

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

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

FOR LINE NUMBER: PAGE 14 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. Evancho, Timothy, , ,

Mailing Address 725 North 13th Street

City
Cambridge

State
OH

Zip Code
43725

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth

Occupation (for Individual)
VP CFO, SEORMC

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
10 / 21 / 2019

Transaction ID : SA11AI.10627

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

B. Evert, Barbara, , ,

Mailing Address 5406 York County Road

City
Columbus

State
OH

Zip Code
43221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth Corporation

Occupation (for Individual)
VP, Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2019

Transaction ID : SA11AI.10622

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

C. Ferris, Frank, , ,

Mailing Address 155 West Main St #1901

City
Columbus

State
OH

Zip Code
43215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth Corporation

Occupation (for Individual)
Exec Dir Med Ed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11AI.10462

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

900.00