

# **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)

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☒ 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. Herbert-Sinden, Cheryl, , ,**

Mailing Address 19109 Easton Road

City  
Marysville

State  
OH

Zip Code  
43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealth Corporation

Occupation (for Individual)  
Sr VP Clinical Supp Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2019

**Transaction ID : SA11Al.10342**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jablonski, Susan, , ,**

Mailing Address 7747 Mikayla Drive

City  
Westerville

State  
OH

Zip Code  
43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealth Corporation

Occupation (for Individual)  
Chief Communication Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2019

**Transaction ID : SA11Al.10302**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jablonski, Susan, , ,**

Mailing Address 7747 Mikayla Drive

City  
Westerville

State  
OH

Zip Code  
43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealth Corporation

Occupation (for Individual)  
Chief Communication Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2019

**Transaction ID : SA11Al.10331**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

400.00