

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 58

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Harris-Muller, Carrie, , ,

Mailing Address 1511 Kearney Way

City
Delaware

State
OH

Zip Code
43015

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth

Occupation (for Individual)
Senior VP Population Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2019

Transaction ID : SA11Al.10699

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Hensley, Anna, , ,

Mailing Address 8891 Turfway Bend Drive

City
Powell

State
OH

Zip Code
43065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth

Occupation (for Individual)
COO Dublin and Grady

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 / 24 / 2019

Transaction ID : SA11Al.10621

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Herbert-Sinden, Cheryl, , ,

Mailing Address 19109 Easton Road

City
Marysville

State
OH

Zip Code
43040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth Corporation

Occupation (for Individual)
Sr VP Clinical Supp Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : SA11Al.10477

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1350.00