

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

CareSource Management Services Co. PAC

ADDRESS (number and street) 230 N. Main Street

Check if different than previously reported. (ACC) Dayton OH 45402

2. **FEC IDENTIFICATION NUMBER ▼** C00424879 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2011

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 Nancy Cushman

Signature of Treasurer Nancy Cushman *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 10 / 2012

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

CareSource Management Services Co. 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="2011"/>	<input type="text" value="4971.62"/>	<input type="text" value="4971.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11133.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14304.88"/>	<input type="text" value="30516.45"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25438.07"/>	<input type="text" value="35488.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7643.33"/>	<input type="text" value="17693.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17794.74"/>	<input type="text" value="17794.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CareSource Management Services Co. PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14044.88	27418.21
(ii) Unitemized	260.00	3098.24
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14304.88	30516.45
(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)	14304.88	30516.45
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))..... ▶	14304.88	30516.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14304.88	30516.45

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.....	1000.00	2250.00
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	43.33	43.33
(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)).....	43.33	43.33
29. Other Disbursements	6600.00	15400.00
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)) ..	7643.33	17693.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7643.33	17693.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14304.88	30516.45
34. Total Contribution Refunds (from Line 28(d))	43.33	43.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14261.55	30473.12
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 37
	<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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial) A. James A. Gartner		Date of Receipt MM / DD / YYYY 07 / 07 / 2011 Transaction ID : 5590685
Mailing Address 230 N Main Street		Amount of Each Receipt this Period 130.00
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation VP Pharmacy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) B. Cathy A. Ponitz		Date of Receipt MM / DD / YYYY 07 / 07 / 2011 Transaction ID : 5590687
Mailing Address 230 North Main Street		Amount of Each Receipt this Period 43.33
City Dayton	State OH	Zip Code 45402-2024
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation Exec Director, Care Foundation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.65	

Full Name (Last, First, Middle Initial) c. Cheryl A Slagle		Date of Receipt MM / DD / YYYY 07 / 07 / 2011 Transaction ID : 5590688
Mailing Address 230 North Main Street		Amount of Each Receipt this Period 43.33
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation Director Medical Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 216.65	

SUBTOTAL of Receipts This Page (optional).....▶	216.66
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 7 OF 37
	<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)
CareSource Management Services Co. PAC

A. Theodore Leland Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Information
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2011
Transaction ID : 5591343
 Amount of Each Receipt this Period
 43.33

B. David R. Mezzanotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Vice President Sales/Marketing
 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
 07 / 13 / 2011
Transaction ID : 5591344
 Amount of Each Receipt this Period
 100.00

C. Linda A Lemoine
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2011
Transaction ID : 5591345
 Amount of Each Receipt this Period
 43.33

SUBTOTAL of Receipts This Page (optional).....▶	186.66
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 37
<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)
CareSource Management Services Co. PAC

A. Stanley Keith Tarter
Full Name (Last, First, Middle Initial)

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Group Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
216.65

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2011
Transaction ID : 5591346

Amount of Each Receipt this Period
43.33

B. Jude Jonas Thom
Full Name (Last, First, Middle Initial)

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Group Director of Behavioral Health

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.98

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2011
Transaction ID : 5591347

Amount of Each Receipt this Period
43.33

C. Paul Thomas Stoddard
Full Name (Last, First, Middle Initial)

Mailing Address 230 N Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Group CIO

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
07 / 21 / 2011
Transaction ID : 5664043

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional).....▶	261.66
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 9 OF 37
	<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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial) A. James A. Gartner		Date of Receipt MM / DD / YYYY 08 / 03 / 2011 Transaction ID : 5704186
Mailing Address 230 N Main Street		Amount of Each Receipt this Period 130.00
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation VP Pharmacy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. Cathy A. Ponitz		Date of Receipt MM / DD / YYYY 08 / 03 / 2011 Transaction ID : 5704188
Mailing Address 230 North Main Street		Amount of Each Receipt this Period 43.33
City Dayton	State OH	Zip Code 45402-2024
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation Exec Director, Care Foundation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.98	

Full Name (Last, First, Middle Initial) c. Cheryl A Slagle		Date of Receipt MM / DD / YYYY 08 / 03 / 2011 Transaction ID : 5704189
Mailing Address 230 North Main Street		Amount of Each Receipt this Period 43.33
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation Director Medical Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.98	

SUBTOTAL of Receipts This Page (optional).....▶	216.66
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 37
	<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)
CareSource Management Services Co. PAC

A. Theodore Leland Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Information
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.98

Date of Receipt 08 / 17 / 2011
Transaction ID : 5721172
 Amount of Each Receipt this Period 43.33

B. David R. Mezzanotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Vice President Sales/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 17 / 2011
Transaction ID : 5721173
 Amount of Each Receipt this Period 100.00

C. Linda A Lemoine
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.98

Date of Receipt 08 / 17 / 2011
Transaction ID : 5721174
 Amount of Each Receipt this Period 43.33

SUBTOTAL of Receipts This Page (optional).....▶	186.66
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 37
<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)
CareSource Management Services Co. PAC

A. Stanley Keith Tarter
Full Name (Last, First, Middle Initial)

Mailing Address 230 N Main Street

City Dayton State OH Zip Code 45402

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

Name of Employer CareSource Management Group Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **259.98**

Date of Receipt **08 / 17 / 2011**

Transaction ID : 5721175

Amount of Each Receipt this Period **43.33**

B. Paul Thomas Stoddard
Full Name (Last, First, Middle Initial)

Mailing Address 230 N Main Street

City Dayton State OH Zip Code 45402

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

Name of Employer CareSource Management Group Occupation CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **08 / 23 / 2011**

Transaction ID : 5725328

Amount of Each Receipt this Period **175.00**

C. Jude Jonas Thom
Full Name (Last, First, Middle Initial)

Mailing Address 230 N Main Street

City Dayton State OH Zip Code 45402

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

Name of Employer CareSource Management Group Occupation Director of Behavioral Health

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **303.31**

Date of Receipt **08 / 24 / 2011**

Transaction ID : 5728257

Amount of Each Receipt this Period **43.33**

SUBTOTAL of Receipts This Page (optional)..... **261.66**

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 12 OF 37
(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)
CareSource Management Services Co. PAC

A. Theodore Leland Perry
Full Name (Last, First, Middle Initial)
Mailing Address 230 N Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Group Occupation Director of Information
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **303.31**

Date of Receipt **09 / 13 / 2011**
Transaction ID : 5776317
Amount of Each Receipt this Period **43.33**

B. David R. Mezzanotte
Full Name (Last, First, Middle Initial)
Mailing Address 230 North Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Group Occupation Vice President Sales/Marketing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **700.00**

Date of Receipt **09 / 14 / 2011**
Transaction ID : 5777532
Amount of Each Receipt this Period **100.00**

C. Linda A Lemoine
Full Name (Last, First, Middle Initial)
Mailing Address 230 N Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Group Occupation Director of Claims
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **303.31**

Date of Receipt **09 / 14 / 2011**
Transaction ID : 5777533
Amount of Each Receipt this Period **43.33**

SUBTOTAL of Receipts This Page (optional)..... **186.66**
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 13 OF 37
	<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)
CareSource Management Services Co. PAC

A. Stanley Keith Tarter
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.31

Date of Receipt 09 / 14 / 2011
Transaction ID : 5777534
 Amount of Each Receipt this Period 43.33

B. Jude Jonas Thom
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.64

Date of Receipt 09 / 14 / 2011
Transaction ID : 5777535
 Amount of Each Receipt this Period 43.33

C. James A. Gartner
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation VP Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt 09 / 06 / 2011
Transaction ID : 5777577
 Amount of Each Receipt this Period 130.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.66
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 37
	<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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)
A. Cathy A. Ponitz

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402-2024

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

Name of Employer Occupation
CareSource Management Group Exec Director, Care Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.31

Date of Receipt
09 / 06 / 2011

Transaction ID : 5777627

Amount of Each Receipt this Period
43.33

Full Name (Last, First, Middle Initial)
B. Cheryl A Slagle

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Group Director Medical Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
303.31

Date of Receipt
09 / 06 / 2011

Transaction ID : 5777628

Amount of Each Receipt this Period
43.33

Full Name (Last, First, Middle Initial)
C. Stephen Lance Ringel

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Group VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 16 / 2011

Transaction ID : 5780935

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **586.66**

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 15 OF 37
	<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)
CareSource Management Services Co. PAC

A. Paul Thomas Stoddard
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 09 / 21 / 2011
Transaction ID : 5785809
 Amount of Each Receipt this Period 175.00

B. James A. Gartner
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation VP Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 10 / 07 / 2011
Transaction ID : 5823323
 Amount of Each Receipt this Period 130.00

C. Cathy A. Ponitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Exec Director, Care Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.64

Date of Receipt 10 / 05 / 2011
Transaction ID : 5823403
 Amount of Each Receipt this Period 43.33

SUBTOTAL of Receipts This Page (optional).....▶	348.33
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 37
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial) A. Cheryl A Slagle		Date of Receipt M M / D D / Y Y Y Y Y 10 / 05 / 2011 Transaction ID : 5823404
Mailing Address 230 North Main Street		Amount of Each Receipt this Period 43.33
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation Director Medical Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.64	

Full Name (Last, First, Middle Initial) B. Theodore Leland Perry		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2011 Transaction ID : 5838663
Mailing Address 230 N Main Street		Amount of Each Receipt this Period 43.33
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation Director of Information
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.64	

Full Name (Last, First, Middle Initial) C. David R. Mezzanotte		Date of Receipt M M / D D / Y Y Y Y Y 10 / 13 / 2011 Transaction ID : 5838664
Mailing Address 230 North Main Street		Amount of Each Receipt this Period 100.00
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C	Name of Employer CareSource Management Group	Occupation Vice President Sales/Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	186.66
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 17 OF 37
	<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)
CareSource Management Services Co. PAC

A. Linda A Lemoine
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2011
Transaction ID : 5838665
 Amount of Each Receipt this Period
 43.33

B. Stanley Keith Tarter
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2011
Transaction ID : 5838666
 Amount of Each Receipt this Period
 43.33

C. Jude Jonas Thom
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 389.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2011
Transaction ID : 5838667
 Amount of Each Receipt this Period
 43.33

SUBTOTAL of Receipts This Page (optional).....▶	129.99
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 37
	<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)
CareSource Management Services Co. PAC

A. Paul Thomas Stoddard
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt 10 / 21 / 2011
Transaction ID : 5852487
 Amount of Each Receipt this Period 175.00

B. James A. Gartner
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation VP Pharmacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 11 / 03 / 2011
Transaction ID : 5887482
 Amount of Each Receipt this Period 130.00

C. Scott E. Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director, Treasury & Risk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 03 / 2011
Transaction ID : 5887483
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 330.00
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 19 OF 37
	<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)
CareSource Management Services Co. PAC

A. Cathy A. Ponitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402-2024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Exec Director, Care Foundation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **389.97**

Date of Receipt **11 / 04 / 2011**
Transaction ID : 5887485
 Amount of Each Receipt this Period **43.33**

B. Theodore Leland Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Information
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **389.97**

Date of Receipt **11 / 14 / 2011**
Transaction ID : 5909394
 Amount of Each Receipt this Period **43.33**

c. Cheryl A Slagle
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director Medical Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **389.97**

Date of Receipt **11 / 14 / 2011**
Transaction ID : 5909395
 Amount of Each Receipt this Period **43.33**

SUBTOTAL of Receipts This Page (optional).....▶	129.99
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 37
	<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)
CareSource Management Services Co. PAC

A. David R. Mezzanotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Vice President Sales/Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **900.00**

Date of Receipt **11 / 16 / 2011**
Transaction ID : 5912115
 Amount of Each Receipt this Period **100.00**

B. Linda A Lemoine
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **389.97**

Date of Receipt **11 / 16 / 2011**
Transaction ID : 5912116
 Amount of Each Receipt this Period **43.33**

C. Stanley Keith Tarter
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **389.97**

Date of Receipt **11 / 16 / 2011**
Transaction ID : 5912117
 Amount of Each Receipt this Period **43.33**

SUBTOTAL of Receipts This Page (optional).....	186.66
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 37
<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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial) A. Jude Jonas Thom		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 Transaction ID : 5912118
Mailing Address 230 N Main Street		Amount of Each Receipt this Period 43.33
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 433.30
Name of Employer CareSource Management Group	Occupation Director of Behavioral Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 433.30	

Full Name (Last, First, Middle Initial) B. Paul Thomas Stoddard		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 Transaction ID : 5923886
Mailing Address 230 N Main Street		Amount of Each Receipt this Period 175.00
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer CareSource Management Group	Occupation CIO	
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. James A. Gartner		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2011 Transaction ID : 5958269
Mailing Address 230 N Main Street		Amount of Each Receipt this Period 130.00
City Dayton	State OH	Zip Code 45402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer CareSource Management Group	Occupation VP Pharmacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	348.33
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 22 OF 37
(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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)
A. Scott E. Graham

Mailing Address 230 North Main Street

City Dayton	State OH	Zip Code 45402
----------------	-------------	-------------------

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

Name of Employer CareSource Management Group	Occupation Director, Treasury & Risk
---	---

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
12	/	05	/	2011

Transaction ID : 5958270

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Cathy A. Ponitz

Mailing Address 230 North Main Street

City Dayton	State OH	Zip Code 45402-2024
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FEC ID number of contributing federal political committee. **C**

Name of Employer CareSource Management Group	Occupation Exec Director, Care Foundation
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2011

Transaction ID : 5958271

Amount of Each Receipt this Period
43.33

Full Name (Last, First, Middle Initial)
c. Cheryl A Slagle

Mailing Address 230 North Main Street

City Dayton	State OH	Zip Code 45402
----------------	-------------	-------------------

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

Name of Employer CareSource Management Group	Occupation Director Medical Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
433.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : 5959272

Amount of Each Receipt this Period
43.33

SUBTOTAL of Receipts This Page (optional).....▶	111.66
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 37
	<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)
CareSource Management Services Co. PAC

A. Clemens J Redder
Full Name (Last, First, Middle Initial)

Mailing Address 230 North Main Street

City Dayton State OH Zip Code 45402

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

Name of Employer CareSource Management Group Occupation Director Internal Audit

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
 12 / 14 / 2011

Transaction ID : 5966011

Amount of Each Receipt this Period
500.00

B. Jennifer L Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 230 North Main Street

City Dayton State IL Zip Code 45402

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

Name of Employer CareSource Management Group Occupation Director Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2011

Transaction ID : 5966021

Amount of Each Receipt this Period
540.00

C. Brenda L. Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 230 North Main Street

City Dayton State OH Zip Code 45402

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

Name of Employer CareSource Management Group Occupation Director, Clinical Call Ctr Op

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
 12 / 07 / 2011

Transaction ID : 5966022

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	1190.00
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 24 OF 37
	<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)
CareSource Management Services Co. PAC

A. Jaclyn Ann Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation VP, CareSource University
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **12 / 07 / 2011**
Transaction ID : 5966023
 Amount of Each Receipt this Period **500.00**

B. Theodore Leland Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Information
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **433.30**

Date of Receipt **12 / 14 / 2011**
Transaction ID : 5966604
 Amount of Each Receipt this Period **43.33**

C. David R. Mezzanotte
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 North Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Vice President Sales/Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 14 / 2011**
Transaction ID : 5966605
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	643.33
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 25 OF 37
	<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)
CareSource Management Services Co. PAC

A. Linda A Lemoine
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Claims
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.30

Date of Receipt
 12 / 14 / 2011
Transaction ID : 5966606
 Amount of Each Receipt this Period
 43.33

B. Stanley Keith Tarter
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 433.30

Date of Receipt
 12 / 14 / 2011
Transaction ID : 5966607
 Amount of Each Receipt this Period
 43.33

C. Jude Jonas Thom
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 N Main Street
 City Dayton State OH Zip Code 45402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CareSource Management Group Occupation Director of Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 476.63

Date of Receipt
 12 / 14 / 2011
Transaction ID : 5966608
 Amount of Each Receipt this Period
 43.33

SUBTOTAL of Receipts This Page (optional).....▶	129.99
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 37
	<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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial) A. Paul Thomas Stoddard			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2011 Transaction ID : 5978193
Mailing Address 230 N Main Street			Amount of Each Receipt this Period 175.00
City Dayton	State OH	Zip Code 45402	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1575.00	
Name of Employer CareSource Management Group		Occupation CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kimberly L Gibson			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2011 Transaction ID : 5978983
Mailing Address 230 North Main Street			Amount of Each Receipt this Period 100.00
City Dayton	State OH	Zip Code 45402	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer CareSource Management Group		Occupation Director Service Center	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Chitra M Walker			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2011 Transaction ID : 5978984
Mailing Address 230 N Main Street			Amount of Each Receipt this Period 175.00
City Dayton	State OH	Zip Code 45402	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 425.00	
Name of Employer CareSource Management Group		Occupation Director, Contracting & Provider Relat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 27 OF 37
	<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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)
A. Michael P. Howcroft

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Group Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
129.99

Date of Receipt
07 / 08 / 2011

Transaction ID : 6006718

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$43.33 This changes the YTD Total to \$129.99

Full Name (Last, First, Middle Initial)
B. Terence Paul Torbeck

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Services VP/Sr Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt
12 / 31 / 2011

Transaction ID : PR7753192424

Amount of Each Receipt this Period
520.00

P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 230 North Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Services President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1920.00

Date of Receipt
12 / 31 / 2011

Transaction ID : PR7753202424

Amount of Each Receipt this Period
1040.00

P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1560.00
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 28 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
CareSource Management Services Co. PAC

A. Janet R. Grant
Full Name (Last, First, Middle Initial)
Mailing Address 230 N Main St
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Services Occupation EVP External Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR7753212424
Amount of Each Receipt this Period **1040.00**
P/R Deduction (\$80.00 Bi-Weekly)

B. Salli Duncan
Full Name (Last, First, Middle Initial)
Mailing Address 230 North Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Services Occupation VP, Network Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR7753242424
Amount of Each Receipt this Period **780.00**
P/R Deduction (\$60.00 Bi-Weekly)

C. Nancy Brady
Full Name (Last, First, Middle Initial)
Mailing Address 230 North Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Services Occupation VP, HR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1480.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR7753252424
Amount of Each Receipt this Period **780.00**
P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **2600.00**
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 29 OF 37
	<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)
CareSource Management Services Co. PAC

A. Maureen Pero
Full Name (Last, First, Middle Initial)
Mailing Address 230 North Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Services Occupation VP, Government Affairs&Stratgy
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1440.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR7753412424
Amount of Each Receipt this Period **780.00**
P/R Deduction (\$60.00 Bi-Weekly)

B. Leo T Thomas III
Full Name (Last, First, Middle Initial)
Mailing Address 230 North Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Services Occupation Sr Vice President
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1460.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR7753562424
Amount of Each Receipt this Period **780.00**
P/R Deduction (\$60.00 Bi-Weekly)

C. Pamela Tropiano
Full Name (Last, First, Middle Initial)
Mailing Address 230 North Main Street
City Dayton State OH Zip Code 45402
FEC ID number of contributing federal political committee. **C**
Name of Employer CareSource Management Services Occupation CFO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1440.00**

Date of Receipt **12 / 31 / 2011**
Transaction ID : PR7753572424
Amount of Each Receipt this Period **780.00**
P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **2340.00**
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 30 OF 37
(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)
CareSource Management Services Co. PAC

A. Full Name (Last, First, Middle Initial)
Craig S Thiele

Mailing Address 230 N. Main Street

City State Zip Code
Dayton OH 45402

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

Name of Employer Occupation
CareSource Management Services CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

Transaction ID : PR7904032424

Amount of Each Receipt this Period
1040.00

P/R Deduction (\$80.00 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1040.00
TOTAL This Period (last page this line number only).....▶	14044.88

**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)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Turner

Mailing Address 120 W. Second Street, Suite 1510

City Dayton State OH Zip Code 45402

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Michael Turner

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 20 / 2011

Transaction ID : 5785459

Amount of Each Disbursement this Period

1000.00

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Butler for Ohio

Mailing Address 2321 Miami Village Drive

City State Zip Code
Miamisburg OH 45342

Purpose of Disbursement
James Butler, STATE HOUSE 37th OH

Candidate Name
OH Rep. James Butler

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 37

Date of Disbursement

/ /

Transaction ID : 5336129

Amount of Each Disbursement this Period

James Butler, STATE HOUSE 37th OH

Full Name (Last, First, Middle Initial)

B. Citizens for Lehner

Mailing Address 10679 Chestnut Hill Lane

City State Zip Code
Dayton OH 45458

Purpose of Disbursement
Peggy Lehner, STATE SENATE 6th OH

Candidate Name
OH Sen. Peggy Lehner

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

/ /

Transaction ID : 5336130

Amount of Each Disbursement this Period

Peggy Lehner, STATE SENATE 6th OH

Full Name (Last, First, Middle Initial)

C. Friends of Mike Henne

Mailing Address 8447 Diamond Mill Road

City State Zip Code
Clayton OH 45315

Purpose of Disbursement
Michael Henne, STATE HOUSE 36th OH

Candidate Name
OH Rep. Michael Henne

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: OH District: 36

Date of Disbursement

/ /

Transaction ID : 5479118

Amount of Each Disbursement this Period

Michael Henne, STATE HOUSE 36th OH

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)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Lori State Representative

Mailing Address 14941 Roberts Shores Dr.

City State Zip Code
Constantine MI 49042

Purpose of Disbursement
Matt Lori, STATE HOUSE 59th MI

Candidate Name

MI Rep. Matt Lori

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 59

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2011

Transaction ID : 5662901

Amount of Each Disbursement this Period

500.00

Matt Lori, STATE HOUSE 59th MI

Full Name (Last, First, Middle Initial)

B. John Moolenaar for State Senate

Mailing Address 5915 Eastman Ave. Ste 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement
John Moolenaar, STATE SENATE 36th MI

Candidate Name

MI Sen. John Moolenaar

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2011

Transaction ID : 5662906

Amount of Each Disbursement this Period

500.00

John Moolenaar, STATE SENATE 36th MI

Full Name (Last, First, Middle Initial)

C. Friends of Shannon Jones

Mailing Address 800 Valley View Pt

City State Zip Code
Springboro OH 45066-9097

Purpose of Disbursement
Shannon Jones, STATE SENATE 7th OH

Candidate Name

Shannon Jones

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2011

Transaction ID : 5752961

Amount of Each Disbursement this Period

300.00

Shannon Jones, STATE SENATE 7th OH

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

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

1300.00

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**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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Bill Beagle

Mailing Address 115 S. Tippecanoe Drive
P.O. Box 342

City Tipp City State OH Zip Code 45371

Purpose of Disbursement
Bill Beagle, STATE SENATE 5th OH

Category/
Type

Candidate Name

OH Sen. Bill Beagle

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

/ /

Transaction ID : 5761893

Amount of Each Disbursement this Period

Bill Beagle, STATE SENATE 5th OH

Full Name (Last, First, Middle Initial)

B. Friends of Faber

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822-2923

Purpose of Disbursement
Keith Faber, STATE SENATE 12th OH

Category/
Type

Candidate Name

Keith Faber

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

/ /

Transaction ID : 5761894

Amount of Each Disbursement this Period

Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

C. Committee to Elect Debbie Lieberman

Mailing Address 161 Huffman Avenue

City Dayton State OH Zip Code 45403

Purpose of Disbursement
Debbie Lieberman, County Commissioner OH

Category/
Type

Candidate Name

Debbie Lieberman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : 5776092

Amount of Each Disbursement this Period

Debbie Lieberman, County Commissioner OH

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)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Dr

City Columbus State OH Zip Code 43231-4033

Purpose of Disbursement
Kevin Bacon, STATE SENATE 3rd OH

011

Candidate Name

Kevin Bacon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2011

Transaction ID : 5796565

Amount of Each Disbursement this Period

350.00

Kevin Bacon, STATE SENATE 3rd OH

Full Name (Last, First, Middle Initial)

B. Ohio Legislative Black Caucus

Mailing Address 340 E. Fulton Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2011

Transaction ID : 5797990

Amount of Each Disbursement this Period

250.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Husted for Ohio

Mailing Address 211 S. Fifth Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Jon Husted, SECRETARY OF STATE OH

011

Candidate Name

Jon Husted

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 24 / 2011

Transaction ID : 5853569

Amount of Each Disbursement this Period

1000.00

Jon Husted, SECRETARY OF STATE OH

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)
CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Cmte to Re-Elect Dodge for Commissioner

Mailing Address 998 Marycrest Lane

City Dayton State OH Zip Code 45429

Purpose of Disbursement
Judy Dodge, County Commissioner OH

Candidate Name
Judy Dodge

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 25 / 2011

Transaction ID : 5856361

Amount of Each Disbursement this Period
100.00

Judy Dodge, County Commissioner OH

Full Name (Last, First, Middle Initial)

B. Friends of Matt Joseph

Mailing Address 443 E. 6th Street

City Dayton State OH Zip Code 45402

Purpose of Disbursement
Matt Joseph, City Commissioner OH

Candidate Name
Matt Joseph

Office Sought: House Senate President
State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 01 / 2011

Transaction ID : 5881606

Amount of Each Disbursement this Period
100.00

Matt Joseph, City Commissioner OH

Full Name (Last, First, Middle Initial)

C. Friends of Roger Kahn for Senate

Mailing Address PO Box 1627

City Saginaw State MI Zip Code 48605-1627

Purpose of Disbursement
Roger Kahn, STATE SENATE 32nd MI

Candidate Name
Roger Kahn

Office Sought: House Senate President
State: MI District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
11 / 07 / 2011

Transaction ID : 5888308

Amount of Each Disbursement this Period
500.00

Roger Kahn, STATE SENATE 32nd MI

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

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

700.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

Full Name (Last, First, Middle Initial)

A. Jim Marleau for State Senate

Mailing Address 3181 Sandoval

City State Zip Code
Lake Orion MI 48360

Purpose of Disbursement
James Marleau, STATE SENATE 12th MI

Candidate Name

MI Sen. James Marleau

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2011

Transaction ID : 5888309

Amount of Each Disbursement this Period

250.00

James Marleau, STATE SENATE 12th MI

Full Name (Last, First, Middle Initial)

B. Committee to Elect Gail Haines

Mailing Address P.O. Box 301085

City State Zip Code
Waterford MI 48330

Purpose of Disbursement
Gail Haines, STATE HOUSE 43rd MI

Candidate Name

MI Rep. Gail Haines

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 43

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2011

Transaction ID : 5888310

Amount of Each Disbursement this Period

250.00

Gail Haines, STATE HOUSE 43rd MI

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

500.00

6600.00