

# **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)

**CareSource Management Services Co. PAC**

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

**A. Thom, Jude, Jonas, ,**

Mailing Address 230 North Main Street

City  
Dayton

State  
OH

Zip Code  
45402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Caresource Management Group

Occupation (for Individual)  
VP, Behavioral Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.44

Date of Receipt

03 / 31 / 2018

**Transaction ID : PR77536734324**

Amount of Each Receipt this Period

200.76

☐ Memo Item

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

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

**B. Gartner, James, A., ,**

Mailing Address 230 North Main Street

City  
Dayton

State  
OH

Zip Code  
45402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Caresource Management Group

Occupation (for Individual)  
VP, Pharmacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2018

**Transaction ID : PR79040434324**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

**C. Stoddard, Paul, Thomas, ,**

Mailing Address 230 North Main Street

City  
Dayton

State  
OH

Zip Code  
45402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Caresource Management Group

Occupation (for Individual)  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

03 / 31 / 2018

**Transaction ID : PR79041334324**

Amount of Each Receipt this Period

240.00

☐ Memo Item

P/R Deduction (\$80.00 Bi-Weekly)

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

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

590.76