

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

ADDRESS (number and street) 180 E. BROAD STREET, 34TH FLOOR

(Check if address is changed)

COLUMBUS OH 43215

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Karen.Morrison@ohiohealth.com

Optional Second E-Mail Address Jeffrey.Kasler@ohiohealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 04 / 01 / 2019

3. FEC IDENTIFICATION NUMBER C C00210617

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Morrison, Karen, J, ,

Signature of Treasurer Morrison, Karen, J, , *[Electronically Filed]* Date 04 / 02 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA OHIOHEALTH PAC

Mailing Address 180 E. BROAD STREET, 34TH FLOOR
COLUMBUS OH 43215
CITY STATE ZIP CODE

Relationship: [x] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name
Mailing Address
Title or Position CITY STATE ZIP CODE
Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Morrison, Karen, J, ,
Mailing Address 180 E. Broad Street
Columbus OH 43215
CITY STATE ZIP CODE
Title or Position Sr VP
Telephone number 614 544 4422

Full Name of Designated Agent

Cummins, Mary, B, ,

Mailing Address

100 S. Third Street

Columbus

OH

43215

CITY

STATE

ZIP CODE

Title or Position

Telephone number

614

227

8884

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

7300 Chapman HWY

Knoxville

TN

37920

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

PNC Bank

Mailing Address

One Financial Parkway

Locator Z1-Yb42-03-1

Kalamazoo

MI

49009

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

OhioHealth Star Corporation is the connected organization and is a corporation

Form/Schedule:
Transaction ID: