

# **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. Applegate, David, , ,**

Mailing Address 945 Walker Wood Lane

City  
Marysville

State  
OH

Zip Code  
43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealth

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2019

Transaction ID : SA11Al.10517

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Applegate, David, , ,**

Mailing Address 945 Walker Wood Lane

City  
Marysville

State  
OH

Zip Code  
43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealth

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2019

Transaction ID : SA11Al.10561

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  
Marysville

State  
OH

Zip Code  
43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OhioHealth

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2019

Transaction ID : SA11Al.10675

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)..... ►

600.00