

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

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

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

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NAME OF COMMITTEE (In Full)

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hagen, Bruce, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 04 / 2020 Transaction ID : SA11AI.10753		
Mailing Address 49 E. Stewart Avenue			Amount of Each Receipt this Period 166.67		
City Columbus	State OH	Zip Code 43206	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 333.34		
Name of Employer (for Individual) OhioHealth Corporation		Occupation (for Individual) Regional Exec & Pres DMH GMH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hagen, Bruce, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 04 / 2020 Transaction ID : SA11AI.10782		
Mailing Address 49 E. Stewart Avenue			Amount of Each Receipt this Period 166.67		
City Columbus	State OH	Zip Code 43206	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.01		
Name of Employer (for Individual) OhioHealth Corporation		Occupation (for Individual) Regional Exec & Pres DMH GMH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Herbert-Sinden, Cheryl, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 04 / 2020 Transaction ID : SA11AI.10785		
Mailing Address 19109 Easton Road			Amount of Each Receipt this Period 100.00		
City Marysville	State OH	Zip Code 43040	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00		
Name of Employer (for Individual) OhioHealth Corporation		Occupation (for Individual) Sr VP Clinical Supp Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					
SUBTOTAL of Receipts This Page (optional).....			433.34		
TOTAL This Period (last page this line number only).....					