

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

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

FOR LINE NUMBER: PAGE 27 OF 51

(check only one)

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

C

Name of Employer (for Individual)
CareSource Management ServicesOccupation (for Individual)
VP, Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : PR77536730063

Amount of Each Receipt this Period

803.04

☐ Memo Item

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

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

B. Thiele, Craig, S, ,

Mailing Address 230 North Main Street

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

C

Name of Employer (for Individual)
CareSource Management ServicesOccupation (for Individual)
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1246.08

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : PR79040330063

Amount of Each Receipt this Period

1246.08

☐ Memo Item

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

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

C. Gartner, James, A., ,

Mailing Address 230 North Main Street

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

C

Name of Employer (for Individual)
CareSource Management ServicesOccupation (for Individual)
VP, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2017

Transaction ID : PR79040430063

Amount of Each Receipt this Period

550.00

☐ Memo Item

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

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

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

2599.12