RECEIVED
FEC MAIL ROOM

2002 FEB 19 P 2:55

January 31, 2002

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 year end report covering the period July 1, 2001 through December 31, 2001.

If you determine that there are other requirements we must satisfy, please contact me at 614/544-5789.

Very truly yours,

Jon Fishpaw
Treasurer

JF:mg

Enclosed please find FEC Form 3X

RECEIVED
FEC MAIL ROOM
2002 FEB 19 P 2:56

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

ADDRESS (number and street) ▼ 1087 DENNISON AVENUE

☐ Check if different than previously reported. (ACC)

COLUMBUS | OH | 43201-3201

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00021617

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ___ / ___ / ___ in the State of ___

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / ___ in the State of ___

5. Covering Period 07 / 01 / 2001 through 12 / 31 / 2001

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: Jon Fishpaw

Signature of Treasurer: Jon Fishpaw Date 01 / 29 / 2002

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

Office Use Only							

FEC FORM 3X (Revised 1/01)

FE1AN042

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

OHIOHEALTH STAR CORPORATION POLICITAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2001 To: 12 / 31 / 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		176019
(b) Cash on Hand at Beginning of Reporting Period	203646	
(c) Total Receipts (from Line 19)	537335	1179725
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	740981	1355744
7. Total Disbursements (from Line 30)	328667	943430
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	412314	412314
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	

☐ 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 (Revised 1/01)

Write or Type Committee Name

Report Covering the Period: From: 07 / 01 / 2001 To: 12 / 31 / 2001

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)	321,846	
(ii) Unitemized	30,489	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	352,335	994,725
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	352,335	994,725
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	185,000	185,000
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	537,335	1,179,725
20. Total Federal Receipts (subtract Line 16 from Line 19) ▶	537,335	1,179,725

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements	3,2,8,6,6,7	9,4,3,4,3,0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	3 2 8 6 6 7	9 4 3 4 3 0
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	3 2 8 6 6 7	9 4 3 4 3 0
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	3,5,2,3,3,5	9,9,4,7,2,5
33. Total Contribution Refunds (from Line 28(d))	0,0	0,0
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	3 5 2 3 3 5	9 9 4 7 2 5
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0 0	0 0
36. Offsets to Operating Expenditures (from Line 15, page 3)	0 0	0 0
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	3,5,2,3,3,5	9,9,4,7,2,5

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) [X] 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 CORP. POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): ARNOLD, W. RAE
Mailing Address: 3726-A OLENTANGY RIVER ROAD
City: COLUMBUS State: OH Zip Code: 43214
FEC ID number of contributing federal political committee: C
Name of Employer: GRANT/RIVERSIDE HOSPITAL
Occupation: DIR. CHURCH PARTNERSHIPS & DIVERSITY
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 2,500.00
Date of Receipt:
Amount of Each Receipt this Period: 0.00

B.
Full Name (Last, First, Middle Initial): BACHMAN, RONALD J.
Mailing Address: 1000 MCKINLEY PARK DRIVE
City: MARION State: OH Zip Code: 43302
FEC ID number of contributing federal political committee: C
Name of Employer: MARION GENERAL HOSPITAL
Occupation: PRESIDENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt:
Amount of Each Receipt this Period: 0.00

C.
Full Name (Last, First, Middle Initial): DUNLAP, JEFFREY
Mailing Address: 3555 OLENTANGY RIVER ROAD
City: COLUMBUS State: OH Zip Code: 43214
FEC ID number of contributing federal political committee: C
Name of Employer: OHIO HEALTH SYSTEM SUC
Occupation: SENIOR V.P.
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt:
Amount of Each Receipt this Period: 0.00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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 2 OF 6
(check only one)
[X] 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 CORP. POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): FREDDEMAN, DENNIS
Mailing Address: 1087 DENNISON AVENUE
City: COLUMBUS State: OH Zip Code: 43201
FEC ID number of contributing federal political committee: C:
Name of Employer: DOCTORS OHIOHEALTH
Occupation: PRESIDENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 50 00 0
Date of Receipt: / /
Amount of Each Receipt this Period: 0 0 0

B.
Full Name (Last, First, Middle Initial): KRUSE, MARION
Mailing Address: 3720-B OLENTANGY RIVER ROAD
City: COLUMBUS State: OH Zip Code: 43214
FEC ID number of contributing federal political committee: C:
Name of Employer: OHIOHEALTH
Occupation: DIRECTOR
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 50 00 0
Date of Receipt: / /
Amount of Each Receipt this Period: 0 0 0

C.
Full Name (Last, First, Middle Initial): SECKINGER, MARK
Mailing Address: 921 E. FRANKLIN STREET
City: KENTON State: OH Zip Code: 43326
FEC ID number of contributing federal political committee: C:
Name of Employer: HARDIN MEMORIAL HOSPITAL
Occupation: PRESIDENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 30 00 0
Date of Receipt: / /
Amount of Each Receipt this Period: 0 0 0

SUBTOTAL of Receipts This Page (optional) ▶ 0 0 0

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) [X] 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 CORP PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): SWINEHART, FRANK
Mailing Address: 3555 OLENTANGY RIVER ROAD, SUITE 4000
City: COLUMBUS, OHIO 43214 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: OHIOHEALTH
Occupation: SENIOR VICE PRESIDENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt:
Amount of Each Receipt this Period: 0.00

B.
Full Name (Last, First, Middle Initial): WADE, PAUL
Mailing Address: 3728-C OLENTANGY RIVER ROAD
City: COLUMBUS, OHIO 43214 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: OHIOHEALTH
Occupation: VICE PRESIDENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt:
Amount of Each Receipt this Period: 0.00

C.
Full Name (Last, First, Middle Initial): WHEATON, JAMES
Mailing Address: 1087 DENNISON AVENUE
City: COLUMBUS, OHIO 43201 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: DOCTORS OHIOHEALTH
Occupation: VICE PRESIDENT-DEVELOPMENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt:
Amount of Each Receipt this Period: 0.00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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 4 OF 6

[X] 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 CORP., PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): BLOM, DAVID
Mailing Address: 3555 OLENTANGY RIVER ROAD
City: COLUMBUS, OHIO 43214 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: OHIOHEALTH
Occupation: PRESIDENT & COO
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1 4 4 2 2 5
Date of Receipt: VAR
Amount of Each Receipt this Period: 5 7 6 9
Bi weekly payroll deduction
$807.66

B.
Full Name (Last, First, Middle Initial): FLEISHMAN, MD, BRUCE
Mailing Address: 300 EAST TOWN STREET, SUITE 1400
City: COLUMBUS, OHIO 43214 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: GRANT RIVERSIDE HOSPITAL
Occupation: CARDIOLOGIST
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 5 7 6 7 5
Date of Receipt: VAR
Amount of Each Receipt this Period: 2 3 0 7
Bi weekly payroll deduction
$322.96

C.
Full Name (Last, First, Middle Initial): SHUTER, MARK
Mailing Address: 3535 OLENTANGY RIVER ROAD
City: COLUMBUS, OHIO 43214 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: GRANT/RIVERSIDE HOSPITAL
Occupation: PRESIDENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 9 6 1 5 0
Date of Receipt: VAR
Amount of Each Receipt this Period: 3 8 4 6
Bi weekly payroll deduction
$538.44

SUBTOTAL of Receipts This Page (optional) ▶ 1 6 5 9 0 6

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) [X] 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 CORP. PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): VARY, MD, MARSHALL
Mailing Address: 3535 OLENTANGY RIVER ROAD
City: COLUMBUS, OHIO 43214 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: GRANT/RIVERSIDE HOSPITAL
Occupation: VP BEHAVIOR HEALTH
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 50000
Date of Receipt: __ / __ / YAR
Amount of Each Receipt this Period: 200
Bi weekly payroll deduction $280

B.
Full Name (Last, First, Middle Initial): WILKINS, WILLIAM
Mailing Address: 3555 OLENTANGY RIVER ROAD
City: COLUMBUS, OHIO 43214 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: OHIOHEALTH
Occupation: CEO
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 125000
Date of Receipt: __ / __ / YAR
Amount of Each Receipt this Period: 500
Bi weekly payroll deduction $700

C.
Full Name (Last, First, Middle Initial): FISHPAW, JON
Mailing Address: 1087 DENNISON AVENUE
City: COLUMBUS, OHIO 43201 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: OHIHEALTH
Occupation: DIRECTOR OF GOVT. RELATIONS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500
Date of Receipt: __ / __ / YAR
Amount of Each Receipt this Period: 100
Bi weekly payroll deduction $140

SUBTOTAL of Receipts This Page (optional) ▶ 1120

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) [X] 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 CORP. PAC (dba OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): HERBERT-SNYDER, CHERYL
Mailing Address: 651 WEST MARION
City / State / Zip Code: MT. GILEAD, OHIO 43338
FEC ID number of contributing federal political committee: C
Name of Employer: MORROW COUNTY HOSPITAL
Occupation: PRESIDENT
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: VAR
Amount of Each Receipt this Period: 10.00
Bi weekly payroll deduction $140

B.
Full Name (Last, First, Middle Initial): MORRISON, KAREN
Mailing Address: 3726 L OLENTANGY RIVER ROAD
City / State / Zip Code: COLUMBUS, OHIO 43214
FEC ID number of contributing federal political committee: C
Name of Employer: OHIOHEALTH
Occupation: DIRECTOR COMMUNITY RELATIONS
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 266.75
Date of Receipt: VAR
Amount of Each Receipt this Period: 106.7
Bi weekly payroll dedution $149.38

C.
Full Name (Last, First, Middle Initial): SCHUDA, M.D., MARIAN
Mailing Address: 3535 OLENTANGY RIVER ROAD
City / State / Zip Code: COLUMBUS, OHIO 43214
FEC ID number of contributing federal political committee: C
Name of Employer: GRANT/RIVERSIDE METH. HOSP
Occupation: VP MEDICAL AFFAIRS
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: VAR
Amount of Each Receipt this Period: 100.0
Bi weekly payroll deduction $140

SUBTOTAL of Receipts This Page (optional) ▶ 429.38

TOTAL This Period (last page this line number only) ▶ 3218.44

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 1 OF 1

☐ 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 CORP. PAC (dba OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial) DOUG WHITE FOR GOOD GOVT., WENDELL RICKEY TREASURER
Mailing Address 18866 SR 136, P. O. BOX 237
City WINCHESTER, OHIO 45697 State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: ☐ Primary ☐ General ☒ Other (specify) REFUND
Aggregate Year-to-Date
Date of Receipt 10 / 29 / 2001
Amount of Each Receipt this Period 50000

B.
Full Name (Last, First, Middle Initial) DEWINE FOR U.S. SENATE
Mailing Address P. O. BOX 340188
City COLUMBUS, OHIO 43234-0188 State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: ☐ Primary ☐ General ☒ Other (specify) REFUND
Aggregate Year-to-Date
Date of Receipt 12 / 12 / 2001
Amount of Each Receipt this Period 85000

C.
Full Name (Last, First, Middle Initial) TED STRICKLAND, WANDA KUHNS TREASURER
Mailing Address P. O. BOX 850
City LUCASVILLE, OHIO 45648 State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: ☐ Primary ☐ General ☒ Other (specify) REFUND
Aggregate Year-to-Date
Date of Receipt / /
Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 18500
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)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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 CORP. POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial)
COLEMAN FOR MAYOR
MCTIGUE, DONALD T.
Mailing Address
3886 NORTH HIGH STREET
City State Zip Code
COLUMBUS, OHIO 43214
Purpose of Disbursement
CONTRIBUTION
Category/Type: 011
Candidate Name
MICHAEL COLEMAN
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 15 2001
Amount of Each Disbursement this Period: 0.00

B.
Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT DENNIS STAPLETON
HANUSIK, TERRY
Mailing Address
P. O. BOX 635
City State Zip Code
WASHINGTON COURT HOUSE, OHIO 43160
Purpose of Disbursement
CONTRIBUTION
Category/Type: 011
Candidate Name
DENNIS STAPLETON
Office Sought: [X] House [ ] Senate [ ] President
State: OHIO District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 03 09 2001
Amount of Each Disbursement this Period: 0.00

C.
Full Name (Last, First, Middle Initial)
NATIONAL CITY BANK
Mailing Address
P. O. BOX 5756
City State Zip Code
CLEVELAND, OHIO 44101
Purpose of Disbursement
SERVICE CHARGES
Category/Type: 001
Candidate Name
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 01 26 2001
Amount of Each Disbursement this Period: 0.00

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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 CORP. POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial)
GILB FOR STATE REPRESENTATIVE
PHILLIPS, NILA

Mailing Address
1034 TR 293

City / State / Zip Code
FOSTORIA, OHIO 44830

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
MIKE GILB

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼

Date of Disbursement: 03 / 28 / 2001

Amount of Each Disbursement this Period: 0.00

B.
Full Name (Last, First, Middle Initial)
CITIZENS FOR SENSENBRENNER
CONROY, JOHN T.

Mailing Address
3363 TREMONT ROAD

City / State / Zip Code
COLUMBUS, OHIO 43221

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
RICHARD SENSENBRENNER

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼

Date of Disbursement: 03 / 28 / 2001

Amount of Each Disbursement this Period: 0.00

C.
Full Name (Last, First, Middle Initial)
CITIZENS FOR LARRY WOLPERT
TUNNELL, KURTIS A.

Mailing Address
100 SOUTH THIRD STREET

City / State / Zip Code
COLUMBUS, OHIO 43215

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
LARRY WOLPERT

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼

Date of Disbursement: 04 / 03 / 2001

Amount of Each Disbursement this Period: 0.00

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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 CORP. POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT LYNN WACHTMANN
PEPER, CHRIS

Mailing Address
550 EUCLID

City / State / Zip Code
NAPOLEON, OHIO 43545

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
LYNN WACHTMAN

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 04 / 24 / 2001

Amount of Each Disbursement this Period: 0.00

B.
Full Name (Last, First, Middle Initial)
CITIZENS FOR SALERNO
KYTE, SUSAN T.

Mailing Address
57 EAST GAY STREET

City / State / Zip Code
COLUMBUS, OHIO 43215

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
AMY SALERNO

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 04 / 24 / 2001

Amount of Each Disbursement this Period: 0.00

C.
Full Name (Last, First, Middle Initial)
OHIO HOUSE REPUBLICAN CAMPAIGN
HOUSEHOLDER, LARRY

Mailing Address
200 EAST RICH STREET

City / State / Zip Code
COLUMBUS, OHIO 43215

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
N/A

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 04 / 24 / 2001

Amount of Each Disbursement this Period: 0.00

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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 CORP. POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial)
OHIO HOUSE DEMOCRATIC CAUCUS
BEATTY, OTTO

Mailing Address
271 EAST STATE STREET

City: COLUMBUS, State: OHIO, Zip Code: 43215

Purpose of Disbursement: CONTRIBUTION

Category/Type: 011

Candidate Name: N/A

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

Date of Disbursement: 04 / 25 / 2001

Amount of Each Disbursement this Period: 0.00

B.
Full Name (Last, First, Middle Initial)
NATIONAL CITY BANK

Mailing Address
P. O. BOX 5756

City: CLEVELAND, State: OHIO, Zip Code: 44101

Purpose of Disbursement: SERVICE CHARGES

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: 04 / 25 / 2001

Amount of Each Disbursement this Period: 0.00

C.
Full Name (Last, First, Middle Initial)
REPUBLICAN SENATE CAMPAIGN COMMITTEE
HANSEN, JIM

Mailing Address
P. O. BOX 1925

City: COLUMBUS, State: OHIO, Zip Code: 43216

Purpose of Disbursement: CONTRIBUTION

Category/Type: 011

Candidate Name: N/A

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

Date of Disbursement: 05 / 15 / 2001

Amount of Each Disbursement this Period: 0.00

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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 CORP. POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial)
OHIO SENATE DEMOCRATS
HESCH, OLGA

Date of Disbursement: 05 / 15 / 2001

Mailing Address: 271 EAST STATE STREET

City: COLUMBUS, OHIO 43215 State: Zip Code:

Amount of Each Disbursement this Period: 0.00

Purpose of Disbursement: CONTRIBUTION

Category/Type: 011

Candidate Name: N/A

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

B.
Full Name (Last, First, Middle Initial)
PRYCE FOR CONGRESS
PECK, ROBERT

Date of Disbursement: 05 / 29 / 2001

Mailing Address: 145 EAST RICH STREET

City: COLUMBUS, OHIO 43215 State: Zip Code:

Amount of Each Disbursement this Period: 0.00

Purpose of Disbursement: CONTRIBUTION

Category/Type: 011

Candidate Name: DEBORAH PRYCE

Office Sought: ☒ House ☐ Senate ☐ President
State: OHIO District: 15

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

C.
Full Name (Last, First, Middle Initial)
TAFT-O'CONNOR CAMPAIGN
LAPLACE, MARK B.

Date of Disbursement: 06 / 20 / 2001

Mailing Address: 211 SOUTH THIRD STREET

City: COLUMBUS, OHIO 43215 State: Zip Code:

Amount of Each Disbursement this Period: 0.00

Purpose of Disbursement: CONTRIBUTION

Category/Type: 011

Candidate Name: BOB TAFT, MAUREEN O'CONNER

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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 POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): NATIONAL CITY BANK
Mailing Address: P. O. BOX 5756
City: CLEVELAND, OHIO 44101 State: Zip Code:
Purpose of Disbursement: SERVICES CHARGES
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 06 / 26 / 2001
Amount of Each Disbursement this Period: 0.00

B.
Full Name (Last, First, Middle Initial): COMMITTEE TO ELECT AMY PINNICK
JOELY HARBIN, TREASURER
Mailing Address: 292 EISENHAUER STREET
City: MARION, OHIO 43302 State: Zip Code:
Purpose of Disbursement: CONTRIBUTION
Category/Type: 011
Candidate Name: AMY PINNICK
Office Sought: ☐ House ☐ Senate ☐ President
State: OH District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 07 / 25 / 2001
Amount of Each Disbursement this Period: 2000.0

C.
Full Name (Last, First, Middle Initial): COMMITTEE TO ELECT DAN LEHNER
STACEY WEBB LEHNER, TREASURER
Mailing Address: 851 VERNON HEIGHTS BLVD.
City: MARION, OHIO 43302 State: Zip Code:
Purpose of Disbursement: CONTRIBUTION
Category/Type: 011
Candidate Name: DAN LEHNER
Office Sought: ☐ House ☐ Senate ☐ President
State: OH District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 07 / 25 / 2001
Amount of Each Disbursement this Period: 1000.0

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.0

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)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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 CORP. PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): COMMITTEE FOR JANET JACKSON DON MCTIGUE, TREASURER
Mailing Address: 3866 NORTH HIGH STREET
City: COLUMBUS, OHIO 43214 State: Zip Code:
Purpose of Disbursement: CONTRIBUTION
Category/Type: 011
Candidate Name: JANET JACKSON
Office Sought: [ ] House [ ] Senate [ ] President
State: OH District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 25 2001
Amount of Each Disbursement this Period: 250.00

B.
Full Name (Last, First, Middle Initial): CITIZENS FOR HOUSEHOLDER GARY WILLS, TREASURER
Mailing Address: 138 HIGH STREET
City: GLENFORD, OHIO 43739 State: Zip Code:
Purpose of Disbursement: CONTRIBUTION
Category/Type: 011
Candidate Name: LARRY HOSUEHOLDER
Office Sought: [X] House [ ] Senate [ ] President
State: OH District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 08 29 2001
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): CABOT FOR SCHOOL BOARD WILLIAM CURLIS, TREASURER
Mailing Address: 865 MACON ALLEY
City: COLUMBUS, OHIO 43206 State: Zip Code:
Purpose of Disbursement: CONTRIBUTION
Category/Type: 011
Candidate Name: JEFF CABOT
Office Sought: [ ] House [ ] Senate [ ] President
State: OH District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 18 2001
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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 CORP. PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial)
CITIZENS FOR BOWERS
WILLIAM CURLIS, TREASURER

Mailing Address
865 MACON ALLEY

City State Zip Code
COLUMBUS, OHIO 43206

Purpose of Disbursement
CONTRIBUTIONS

Category/Type: 011

Candidate Name
ANDY BOWERS

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

Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial)
THE MARYELLEN O'SHAUGHNESSY CMTE.
BOB O'SHAUGHNESSY, TREASURER

Mailing Address
P. O. BOX 1653

City State Zip Code
COLUMBUS, OHIO 43216-1653

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
MARYELLEN O'SHAUGHNESSY

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

Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial)
KEVIN BOYCE FOR CITY COUNCIL
AARON GRANGER, TREASURER

Mailing Address
41 SOUTH HIGH STREET, SUITE 2600

City State Zip Code
COLUMBUS, OHIO 43215

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
KEVIN BOYCE

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

Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [X] 29

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 CORP. PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT LYNN WACHTMANN
CHRIS PEPER, TREASURER

Mailing Address
550 EUCLID

City: NAPOLEON, OHIO 43545 State: Zip Code:

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
LYNN WACHTMANN

Office Sought: [ ] House [X] Senate [ ] President
State: OH District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 25,000

B.
Full Name (Last, First, Middle Initial)
CMTE. TO ELECT GLIB STATE REPRESENTATIVE
NILA PHILIPPS, TREASURER

Mailing Address
1034 TR 293

City: FOSTORIA, OHIO 44830 State: Zip Code:

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
MIKE GLIB

Office Sought: [X] House [ ] Senate [ ] President
State: OH District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 100,00

C.
Full Name (Last, First, Middle Initial)
COMMITTEE FOR JON M. PETERSON
SHELBY V. HUTCHINS, TREASURER

Mailing Address
178 HILLSIDE DRIVE

City: DELAWARE, OHIO 43015 State: Zip Code:

Purpose of Disbursement
CONTRIBUTION

Category/Type: 011

Candidate Name
JON M. PETERSON

Office Sought: [X] House [ ] Senate [ ] President
State: OH District:

Disbursement For: [ ] Primary [X] General [ ] Other (specify) ▼

Date of Disbursement: 10 30 2001

Amount of Each Disbursement this Period: 50,00

SUBTOTAL of Disbursements This Page (optional) ▶ 85,000

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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 CORP. PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): TAFT - O'CONNOR MARK B. LAPLACE, TREASRUER
Mailing Address: 211 SOUTH FIFTH STREET
City: COLUMBUS, State: OHIO Zip Code: 43215
Purpose of Disbursement: CONTRIBUTION
Category/Type: 011
Candidate Name: BOB TAFT
Office Sought: ☐ House ☐ Senate ☐ President
State: OH District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 05 2001
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): NATIONAL CITY BANK
Mailing Address: P. O. BOX 5756
City: CLEVELAND, State: OHIO Zip Code: 44101
Purpose of Disbursement: SERVICE CHARGES
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 24 2001
Amount of Each Disbursement this Period: 227.9

C.
Full Name (Last, First, Middle Initial): NATIONAL CITY BANK
Mailing Address: P. O. BOX 5756
City: CLEVELAND, State: OHIO Zip Code: 44101
Purpose of Disbursement: SERVICES CHAGES
Category/Type: 001
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 27 2001
Amount of Each Disbursement this Period: 14.31

SUBTOTAL of Disbursements This Page (optional) ▶ 537.10

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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 CORP. PAC (DBA OHIOHEALTH PAC)

A.
Full Name (Last, First, Middle Initial): NATIONAL CITY BANK
Mailing Address: P. O. BOX 5756
City: CLEVELAND, OHIO 44101 State: Zip Code:
Purpose of Disbursement: SERVICE CHARGE
Category/Type: 0 0 1
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 30 2001
Amount of Each Disbursement this Period: 15.61

B.
Full Name (Last, First, Middle Initial): NATIONAL CITY BANK
Mailing Address: P. O. BOX 5756
City: CLEVELAND, OHIO 44101 State: Zip Code:
Purpose of Disbursement: SERVICE CHARGE
Category/Type: 0 0 1
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 19.13

C.
Full Name (Last, First, Middle Initial): NATIONAL CITY BANK
Mailing Address: P. O. BOX 5756
City: CLEVELAND, OHIO 44101 State: Zip Code:
Purpose of Disbursement: SERVICE CHARGE
Category/Type: 0 0 1
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 31 2001
Amount of Each Disbursement this Period: 15.28

SUBTOTAL of Disbursements This Page (optional) ▶ 49.57

TOTAL This Period (last page this line number only) ▶ 3286.67

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) 1-31-02
☐	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	

[illegible]	2-19-02
PREPARER	DATE PREPARED

(6/2000)