

# **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 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

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

A. Gartner, James, A., ,

Mailing Address 230 North Main Street

City  
DaytonState  
OHZip Code  
45402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Caresource Management GroupOccupation (for Individual)  
VP, Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR79040435104

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

B. Michael, Jenny, Rebecca, ,

Mailing Address 230 North Main Street

City  
DaytonState  
OHZip Code  
45402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Caresource Management GroupOccupation (for Individual)  
VP, Marketing & Corp Comm

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR79040735104

Amount of Each Receipt this Period

55.38

☐ Memo Item

P/R Deduction (\$27.69 Bi-Weekly)

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

C. Stoddard, Paul, Thomas, ,

Mailing Address 230 North Main Street

City  
DaytonState  
OHZip Code  
45402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Caresource Management GroupOccupation (for Individual)  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2018

Transaction ID : PR79041335104

Amount of Each Receipt this Period

160.00

☐ Memo Item

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

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

315.38

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