

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

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

FOR LINE NUMBER: PAGE 19 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. Ginther, Shannon, , ,

Mailing Address 419 East North Broadway

City
Columbus

State
OH

Zip Code
43214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OhioHealth

Occupation (for Individual)

Sr. Dir. Community Health and Wellnes:

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2019

Transaction ID : SA11Al.10632

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gossett, Lisa, , ,

Mailing Address 18120 Dog Leg road

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)

CNO and VP Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2019

Transaction ID : SA11Al.10587

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Hagen, Bruce, , ,

Mailing Address 49 E. Stewart Avenue

City
Columbus

State
OH

Zip Code
43206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OhioHealth Corporation

Occupation (for Individual)

Regional Exec & Pres DMH GMH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

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

Transaction ID : SA11Al.10464

Amount of Each Receipt this Period

166.67

☐ Memo Item

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

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

666.67