

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

GE HealthCare Technologies Inc. PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (49132.41); (b) Cash on Hand at Beginning of Reporting Period (49132.41); (c) Total Receipts (from Line 19) (13146.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (62278.41); 7. Total Disbursements (from Line 31) (0.00); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (62278.41); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

X This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

GE HealthCare Technologies Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6044.00	6044.00
(ii) Unitemized	6686.00	6686.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12730.00	12730.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12730.00	12730.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	416.00	416.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	13146.00	13146.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	13146.00	13146.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12730.00	12730.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12730.00	12730.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
GE HealthCare Technologies Inc. PAC

A. Arduini, Peter, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) President & CEO, GE Healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2024
Transaction ID : C88404D0422040849D7D
 Amount of Each Receipt this Period
 416.00
 Memo Item

B. Biscotti, Larry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) South Region President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2024
Transaction ID : D8FE42D785844432928E
 Amount of Each Receipt this Period
 208.00
 Memo Item

C. Donohoe, Michael, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Lean & Transformation Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 26 / 2024
Transaction ID : 608D507344B6437B90DD
 Amount of Each Receipt this Period
 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	832.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

A. Gilbreath, Rachel, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 Date of Receipt: 01 / 26 / 2024
 Transaction ID : F4F74E843F3B40649754
 Amount of Each Receipt this Period: 208.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) North East Region President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 208.00

B. Gurney, Laila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 Date of Receipt: 01 / 26 / 2024
 Transaction ID : B856F78D6EBA42CF80AE
 Amount of Each Receipt this Period: 416.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Quality & Regulatory Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 416.00

C. Halstrom, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 Date of Receipt: 01 / 26 / 2024
 Transaction ID : 47837DB3533E490C85FC
 Amount of Each Receipt this Period: 208.00
 Memo Item:

FEC ID number of contributing federal political committee: C
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Communications Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 208.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 832.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hill, John, C, ,		Date of Receipt MM / DD / YYYY 01 / 26 / 2024 Transaction ID : E14CA37E157941B5A510
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 220.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) VP, Advanced Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jendusa Orrico, Jennifer, Marie, ,		Date of Receipt MM / DD / YYYY 01 / 26 / 2024 Transaction ID : 3D24D9CBD73140E296A6
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 208.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Jimenez, Frank, Ruben, ,		Date of Receipt MM / DD / YYYY 01 / 26 / 2024 Transaction ID : CFB67F1CA6F948E4B252
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 416.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) General Counsel, GE Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 416.00	

SUBTOTAL of Receipts This Page (optional).....	844.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

A. Khandaker, Jahidul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Information Officer, GE Healthca
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 01 / 26 / 2024
Transaction ID : E6E000514A6044E78CF1
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Kirschner, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) VP, Global Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 01 / 26 / 2024
Transaction ID : D6908AA5117842B6836B
 Amount of Each Receipt this Period 416.00
 Memo Item

C. Kulka, John, A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Financial Officer, USCAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 01 / 26 / 2024
Transaction ID : 13AB4EC28AC34E2ABAE3
 Amount of Each Receipt this Period 208.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	832.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 10 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

A. Lauth, Jenny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Securities and Governance Coun
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 01 / 26 / 2024
Transaction ID : CDC1011AC58247CE90C2
 Amount of Each Receipt this Period 208.00
 Memo Item

B. Saccaro, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Vice President & Chief Financial Offic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 01 / 26 / 2024
Transaction ID : 85A1BDB793544BA28AF7
 Amount of Each Receipt this Period 416.00
 Memo Item

C. Schaeffler, John, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 West Monroe Street
 City Chicago State IL Zip Code 60661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Executive Director - Government Affair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 01 / 26 / 2024
Transaction ID : 1AAD703F132F4E418015
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1040.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 11 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Schmeling, John, M, ,		Date of Receipt
Mailing Address 500 West Monroe Street		MM / DD / YYYY 01 / 26 / 2024
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Transaction ID : 8A945D5262664A429592
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period 208.00
Occupation (for Individual) Chief Technology Officer, Ultrasound		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sikorski, Anthony, J, ,		Date of Receipt
Mailing Address 500 West Monroe Street		MM / DD / YYYY 01 / 26 / 2024
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Transaction ID : E210533042C749B49184
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period 208.00
Occupation (for Individual) MR Chief Operating Officer		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stacherski, Kenneth, , ,		Date of Receipt
Mailing Address 500 West Monroe Street		MM / DD / YYYY 01 / 26 / 2024
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		Transaction ID : ED170608667F4D6F8F75
Name of Employer (for Individual) GE Healthcare		Amount of Each Receipt this Period 416.00
Occupation (for Individual) Head of Global Supply Chain and Servic		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 416.00	

SUBTOTAL of Receipts This Page (optional).....	832.00
TOTAL This Period (last page this line number only).....	

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)	PAGE 12 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Westrick, Thomas, J, ,

Mailing Address 500 West Monroe Street

City Chicago	State IL	Zip Code 60661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, Patient Care Solution
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 26 / 2024

Transaction ID : 88393C3A4F594AA18D6F

Amount of Each Receipt this Period
416.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zhang, Yihao, , ,

Mailing Address 500 West Monroe Street

City Chicago	State IL	Zip Code 60661
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, GE Healthcare China
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 12 / 2024

Transaction ID : 4ED495DBE1644C6FA28B

Amount of Each Receipt this Period
416.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	832.00
TOTAL This Period (last page this line number only).....	6044.00

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)	PAGE 13 OF 13
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GE HealthCare Technologies Inc.

Mailing Address **PO Box 749028**

City Atlanta	State GA	Zip Code 30374
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.00

Date of Receipt
01 / 19 / 2024

Transaction ID : 6377E294A66A45678BC1

Amount of Each Receipt this Period
416.00

Memo Item

Payroll Overpayment-Refunded in March

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) _____ Occupation (for Individual) _____

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	416.00
TOTAL This Period (last page this line number only).....▶	416.00