

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2019

Transaction ID : SA11Al.10433

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Liddy, Casey, , ,

Mailing Address 6709 Dearview Drive

City
Loveland

State
OH

Zip Code
45140

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth

Occupation (for Individual)
VP System Service Line Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2019

Transaction ID : SA11Al.10427

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Olson, Kurt, , ,

Mailing Address 295 East Long Street, #406

City
Columbus

State
OH

Zip Code
43215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OhioHealth

Occupation (for Individual)
System VP, Talent Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Transaction ID : SA11Al.10397

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)..... ►

200.00