

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 27
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CareSource Management Services Co. PAC

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

A. 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 GroupOccupation (for Individual)
VP, Pharmacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR79040435530

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Michael, Jenny, Rebecca, ,

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 GroupOccupation (for Individual)
VP, Marketing & Corp Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR79040735530

Amount of Each Receipt this Period

55.38

☐ Memo Item

P/R Deduction (\$27.69 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
DaytonState
OHZip Code
45402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Caresource Management GroupOccupation (for Individual)
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

Transaction ID : PR79041335530

Amount of Each Receipt this Period

160.00

☐ Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.38