

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

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

FOR LINE NUMBER: PAGE 6 OF 58

(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. Alexander, Jeffrey, , ,

Mailing Address 5207 York County Road

City  
ColumbusState  
OHZip Code  
43221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealth - VVHCOccupation (for Individual)  
Dr. Treasury Dept

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  
10 / 23 / 2019

Transaction ID : SA11Al.10609

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Applegate, David, , ,

Mailing Address 945 Walker Wood Lane

City  
MarysvilleState  
OHZip Code  
43040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 03 / 2019

Transaction ID : SA11Al.10456

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Applegate, David, , ,

Mailing Address 945 Walker Wood Lane

City  
MarysvilleState  
OHZip Code  
43040FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 06 / 2019

Transaction ID : SA11Al.10485

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

650.00