

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 33
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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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 ▼

1349.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR77535636101

Amount of Each Receipt this Period

207.68

☐ 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 ▼

869.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR77536736101

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 ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2018

Transaction ID : PR79040436101

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

441.52

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