O. Box 5756

City Cleveland State OH Zip Code 44101

Purpose of Disbursement
December CC Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2013

Transaction ID : SB29.7820

Amount of Each Disbursement this Period

60.96

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

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

192.37

10361.00