

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

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

FOR LINE NUMBER: PAGE 24 OF 31

(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)

CareSource Management Services Co. PAC

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

A. Thomas, Leo, Tarlton, ,

Mailing Address 220 E. Monument Avenue

City
DaytonState
OHZip Code
45402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caresource Management GroupOccupation (for Individual)
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1972.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : PR77535637539

Amount of Each Receipt this Period

103.84

☐ Memo Item

P/R Deduction (\$103.84 Bi-Weekly)

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

B. Thom, Jude, Jonas, ,

Mailing Address 230 N. Main Street

City
DaytonState
OHZip Code
45402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caresource Management GroupOccupation (for Individual)
VP, Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1338.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : PR77536737539

Amount of Each Receipt this Period

133.84

☐ Memo Item

P/R Deduction (\$66.92 Bi-Weekly)

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

C. Gartner, James, A., ,

Mailing Address 230 N. Main Street

City
DaytonState
OHZip Code
45402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caresource Management GroupOccupation (for Individual)
VP, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2018

Transaction ID : PR79040437539

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

337.68

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